Florida HEALTH Department of Health

MEGAN LAUREN RAYNOR

License Number: PA9119922

Data As Of 11/13/2026

Profession	Physician Assistant
License	PA9119922
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	02/27/2025
Address of Record	3301 W Gandy Blvd TAMPA, FL 33611
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
19027 Wingshooter Way
LUTZ, FL 33558

Address
22945 State Road 54
LUTZ, FL 33549

Address
2810 W MLK Jr Blvd
TAMPA, FL 33607

Address
13856 N Dale Mabry Hwy
TAMPA, FL 33618

Address
13531 State Road 54
ODESSA, FL 33556

Address
4949 4th St N
SAINT PETERSBURG, FL 33703

Address
6182 N US Hwy 41
APOLLO BEACH, FL 33572

Address
40545 US Hwy 19N Unit A
TARPON SPRINGS, FL 34689

Address
5464 Lithia Pinecrest Dr
LITHIA, FL 33547

Address
564 Channelside Dr
TAMPA, FL 33602

Address
16521 US Hwy 301 S
WIMAUMA, FL 33573

Address

799 W Lumsden Rd
BRANDON, FL 33511
Address
3521 66th St North
SAINT PETERSBURG, FL 33710
Address
7601 Seminole Blvd
SEMINOLE, FL 33772
Address
303 W Palm Ave
TAMPA, FL 33602
Address
11406 US Hwy 301 S
RIVERVIEW, FL 33578
Address
4505 Gunn Highway
TAMPA, FL 33624
Address
11969 Sheldon Road
TAMPA, FL 33626
Address
5504 Gateway Blvd
WESLEY CHAPEL, FL 33544

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	03/21/2025

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

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