



VICTORIA MURPHY WONG

License Number: PA9112055

Data As Of 1/28/2026

Profession	Physician Assistant
License	PA9112055
License Status	DELINQUENT/
Qualifications	Prescribing
License Expiration Date	1/31/2024
License Original Issue Date	02/18/2019
Address of Record	3301 W Gandy Blvd TGH UC TAMPA, FL 33611
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

2114 Seven Springs Blvd
NEW PORT RICHEY, FL 34655

Address

38030 Daughtery Rd
ZEPHYRHILLS, FL 33540

Address

4949 4th Street North
SAINT PETERSBURG, FL 33703

Address

13531 State Rd. 54 Odessa, FL
ODESSA, FL 33556

Address

6182 N US Hwy 41 TGH UC
APOLLO BEACH, FL 33572

Address

40545 US Hwy 19N TGH UC
TARPON SPRINGS, FL 34689

Address

5464 Lithia Pinecrest Drive TGH UC
LITHIA, FL 33547

Address

564 Channelside Drive TGH UC
TAMPA, FL 33602

Address

16521 US Hwy 301 S TGH UC
WIMAUMA, FL 33598

Address

799 W Lumsden Rd
BRANDON, FL 33511

Address

3251 66th Street North TGH UC
SAINT PETERSBURG, FL 33710

Address

7601 Seminole Blvd TGH UC
SEMINOLE, FL 33772

Address

303 Palm Avenue TGH UC
TAMPA, FL 33652

Address

11406 US Hwy 301 S TGH UC
RIVERVIEW, FL 33578

Address

11969 Sheldon Road TGH UC
RIVERVIEW, FL 33578

Address

4505 Gunn Highway TGH UC
TAMPA, FL 33626

Address

5504 Gateway Blvd TGH UC
WESLEY CHAPEL, FL 33544

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	Effective	
			License	Date
COLLINS, KIMBERLY ANN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	80883	05/21/2021
FROMMANN, NICOLE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	81429	05/21/2021
HERMAN, ELIZABETH JOYCE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	131046	05/21/2021
NANDA, PAUL KALRA	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	117861	06/16/2021
NANDA, PAUL KALRA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	117861	05/21/2021

Name	Relationship	Profession	Effective License	Date
ROLON, ROBERTO LUIS	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	13125	05/21/2021
VARGAS MARTINEZ, DAVID JOSE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	135604	05/21/2021
WILLIAMS, ERIC MICHAEL D O	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	8231	05/21/2021

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