



## MARY JO MEEK

## License Number: PA9109242

Data As Of 1/26/2026

Profession	Physician Assistant
License	PA9109242
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	12/07/2015
Address of Record	BUC 2645 S. FLORIDA AVENUE LAKELAND, FL 33803
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

## Address

400 1st St . N  
WINTER HAVEN, FL 33881

## Address

13670 Walsingham Rd  
LARGO, FL 33774

## Address

1155 S. Dale Mabry Hwy, Ste 7  
TAMPA, FL 33629

## Address

4821 US Hwy ,Suite 5  
NEW PORT RICHEY, FL 34652

## Address

3351 N McMullen Booth Rd  
CLEARWATER, FL 33761

## Address

3440 W. Dr MLK Blvd #100  
TAMPA, FL 33607

## Address

2331 4th Street North  
SAINT PETERSBURG, FL 33706

## Address

711 S Belcher Road  
CLEARWATER, FL 33764

## Address

18610 Fern View st  
LAND O LAKES, FL 34638

## Address

159 66th Street N  
SAINT PETERSBURG, FL 33710

## Address

17152 Donna Michelle Drive Ste 5  
TAMPA, FL 33647

**Address**

11178 State Road 54, Suite B  
TRINITY, FL 34655

**Address**

11921 N. Dale Mabry Hwy, Ste 7  
CARROLLWOOD, FL 33618

**Address**

2442 Bloomingdale Avenue  
VALRICO, FL 33596

**Address**

10125 BIG BEND RD BUC  
RIVERVIEW, FL 33578

**Address**

36245 US HWY 27 BUC  
HAINES CITY, FL 33844

## 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
WALDREP, NATHAN KEITH	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	58834	06/27/2017
WALDREP, NATHAN KEITH	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	58834	06/26/2017

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

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