

ARIYANA NICOLE MILLER

License Number: PA9120173

Data As Of 12/14/2025

Profession Physician Assistant

License PA9120173
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

License Expiration Date 1/31/2028 License Original Issue Date 04/30/2025

Address of Record 11406 S. US Highway US-301 RIVERVIEW, FL 33578

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

13531 State Rd. 54 ODESSA, FL 33556

Address

22945 State Road 54 LUTZ, FL 33549

Address

4949 4th Street N

SAINT PETERSBURG, FL 33703

Address

13856 N. Dale Mabry Hwy

TAMPA, FL 33618

Address

2810 W Martin Luther King Jr. Blvd

TAMPA, FL 33607

Address

6182 N. US Hwy 41

APOLLO BEACH, FL 33572

Address

40545 US Hwy 19 N

TARPON SPRINGS, FL 34689

Address

7601 Seminole Blvd

SEMINOLE, FL 33772

Address

3251 66th Street North

SAINT PETERSBURG, FL 33710

Address

3301 W. Gandy Blvd

TAMPA, FL 33611

Address

564 Channelside Dr

TAMPA, FL 33602

Address

303 W Palm Ave

TAMPA, FL 33602

Address

5464 Lithia Pinecrest Dr

LITHIA, FL 33547

Address

16521 US-301

WIMAUMA, FL 33598

Address

799 W Lumsden Rd

BRANDON, FL 33511

Address

5504 Gateway Blvd

WESLEY CHAPEL, FL 33544

Address

4505 Gunn Hwy

TAMPA. FL 33624

Address

11969 Sheldon Rd

WESTCHASE, FL 33626

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:

- ${\it 1. Full name and license number of the practitioner};\\$
- $2. \ \mbox{Name}$ 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
NANDA, PAUL KALRA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	117861	06/17/2025

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

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