TRISHA MARIE KIMBALL

License Number: APRN9345379

Data As Of 7/16/2025

Profession Advanced Practice Registered Nurse

License APRN9345379
License Status Clear/Active

Qualifications Autonomous Practice APRN

Nurse Practitioner

License Expiration Date 4/30/2026
License Original Issue Date 06/01/2016
Address of Record 2040 Se 33 rd st
OCALA, FL 34471

Controlled Substance Prescriber No.

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Please also check the Discipline/Admin action of the other license by clicking on the "Other License" tab.

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.

Other License

| Name | Relationship | Profession | License | Effective Date |
|------|-----------------|------------------|---------|----------------|
| | APRN CONVERSION | REGISTERED NURSE | 9345379 | 10/19/2018 |

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

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