



## ALICIA BOWLES

License Number: PA9118903

Data As Of 1/10/2026

Profession	Physician Assistant
License	PA9118903
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	06/20/2024
Address of Record	13670 Walsingham Road LARGO, FL 33774
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

400 1st St . N  
WINTER HAVEN, FL 33881

### Address

3351 N McMullen Booth Rd  
CLEARWATER, FL 33761

### Address

3440 W. Dr MLK Blvd #100  
TAMPA, FL 33607

### Address

10125 Big Bend Rd  
RIVERVIEW, FL 33578

### Address

36245 US Hwy 27  
HAINES CITY, FL 33844

### Address

2331 4th Street North  
SAINT PETERSBURG, FL 33704

### Address

711 S Belcher Road  
CLEARWATER, FL 33764

### Address

18610 Fern View st  
LAND O LAKES, FL 34638

### Address

244 bloomingdale ave  
VALRICO, FL 33596

### Address

1599 66th Street N  
SAINT PETERSBURG, FL 33710

### Address

17152 Donna Michelle Drive  
TAMPA, FL 33647

Address

11178 State Road 54, Suite B  
NEW PORT RICHEY, FL 34655

Address

11921 N. Dale Mabry Hwy, Ste 7  
CARROLLWOOD, FL 33618

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
WALDREP, NATHAN KEITH	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	58834	06/21/2024
WALDREP, NATHAN KEITH	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	58834	06/21/2024

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

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