JESSICA PATRICIA KOFFMAN

License Number: PA9105789

Data As Of 8/24/2025		
Profession	Physician Assistant	
License	PA9105789	
License Status	Clear/Active	
Qualifications	Prescribing Dispensing Practitioner	
License Expiration Date	1/31/2026	
License Original Issue Date	11/10/2010	
Address of Record	2711 Letap Ct Unit 101 LAND O LAKES, FL 34638	
Controlled Substance Prescriber	No	
(for the Treatment of Chronic Non- malignant Pain)		
Discipline on File	No	
Public Complaint	No	

Secondary Locations

Address 18610 Fernview St. LAND O LAKES, FL 34638 Address 13571 San Juan Diego Way DOVER, FL 33527 Address 16640 US Highway 301 South WIMAUMA, FL 33598 Address 14446 N Dale Mabry

TAMPA, FL 33618

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;

 $\ensuremath{\mathsf{2}}$. 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
JONES, JOEL	SUPERVISING DISPENSING PRACTITIONER	OSTEOPATHIC PHYSICIAN	19563	03/25/2024
JONES, JOEL	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	19563	03/24/2024
WALDREP, NATHAN KEITH	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	58834	11/17/2023
WALDREP, NATHAN KEITH	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	58834	11/17/2023

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

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.