



ABDELKADER RYAN NACHIT

License Number: PA9105600

Data As Of 8/27/2025

Profession	Physician Assistant
License	PA9105600
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	08/30/2010
Address of Record	2906 17TH STREET ST. CLOUD, FL 34769
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1414 Kuhl Ave Orlando Regional Medical Center
ORLANDO, FL 32806

Address

52 West Underwood Street Orlando Regional Medical Center
ORLANDO, FL 32806

Address

9400 Turkey Lake Road Dr. P. Phillips Hospital
ORLANDO, FL 32819

Address

555 W. SR 434 South Seminole Hospital
LONGWOOD, FL 32750

Address

92 West Miller Street Arnold Palmer Hospital for Children
ORLANDO, FL 32806

Address

1001 E. Osceola Parkway Osceola Tupperware FSED
KISSIMMEE, FL 34744

Address

2906 17th Street St. Cloud Regional Medical Center
SAINT CLOUD, FL 34769

Address

EPCF 3090 Caruso Ct. Suite 20
ORLANDO, FL 32806

Address

555 W. SR. 434 SOUTH SEMINOLE HOSPITAL
LONGWOOD, FL 32750

Address

52 WEST UNDERWOOD ST. ORLANDO REGIONAL MEDICAL CENTER
ORLANDO, FL 32806

Address

9400 TURLEY LAKE RD. DR. P. PHILLIPS HOSPITAL
ORLANDO, FL 32819

Address

92 WEST MILLER ST. ARNOLD PALMER HOSPITAL FOR CHILDREN
ORLANDO, FL 32806

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
ZIGROSSI, DOMINIC ANTHONY MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	107530	01/16/2020

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

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