



LUCY MAE HARRIS

License Number: PA9113590

Data As Of 7/17/2025

Profession	Physician Assistant
License	PA9113590
License Status	DELINQUENT/
Qualifications	Prescribing
License Expiration Date	1/31/2024
License Original Issue Date	09/19/2020
Address of Record	13837 Circa Crossing Drive Orthopaedic Med Group of Tampa Bay LITHIA, FL 33547
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

4541 S Dale Mabry Hwy Orthopaedic Med Group of Tampa Bay
TAMPA, FL 33611

Address

100 Ave 1 NE Orthopaedic Med Group of Tampa Bay
WINTER HAVEN, FL 33881

Address

420 North Plant Avenue Orthopaedic Med Group of Tampa Bay
PLANT CITY, FL 33563

Address

6901 Simmons Loop Orthopaedic Med Group of Tampa Bay
RIVERVIEW, FL 33578

Address

2805 54th Avenue North Orthopaedic Med Group of Tampa Bay
SAINT PETERSBURG, FL 33714

Address

10740 Palm River Road Orthopaedic Med Group of Tampa Bay Suite 301
TAMPA, FL 33619

Address

10740 Palm River Road TGH Brandon Health
TAMPA, FL 33619

Address

1881 W Kennedy Blvd Advanced Surgery Center of Tampa
TAMPA, FL 33606

Address

516 Vonderburg Drive Brandon Surgery Ctr
BRANDON, FL 33511

Address

301 N Alexander St. South Florida Baptist Hospital
PLANT CITY, FL 33563

Address

3001 West Dr. Martin Luther King Jr. Blvd St Joseph's Hospital
TAMPA, FL 33614

Address

6901 Simmons Loop St Joseph's Hospital South
RIVERVIEW, FL 33578

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
JESTER, ADAM FRANKLIN M D	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	124140	10/04/2020
SANDO, MARK JASON	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	123980	10/04/2009

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

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