## DIANE CAROLE HATCH

## License Number: PA3214

Data As Of 11/21/2025

Profession Physician Assistant

License PA3214
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2028
License Original Issue Date 12/20/1996

Address of Record 2777 ENTERPRISE ROAD ORANGE CITY, FL 32763

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

707 Platinum Point LAKE MARY, FL 32746

### Address

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

#### Address

1340 Ridgewood Ave

DAYTONA BEACH, FL 32117

### Address

740 Dunlawton Ave

PORT ORANGE, FL 32127

#### Address

239 N. Ridgewood Ave

EDGEWATER, FL 32132

### Address

1184 OCEAN SHORE BLVD.

ORMOND BEACH, FL 32176

## Address

1182 Ocean Shore Blvd.

ORMOND BEACH, FL 32176

#### Address

461 S. Nova Rd.

ORMOND BEACH, FL 32174

### Address

937 N. Spring Gardens Ave.

DELAND, FL 32720

#### Address

309 & 315 Palm Coast Parkway

PALM COAST, FL 32137

### Address

201 N. Clyde Morris Blvd.

DAYTONA BEACH, FL 32114

Address

## 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
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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