Florida HEALTH Department of Health

NIKISHA NICOLE ROBERTS

License Number: PA9102619

Data As Of 10/31/2026

Profession	Physician Assistant
License	PA9102619
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	09/23/2003
Address of Record	1989 W Lumsden Rd BRANDON, FL 33511
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
EFFA, LEMMY NSOR	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	139384	10/24/2019
NAZARIO, BRUNILDA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	66254	01/15/2019
RODRIGUEZ FERNANDEZ, SANDRA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	134868	01/15/2019

Click on the License Number to view License Details for that Practitioner

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