



## MEGAN ROSE HUGHES

License Number: PA9115316

Data As Of 4/23/2026

Profession	Physician Assistant
License	PA9115316
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	11/17/2021
Address of Record	1820 58th Ave Suite 110 VERO BEACH, FL 32966
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

[Address](#)

1820 58th Avenue Unit 1110  
VERO BEACH, FL 32966

[Address](#)

8756 Boynton Beach Blvd Suite 150  
BOYNTON BEACH, FL 33472

[Address](#)

4450 North State Road 7 Suite 1  
COCONUT CREEK, FL 33073

[Address](#)

1205 North University Drive  
CORAL SPRINGS, FL 33071

[Address](#)

18706 NW 67th Avenue  
HIALEAH, FL 33015

[Address](#)

9035 Pines Blvd  
PEMBROKE PINES, FL 33024

[Address](#)

1611 South Federal Hwy  
POMPANO BEACH, FL 33062

[Address](#)

784 SE Prime Vista Blvd  
PORT SAINT LUCIE, FL 34952

[Address](#)

10251 Commercial Blvd  
SUNRISE, FL 33351

[Address](#)

1820 58th Avenue Unit 110  
VERO BEACH, FL 32966

[Address](#)

129 S State Road 7 Suite 401  
ROYAL PLM BEACH, FL 33414

### [Address](#)

18203 Pines Blvd  
PEMBROKE PINES, FL 33029

## 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
GUNTA, JYOTHI	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	136482	02/16/2002
KRISHTUL, ALEXANDER	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	111303	01/03/2022
MCKREITH, TRACEY ALICIA	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	116119	01/01/2021
MCKREITH, TRACEY ALICIA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	116119	01/22/2022

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

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