



## YVETTE NICOLE WILLIAMS

License Number: PA9119666

Data As Of 4/23/2026

Profession	Physician Assistant
License	PA9119666
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	12/10/2024
Address of Record	2615 N Monroe St suite 1a TALLAHASSEE, FL 32303
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

[Address](#)

10251 Sorrento Road  
PENSACOLA, FL 32507

[Address](#)

16 Bahia Avenue Place  
OCALA, FL 34472

[Address](#)

1730 Pat Thomas Parkway  
QUINCY, FL 32351

[Address](#)

19545 S State Road 228  
MACCLENNY, FL 32063

[Address](#)

14044 SE 48th Avenue  
STARKE, FL 32091

[Address](#)

1702 Ohio Ave. N  
LIVE OAK, FL 32064

[Address](#)

542435 US Highway 1  
CALLAHAN, FL 32011

[Address](#)

16314 Northwest US Highway 441  
ALACHUA, FL 32615

[Address](#)

2261 Northwest 43rd Street  
GAINESVILLE, FL 32605

[Address](#)

5861 Dogwood Drive  
MILTON, FL 32570

### 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
PATEL, NICK ROHIT	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	113883	01/08/2025
PATEL, NICK ROHIT	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	113883	01/08/2025

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

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