



JENNIFER KAY

License Number: PA9109890

Data As Of 8/5/2025

Profession	Physician Assistant
License	PA9109890
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
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)	Yes
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

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.