

OLIVIA ELIZABETH SIMPSON

License Number: PA9108740

Data As Of 10/25/2025

Profession Physician Assistant

License PA9108740
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

License Expiration Date 1/31/2026

License Original Issue Date 06/01/2015

Address of Record 7000 4th Street N

CareSpot

SAINT PETERSBURG, FL 33702

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

CareSpot 3581 SW Archer Road, Suite 40

GAINESVILLE, FL 32608

Address

CareSpot 3925 NW 43rd Street

GAINESVILLE, FL 32606

Address

CareSpot 720 SW 2nd Avenue, Suite 160A

GAINESVILLE, FL 32601

Address

CareSpot 2415 SW College Road

OCALA, FL 34471

Address

CareSpot 512 East Altamonte Drive, Ste 1000

ALTAMONTE SPRINGS, FL 32701

Address

CareSpot 3840 East State Road 436, Ste 1000

APOPKA, FL 32703

Address

CareSpot 7751 Kingspointe Parkway, Suite 114

ORLANDO, FL 32819

Address

CareSpot 1414 E Osceola Parkway

KISSIMMEE, FL 34744

Address

CareSpot 5355 Red Bug Lake Rd

WINTER SPRINGS, FL 32708

Address

CareSpot 2555 S Kirkman Road

ORLANDO, FL 32811

Address

CareSpot 2323 South Orange Avenue, Suite A

ORLANDO, FL 32806

Address

CareSpot 10959 West Colonial Drive, Units 6&8

OCOEE, FL 34761

Address

CareSpot 968 W Mitchell Hammock Rd, St 1050

OVIEDO, FL 32765

Address

CareSpot 8132 Lee Vista Blvd, Suite B

ORLANDO, FL 32829

Address

CareSpot 136 Parliament Loop

LAKE MARY, FL 32746

Address

CareSpot 4895 E Bay Dr Unit 120

LARGO, FL 33764

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
BRAUN, DAVID	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	138472	01/09/2020
DERROW, MARTIN HAROLD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	46693	07/23/2015
HU, DAVID T	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	90064	01/16/2023

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

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