



JUDITH R MACNICHOLS

License Number: PA3264

Data As Of 10/10/2025

Profession	Physician Assistant
License	PA3264
License Status	Null And Void/
Qualifications	Prescribing
License Expiration Date	1/31/2022
License Original Issue Date	01/14/1997
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

929 N. SPRING GARDEN AVE, STE. 170 BLANCA LUNA, MD,PA
DELAND, FL 32720

Address

MEMORIAL FAMILY CARE:DELEON SP 4820 HIGHWAY 17 NORTH
DE LEON SPRINGS, FL 32130

Address

999 N. STONE STREET SUITE B
DELAND, FL 32720

Address

1671 N CLYDE MOM'S BLVD, STE A
DAYTONA BEACH, FL 32117

Address

8813 River Crossing Blvd Path Medical New Port Richey
NEW PORT RICHEY, FL 34655

Address

809 South Florida Avenue Path Medical Lakeland
LAKELAND, FL 33801

Address

3140 34th Street North Path Medical St Pete
SAINT PETERSBURG, FL 33713

Address

4700 North Habana Ave, Ste 100 Path Medical Central Tampa
TAMPA, FL 33614

Address

6060 26th Street West Path Medical Bradenton
BRADENTON, FL 34207

Address

14824 North Florida Ave, Ste A Path Medical North Tampa
TAMPA, FL 33613

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.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.