



NADJA M PIERRE DPM

License Number: PO3439

Data As Of 8/27/2025

Profession	Podiatric Physician
License	PO3439
License Status	Clear/Active
License Expiration Date	3/31/2026
License Original Issue Date	07/02/2010
Address of Record	4655 Keysville Ave SPRING HILL, FL 34608
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

8371 South Suncoast Blvd.
HOMOSASSA, FL 34446

Address

2687 E. Gulf to Lake Hwy
INVERNESS, FL 34453

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

[Discipline Public Records Request](#)

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:

Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:

1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

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