



## DIANE CAROLE HATCH

### License Number: PA3214

Data As Of 4/9/2025

Profession	Physician Assistant
License	PA3214
License Status	CLEAR/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	12/20/1996
Address of Record	2777 ENTERPRISE ROAD ORANGE CITY, FL 32763
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

350 N. Clyde Morris Blvd.  
DAYTONA BEACH, FL 32114

#### Address

201 N. Clyde Morris Blvd.  
DAYTONA BEACH, FL 32114

#### Address

309 & 315 Palm Coast Parkway  
PALM COAST, FL 32137

#### Address

937 N. Spring Gardens Ave.  
DELAND, FL 32720

#### Address

461 S. Nova Rd.  
ORMOND BEACH, FL 32174

#### Address

1182 Ocean Shore Blvd.  
ORMOND BEACH, FL 32176

#### Address

1184 OCEAN SHORE BLVD.  
ORMOND BEACH, FL 32176

#### Address

239 N. Ridgewood Ave  
EDGEWATER, FL 32132

#### Address

740 Dunlawton Ave  
PORT ORANGE, FL 32127

#### Address

1340 Ridgewood Ave  
DAYTONA BEACH, FL 32117

#### Address

320 N. Clyde Morris Blvd.  
DAYTONA BEACH, FL 32114

#### Address

707 Platinum Point  
LAKE MARY, FL 32746

[Address](#)

4106 West Lake Mary Blvd Ste 225  
LAKE MARY, FL 32746

## 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
BLY, KRIS MARIE	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	10451	03/26/2021
GRIGG, JOHNSIE CAROL	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	47294	02/05/2019
LE, ELIZABETH ANN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	99663	02/05/2019
MCCARTHY, GREGORY EDWARD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	121306	12/28/2018
NIPPER, NEIL BAKER MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	108608	02/01/2016

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

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