



THOMAS WILLIAM ULRICH

License Number: PA9101550

Data As Of 4/20/2026

Profession	Physician Assistant
License	PA9101550
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	01/16/2001
Address of Record	This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.
Address of Record	NOT PRACTICING
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

1809 N. University Drive
CORAL SPRINGS, FL 33071

[Address](#)

19090 State Rd 7
BOCA RATON, FL 33498

[Address](#)

11985 Atlantic Blvd
JACKSONVILLE, FL 32225

[Address](#)

7720 Merrill Rd
JACKSONVILLE, FL 32277

[Address](#)

13005 Collier Blvd
NAPLES, FL 34116

[Address](#)

1328 N. Woodland Blvd
DELAND, FL 32720

[Address](#)

220 Tamiami Trail
PORT CHARLOTTE, FL 33948

[Address](#)

5616 Tuscola Blvd
BRADENTON, FL 34281

[Address](#)

8849 State Rd 52
HUDSON, FL 34667

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
NEZOWITZ, GREGG DAVID	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	75671	02/21/2020
NEZOWITZ, GREGG DAVID	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	75671	02/21/2020

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

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