



## ASHLEY DENISE SCOTT

License Number: APRN11013507

Data As Of 9/25/2024

Profession	Advanced Practice Registered Nurse
License	APRN11013507
License Status	CLEAR/Active
Qualifications	Nurse Practitioner
License Expiration Date	4/30/2025
License Original Issue Date	06/04/2021
Address of Record	1 Tampa General Circle TAMPA, FL 33606
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

[Address](#)

799 W Lumsden  
BRANDON, FL 33511-6261

[Address](#)

6182 N US Hwy 41  
APOLLO BEACH, FL 33572

[Address](#)

40545 US Hwy 19N Unit A  
TARPON SPRINGS, FL 34689

[Address](#)

5464 Lithia Pinecrest Dr  
LITHIA, FL 33547

[Address](#)

564 Channelside Dr  
TAMPA, FL 33602

[Address](#)

16521 US Hwy 301 S  
WIMAUMA, FL 33573

[Address](#)

3251 66th St North  
SAINT PETERSBURG, FL 33710

[Address](#)

7601 Seminole Blvd  
SEMINOLE, FL 33772

[Address](#)

303 W Palm Ave  
TAMPA, FL 33602

[Address](#)

11406 US Hwy 301 S  
RIVERVIEW, FL 33578

[Address](#)

4504 Gunn Highway  
TAMPA, FL 33624

[Address](#)

11969 Sheldon Road  
TAMPA, FL 33626

[Address](#)

5504 Gateway Blvd  
WESLEY CHAPEL, FL 33544

[Address](#)

3301 W Gandy Blvd  
TAMPA, FL 33611

## 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.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

---