## **ELIZABETH JOYCE HERMAN**

# License Number: ME131046

Data As Of 8/20/2025

Profession Medical Doctor
License ME131046
License Status Clear/Active
License Expiration Date 1/31/2027
License Original Issue Date 01/25/2017

Address of Record 5504 Gateway Blvd

WESLEY CHAPEL, FL 33544

Yes

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

## Address

19027 Wingshooter Way

LUTZ, FL 33558

#### Address

22945 State Road 54

LUTZ, FL 33549

## Address

2810 W MLK Jr Blvd

TAMPA, FL 33607

### Address

13856 N Dale Mabry HWY

TAMPA, FL 33618

## Address

564 Channelside Drive

TAMPA, FL 33602

## Address

6182 N US Highway 41

APOLLO BEACH, FL 33572

### Address

40545 US Hwy 19N Unit A

TARPON SPRINGS, FL 34689

### Address

5464 Lithia Pinecrest Drive

LITHIA, FL 33547

### Address

799 Lumsden Rd

BRANDON, FL 33511

## Address

16521 US Hwy 301 S

SUN CITY CENTER, FL 33573

### Address

3251 66th St. North

SAINT PETERSBURG, FL 33710

#### Address

7601 Seminole Blvd

SEMINOLE, FL 33772

#### Address

303 W Palm Ave

TAMPA, FL 33602

#### Address

11406 US Hwy 301 S

RIVERVIEW, FL 33578

#### Address

4505 Gunn Highway

**TAMPA, FL 33624** 

#### Address

11969 Sheldon Rd

**TAMPA, FL 33626** 

### Address

3301 W Gandy Blvd

TAMPA, FL 33611

#### Address

13531 State Rd 54

ODESSA, FL 33556

#### Address

4949 4th Street North

SAINT PETERSBURG, FL 33703

# 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.

## **Subordinate Practitioners**

Name	Relationship	Profession	License	Effective Date
FROMMANN, NICOLE	PRESCRIBING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	81429	6/15/2021
FROMMANN, NICOLE	SUBORDINATE	MEDICAL DOCTOR	81429	6/15/2021
MURPHY WONG, VICTORIA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112055	5/21/2021

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

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