ANTHONY STEPHEN MUSALO

License Number: PA9103348

Data As Of 12/14/2025

Profession Physician Assistant

License PA9103348
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 06/21/2005

Address of Record 1600 SW Archer Rd.

Burn ICU

GAINESVILLE, FL 32608

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

No secondary locations found.

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 |
|-------------------|--------------------------------------|----------------|---------|----------------|
| MUNDEN, ANDREA | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 146771 | 11/04/2025 |
| ROWE, IAN RUSSELL | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 112301 | 10/31/2025 |

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

Subordinate Practitioners

| Name | Relationship | Profession | License | Effective Date |
|------------------|---------------------------------|---------------------|---------|----------------|
| FISHER, KAYLA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9112480 | 8/9/2025 |
| LASKEY, BRITTNEY | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9120063 | 8/9/2025 |

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