KIMBERLY MARINA AGUILAR

License Number: PA9119830

Data As Of 10/23/2025

Profession Physician Assistant

License PA9119830
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 02/11/2025
Address of Record 3325 Dove Ln

MULBERRY, FL 33860

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

11969 sheldon road

TAMPA, FL 33626

Address

4505 Gunn HWY TAMPA, FL 33624

Address

5504 gateway blvd

WESLEY CHAPEL, FL 33544

Address

11406 S. US Highway US-301

RIVERVIEW, FL 33578

Address

799 W Lumsden Road

BRANDON, FL 33511

Address

16521 US-301

WIMAUMA, FL 33598

Address

5464 Lithia Pinecrest Dr

LITHIA, FL 33547

Address

303 W. Palm Ave

TAMPA, FL 33602

Address

564 Channelside Dr

TAMPA, FL 33602

Address

3301 W. Gandy Blvd

TAMPA, FL 33611

Address

66th street North

SAINT PETERSBURG, FL 33710

Address

7601 seminole blvd SEMINOLE, FL 33772

Address

40545 US HWY 19 N

TARPON SPRINGS, FL 34689

Address

6182 N US HWY. 41

APOLLO BEACH, FL 33572

Address

2810 W. Martin Luther King Jr Blvd

TAMPA, FL 33607

Address

13856 N Dale Mabry HWY

TAMPA, FL 33618

Address

4949 4th street N.

SAINT PETERSBURG, FL 33703

Address

22945 state road 54

LUTZ, FL 33549

Address

13531 State road 54

ODESSA, FL 33556

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 |
|-------------------|-------------------------------------|----------------|---------|----------------|
| NANDA, PAUL KALRA | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 117861 | 06/17/2025 |

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

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