



## JAMIE MORGAN SCHMIDT

## License Number: PA9103108

Data As Of 1/28/2026

Profession	Physician Assistant
License	PA9103108
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	11/12/2004
Address of Record	3301 W. Gandy Blvd TAMPA, FL 33611
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

## Address

19027 Wingshooter Way  
LUTZ, FL 33558

## Address

22945 State Road 54  
LUTZ, FL 33549

## Address

2810 W MLK Jr Blvd  
TAMPA, FL 33607

## Address

13856 N Dale Mabry Hwy  
TAMPA, FL 33618

## Address

13531 State Road 54  
ODESSA, FL 33556

## Address

4949 4th Street N  
SAINT PETERSBURG, FL 33703

## Address

6182 N US Highway 41  
APOLLO BEACH, FL 33572

## Address

40545 US Hwy 19 N Unit A  
TARPON SPRINGS, FL 34689

## Address

5464 Lithia Pinecrest Drive  
LITHIA, FL 33547

## Address

564 Channelside Dr  
TAMPA, FL 33602

## Address

16521 US Hwy 301 S  
WIMAUMA, FL 33573

**Address**

799 W Lumsden Rd

BRANDON, FL 33511

**Address**

3251 66th St. North

SAINT PETERSBURG, FL 33710

**Address**

7601 Seminole Blvd

SEMINOLE, FL 33772

**Address**

303 W Palm Ave

TAMPA, FL 33602

**Address**

11406 US Hwy 301 S

RIVERVIEW, FL 33578

**Address**

4505 Gunn Highway

TAMPA, FL 33624

**Address**

11969 Sheldon Road

TAMPA, FL 33626

**Address**

5504 Gateway Blvd

WESLEY CHAPEL, FL 33544

## 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	01/24/2024
NANDA, PAUL KALRA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	117861	01/24/2024

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

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