



ELIZABETH JOYCE HERMAN

License Number: ME131046

Data As Of 7/25/2025

Profession	Medical Doctor
License	ME131046
License Status	Clear/Active
License Expiration Date	1/31/2027
License Original Issue Date	01/25/2017
Address of Record	5504 Gateway Blvd WESLEY CHAPEL, FL 33544
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
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

564 Channelside Drive
TAMPA, FL 33602

Address

6182 N US Highway 41
APOLLO BEACH, FL 33572

Address

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

Address

5464 Lithia Pinecrest Drive
LITHIA, FL 33547

Address

799 Lumsden Rd
BRANDON, FL 33511

Address

16521 US Hwy 301 S
SUN CITY CENTER, FL 33573

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 Rd

TAMPA, FL 33626

[Address](#)

3301 W Gandy Blvd

TAMPA, FL 33611

[Address](#)

13531 State Rd 54

ODESSA, FL 33556

[Address](#)

4949 4th Street North

SAINT PETERSBURG, FL 33703

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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
FROMMANN, NICOLE	PRESCRIBING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	81429	6/15/2021
FROMMANN, NICOLE	SUBORDINATE	MEDICAL DOCTOR	81429	6/15/2021
MURPHY WONG, VICTORIA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112055	5/21/2021

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

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