Florida HEALTH Department of Health

CASSANDRA JOELLE BILLINGSLEY

License Number: PA9116070

Data As Of 11/16/2026

Profession	Physician Assistant
License	PA9116070
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	06/14/2022
Address of Record	4505 Gunn Hwy TAMPA, FL 33624
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
3251 66th Street North
SAINT PETERSBURG, FL 33710

Address
3301 W. Gandy Blvd
TAMPA, FL 33611

Address
564 Channelside Dr
TAMPA, FL 33602

Address
303 W. Palm Ave
TAMPA, FL 33602

Address
5464 Lithia Pinecrest Dr
LITHIA, FL 33547

Address
16521 US-301
WIMAUMA, FL 33598

Address
799 W Lumsden Rd.
BRANDON, FL 33511

Address
11406 S. US Highway US-301
RIVERVIEW, FL 33578

Address
5504 Gateway Blvd
WESLEY CHAPEL, FL 33544

Address
4505 Gunn Hwy
TAMPA, FL 33624

Address
11969 Sheldon Rd
TAMPA, FL 33626

Address

13531 State Rd 54
ODESSA, FL 33556

Address

22945 State Rd 54
LUTZ, FL 33549

Address

4949 4th Street N
SAINT PETERSBURG, FL 33703

Address

13856 N Dale Mabry Hwy
TAMPA, FL 33618

Address

2810 W Martin Luther King Jr.
TAMPA, FL 33607

Address

6182 N US Hwy 41
APOLLO BEACH, FL 33572

Address

40545 US Hwy. 19 N
TARPON SPRINGS, FL 34689

Address

7601 Seminole Blvd
SEMINOLE, FL 33772

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
EPTING, TIMOTHY CHARLES	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	11197	07/01/2022
NANDA, PAUL KALRA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	117861	06/17/2025

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.

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