



ELIZABETH A. DRISSEL

License Number: PA9105443

Data As Of 1/28/2026

Professional	Physician Assistant
License	PA9105443
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	04/22/2010
Address of Record	5040 US HWY 98 LAKELAND, FL 33809
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

6170 Ulmerton Rd, Ste 101
CLEARWATER, FL 33760

Address

3011 University Center Dr
TAMPA, FL 33612

Address

7209 E Adamo Dr
TAMPA, FL 33619

Address

5402 Beaumont Center Blvd, Ste
TAMPA, FL 33634

Address

3745 33rd St N, Ste A
SAINT PETERSBURG, FL 33713

Address

600 N Cattleman Road, Ste 120
SARASOTA, FL 34232

Address

2303 N airport Road
PLANT CITY, FL 33563

Address

4780 N Orange Blossom Trail
ORLANDO, FL 32810

Address

12421 South Orange Blossom Tra
ORLANDO, FL 32837

Address

8119 S Orange Ave, Ste 132
ORLANDO, FL 32809

Address

2221 SW 19th Ave Rd
OCALA, FL 34471

Address

210 S Lake Street, Ste 4
LEESBURG, FL 34748

Address

1400 East Bay Drive
LARGO, FL 33771

Address

934 Oakfield Dr
BRANDON, FL 33511

Address

1105 53rd ave east
BRADENTON, FL 34203

Address

1750 n broadway ave
BARTOW, FL 33830

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
FROMMANN, NICOLE	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	81429	01/09/2020
FROMMANN, NICOLE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	81429	09/21/2018
NANDA, PAUL KALRA	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	117861	01/09/2020
NANDA, PAUL KALRA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	117861	12/11/2017

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.