



## ASHLEY E BANKS

### License Number: PA9112778

*Data As Of 1/11/2026*

Professional	Physician Assistant
License	PA9112778
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2028
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)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

**Address**

10500 Ulmerton Road, Suite 202  
LARGO, FL 33771

**Address**

26812 North Hwy 19  
CLEARWATER, FL 33761

**Address**

3030 4th St N  
SAINT PETERSBURG, FL 33704

**Address**

7321 Park Blvd N  
PINELLAS PARK, FL 33781

**Address**

2420 Gulf to Bay Blvd, Suite 5  
CLEARWATER, FL 33765

**Address**

13610 Bruce B. Downs Blvd  
TAMPA, FL 33613

**Address**

3700 US Hwy 98 N, Suite 101  
LAKELAND, FL 33801

**Address**

408 East Brandon Blvd  
BRANDON, FL 33511

**Address**

12105 W Linebaugh Ave, Unit 20

WESTCHASE, FL 33626

**Address**

2102 S. Dale Mabry Hwy  
TAMPA, FL 33629

**Address**

10943 Causeway Blvd

BRANDON, FL 33511

**Address**

8849 State Road 52

HUDSON, FL 34667

**Address**

34621 US HIGHWAY 19 MDNow

PALM HARBOR, FL 34684

**Address**

2404 US HIGHWAY 19 MDNow

HOLIDAY, FL 34691

## 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
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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