



## NOLAN DUFFY

### License Number: PA9113164

Data As Of 1/10/2026

Profession	Physician Assistant
License	PA9113164
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	04/14/2020
Address of Record	10735 State Road 64 E Bradenton BRADENTON, FL 34212
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

3030 4th St N  
SAINT PETERSBURG, FL 33704

#### Address

7321 Park Blvd  
PINELLAS PARK, FL 33781

#### Address

2200 Tamiami Trail  
PORT CHARLOTTE, FL 33948

#### Address

5616 Tuscola Blvd  
NORTH PORT, FL 34287

#### Address

7337 University Parkway  
BRADENTON, FL 34202

#### Address

3110 Fruitville Commons Blvd Suite 101  
SARASOTA, FL 34240

#### Address

4332 Cortez Road W  
BRADENTON, FL 34210

#### Address

1120 Homestead Rd N  
LEHIGH ACRES, FL 33936

#### Address

960 W Sugarland Hwy  
CLEWISTON, FL 33440

#### Address

2609 Santa Barbara Blvd  
CAPE CORAL, FL 33914

#### Address

15165 McGregor Blvd  
FORT MYERS, FL 33908

**Address**

313 SW Pine Island Rd  
CAPE CORAL, FL 33991

**Address**

19985 S Tamiami Trail  
ESTERO, FL 33928

**Address**

12375 S Cleveland Ave  
FORT MYERS, FL 33907

**Address**

13005 Collier Blvd  
GOLDEN GATE, FL 34116

## 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
MAY, DUSTIN WEBSTER CAMPBELL	SUPERVISING DISPENSING PRACTITIONER	OSTEOPATHIC PHYSICIAN	13262	06/27/2022
MAY, DUSTIN WEBSTER CAMPBELL	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	13262	06/21/2022
PLEASANTS, TOM ADAIR	SUPERVISING DISPENSING PRACTITIONER	OSTEOPATHIC PHYSICIAN	5751	08/14/2025
PLEASANTS, TOM ADAIR	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	5751	05/15/2025

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

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