



## THOMAS BIALKOWSKI

License Number: PA9112903

Data As Of 4/20/2026

Profession	Physician Assistant
License	PA9112903
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	01/07/2020
Address of Record	3334 Capital Medical Blvd., Suite 400 TALLAHASSEE, FL 32308
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

803 W Main St.  
PERRY, FL 32347

### 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
OBERSTE, DAVID JASON	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	102057	05/21/2024

Name	Relationship	Profession	License	Effective Date
OBERSTE, DAVID JASON	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	102057	11/10/2022

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

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