

ASHLEY E BANKS

License Number: PA9112778

Data As Of 10/7/2025

Profession Physician Assistant

License Status PA9112778

Clear/Active

Qualifications Dispensing Practitioner

Prescribing

No

License Expiration Date 1/31/2026
License Original Issue Date 11/05/2019
Address of Record 13256 SR 54
MDNow

ODESSA, FL 33556

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

2404 US HIGHWAY 19 MDNow

HOLIDAY, FL 34691

Address

34621 US HIGHWAY 19 MDNow

PALM HARBOR, FL 34684

Address

8849 State Road 52

HUDSON, FL 34667

Address

10943 Causeway Blvd

BRANDON, FL 33511

Address

2102 S. Dale Mabry Hwy

TAMPA, FL 33629

Address

12105 W Linebaugh Ave, Unit 20

WESTCHASE, FL 33626

Address

408 East Brandon Blvd

BRANDON, FL 33511

Address

3700 US Hwy 98 N, Suite 101

LAKELAND, FL 33801

Address

13610 Bruce B. Downs Blvd

TAMPA, FL 33613

Address

2420 Gulf to Bay Blvd, Suite 5

CLEARWATER, FL 33765

Address

7321 Park Blvd N

PINELLAS PARK, FL 33781

Address

3030 4th St N

SAINT PETERSBURG, FL 33704

Address

26812 North Hwy 19

CLEARWATER, FL 33761

Address

10500 Ulmerton Road, Suite 202 LARGO, FL 33771

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;
- $2. \ \mbox{Name}$ 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 |
|-----------------------|--------------------------------------|----------------|---------|----------------|
| MCARTHUR, LUCAS JAMES | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 126627 | 04/24/2025 |
| UZO, NKEMDILIM JOY MD | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 80343 | 02/02/2021 |
| UZO, NKEMDILIM JOY MD | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 80343 | 01/21/2021 |

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

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