



JENNY RODRIGUEZ

License Number: PA9109786

Data As Of 8/21/2025

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| Profession | Physician Assistant |
| License | PA9109786 |
| License Status | Clear/Active |
| Qualifications | Prescribing Dispensing Practitioner |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 09/13/2016 |
| Address of Record | 10222 Bloomingdale Avenue AdventHealth Centra Care Brandon RIVERVIEW, FL 33578 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

1127 Bruce B Downs Blvd AdventHealth Centra Care Wesley Chapel
WESLEY CHAPEL, FL 33544

Address

5802 Fowler Avenue AdventHealth Centra Care Temple Terrace
TEMPLE TERRACE, FL 33617

Address

6930 Gunn Hwy AdventHealth Centra Care Citrus Park
TAMPA, FL 33625

Address

4001 W Linebaugh Avenue AdventHealth Centra Care Carrollwood
TAMPA, FL 33624

Address

681 W Lumsden Road Kamisetty Pediatrics
BRANDON, FL 33511

Address

11260 Sullivan St Pediatric Associates
RIVERVIEW, FL 33578

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

[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 |
|-----------------------|-------------------------------------|----------------|---------|----------------|
| UZO, NKEMDILIM JOY MD | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 80343 | 05/19/2021 |

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

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