



## ANNA ELIZABETH CORY PITTMAN

### License Number: PA9108780

Data As Of 6/13/2025

Profession	Physician Assistant
License	PA9108780
License Status	CLEAR/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	06/22/2015
Address of Record	1690 North Monroe St Patients First TALLAHASSEE, FL 32303
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

23186 BLUE STAR HWY. CAPITAL REGIONAL MEDICAL CENTER-GADSDEN MEMORIAL CAMPUS  
QUINCY, FL 32351

#### Address

23186 Blue Star Hwy Capt Reg. Med. Ctr  
QUINCY, FL 32351

#### Address

3446 Thomasville Rd Patients First  
TALLAHASSEE, FL 32309

#### Address

2907 Kerry Forest Parkway Patients First  
TALLAHASSEE, FL 32309

#### Address

3401 Capt Circle NE Patients First  
TALLAHASSEE, FL 32308

#### Address

1705 East Mahan Drive Patients First  
TALLAHASSEE, FL 32308

#### Address

505 Appleyard Drive Patients First  
TALLAHASSEE, FL 32304

#### Address

3258 North Monroe Street Patients First  
TALLAHASSEE, FL 32308

#### Address

1660 W Tennessee Street Patients First  
TALLAHASSEE, FL 32304

#### Address

2626 Capital Medical Blvd  
TALLAHASSEE, FL 32308

#### Address

2674 Capital Circle SE Tallahassee Medical Center Southwood  
TALLAHASSEE, FL 32311

### [Address](#)

3157 North Monroe St  
TALLAHASSEE, FL 32303

## 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.

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