



NICHOLAS A TOBIANSKI

License Number: PA9109369

Data As Of 8/23/2025

Profession	Physician Assistant
License	PA9109369
License Status	Null And Void/
Qualifications	Prescribing
License Expiration Date	1/31/2018
License Original Issue Date	02/08/2016
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

13856 N. DALE MABRY HIGHWAY MEDEXPRESS URGENT CARE
TAMPA, FL 33618

[Address](#)

22945 STATE RD. 54 MEDEXPRESS URGENT CARE
LUTZ, FL 33549

[Address](#)

2810 W. MLK JR. MEDEXPRESS URGENT CARE-WEST TAMPA
TAMPA, FL 33607

[Address](#)

313 S.W. PINE MEDEXPRESS URGENT CARE-CAPE CORAL
CAPE CORAL, FL 33991

[Address](#)

206 EAST BRANDON BLVD. MEDEXPRESS URGENT CARE-BRANDON
BRANDON, FL 33511

[Address](#)

26812 US HIGHWAY 19 NORTH MEDEXPRESS URGENT CARE
CLEARWATER, FL 33761

[Address](#)

10500 ULMERTON RD. STE#202 MEDEXPRESS URGENT CARE
LARGO, FL 33771

[Address](#)

20677 BRUCE B DOWNS BLVD. MEDEXPRESS URGENT CARE
TAMPA, FL 33647

[Address](#)

5616 TUSCOLA BLVD. MEDEXPRESS URGENT CARE-NORTH PORT
NORTH PORT, FL 34287

[Address](#)

8849 STATE RD. 52 MEDEXPRESS URGENT CARE-HUDSON
HUDSON, FL 34667

[Address](#)

13610 BRUCE B DOWNS MEDEXPRESS URGENT CARE
TAMPA, FL 33613

[Address](#)

801 W. MLK JR. BLVD. MEDEXPRESS URGENT CARE
SEFFNER, FL 33584

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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