NIKITA LADYZHENSKY

License Number: RN9463347

Data As Of 12/22/2024

Profession Registered Nurse License RN9463347

License Status EMERG SUSPENS/
Qualifications Single-state License

License Expiration Date 4/30/2025 License Original Issue Date 06/26/2017

Address of Record

This practitioner does not have an address of record on file with the department. If

you have any questions, please contact the department at (850) 488-0595.

Address of Record NOT PRACTICING

Discipline on File No
Public Complaint Yes

Alerts Enforcement Alert

11/15/2024 5:13:50 PM

RECEIVED ORDER OF EMERGENCY SUSPENSION OF LICENSE.

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

| Name | License | Profession | City | County | State | Case # | Action Taken | Action Date |
|-----------------------|-----------|---------------------|-----------|---------|-------|-----------|-----------------|-------------|
| LADYZHENSKY NIKITA | , 9463347 | REGISTERED NURSE | BRADENTON | MANATEE | | 202436192 | ESO ISSUED | 11/15/2024 |

Discipline Cases

No Discipline Found

Public Complaints

| N1 | Linner | Destantes | 014 | 04-4- | 0# | A - 4 T- 1 |
|---------------------|---------|---------------------|-----------|-------|-----------|--------------|
| Name | License | Profession | City | State | Case # | Action Taken |
| LADYZHENSKY, NIKITA | 9463347 | REGISTERED NURSE | BRADENTON | | 202436192 | AC FILED |
| LADYZHENSKY, NIKITA | 9463347 | REGISTERED NURSE | BRADENTON | | 202436192 | AC FILED |

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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