Florida HEALTH Department of Health

STACY MATHEW

License Number: PA9119928

Data As Of 11/13/2026

Profession	Physician Assistant
License	PA9119928
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	02/28/2025
Address of Record	11406 S. US Highway US-301 RIVERVIEW, FL 33578
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
13531 State Rd. 54
ODESSA, FL 33556

Address
22945 State Rd. 54, Lutz
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

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

5504 Gateway Blvd.
WESLEY CHAPEL, FL 33544

Address

4505 Gunn Hwy.
TAMPA, FL 33624

Address

11969 Sheldon Rd.
TAMPA, FL 33626

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
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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