

JENNIFER KAY

License Number: PA9109890

Data As Of 10/19/2025

Profession Physician Assistant

License Status PA9109890
Clear/Active

Qualifications Dispensing Practitioner

Prescribing

Yes

License Expiration Date 1/31/2026
License Original Issue Date 09/26/2016
Address of Record 247 S. Huey Ave

TARPON SPRINGS, FL 34689

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

1344 22nd Street S.

SAINT PETERSBURG, FL 33712

Address

3860 Tampa Road Suite C

SAINT PETERSBURG, FL 33712

Address

701 Sixth Street S. Suite 741 SAINT PETERSBURG, FL 33701

Address

612 Dr MLK Jr St N.

SAINT PETERSBURG, FL 33705

Address

4950 34th Street N.

SAINT PETERSBURG, FL 33714

Address

7550 43rd Street

PINELLAS PARK, FL 33781

Address

5523 Roosevelt Blvd

CLEARWATER, FL 33760

Address

12420 130th Ave. N.

LARGO, FL 33774

Address

707 Druid Road E.

CLEARWATER, FL 33756

Address

1721 Main Street

DUNEDIN, FL 34698

Address

247 S. Huey Ave

TARPON SPRINGS, FL 34689

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
HICKS, DAVID L	SUPERVISING DISPENSING PRACTITIONER	OSTEOPATHIC PHYSICIAN	4796	01/31/2017
HICKS, DAVID L	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	4796	09/27/2016

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

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