ELIZABETH A. DRISSEL

License Number: PA9105443

Data As Of 8/22/2025			
Profession	Physician Assistant		
License	PA9105443		
License Status	Clear/Active		
Qualifications	Dispensing Practitioner Prescribing		
License Expiration Date	1/31/2026		
License Original Issue Date	04/22/2010		
Address of Record	5040 US HWY 98		
	LAKELAND, FL 33809		
Controlled Substance Prescriber	No		
(for the Treatment of Chronic Non-			
malignant Pain)			
Discipline on File	No		
Public Complaint	No		

Secondary Locations

Address

1750 n broadway ave BARTOW, FL 33830

Address

1105 53rd ave east BRADENTON, FL 34203

Address

934 Oakfield Dr BRANDON, FL 33511

Address

1400 East Bay Drive LARGO, FL 33771

Address

210 S Lake Street, Ste 4 LEESBURG, FL 34748

Address

2221 SW 19th Ave Rd OCALA, FL 34471

Address

8119 S Orange Ave, Ste 132 ORLANDO, FL 32809

Address

12421 South Orange Blossom Tra ORLANDO, FL 32837

Address

4780 N Orange Blossom Trail ORLANDO, FL 32810

Address

2303 N airport Road PLANT CITY, FL 33563

Address

600 N Cattleman Road, Ste 120 SARASOTA, FL 34232

Address

3745 33rd St N, Ste A SAINT PETERSBURG, FL 33713

Address

5402 Beaumont Center Blvd, Ste TAMPA, FL 33634

Address

7209 E Adamo Dr

TAMPA, FL 33619

Address

10320 N 56th Street, Ste 110 TEMPLE TERRACE, FL 33617

Address

6170 Ulmerton Rd, Ste 101 CLEARWATER, FL 33760

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
FROMMANN, NICOLE	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	81429	01/09/2020
FROMMANN, NICOLE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	81429	09/21/2018
NANDA, PAUL KALRA	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	117861	01/09/2020
NANDA, PAUL KALRA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	117861	12/11/2017

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

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