

## **NANCY CATERINA**

# License Number: PA9110277

Data As Of 12/13/2025

Profession Physician Assistant

License PA9110277
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 03/28/2017

Address of Record 5550 S US HWY ONE FORT PIERCE, FL 34992

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

640 21st St

VERO BEACH, FL 32960

### Address

1801 JENSEN BEACH BLVD. JENSEN BEACH, FL 34597

#### Address

4007 SW PORT ST. LUCIE BLVD. PORT SAINT LUCIE, FL 34953

## Address

1900 SE PORT ST. LUCIE BLVD. PORT SAINT LUCIE, FL 34952

### Address

1730 SW ST. LUCIE W BLVD PORT SAINT LUCIE, FL 34986

## Address

5000 OKEECHOBEE RD MDNOW FORT PIERCE, FL 34947

### Address

1150 US-1

VERO BEACH, FL 32960

### Address

10650 SW Tradition Parkway PORT SAINT LUCIE, FL 34987

# 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
SANFORD, SCOTT ALLEN M D	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	63841	12/13/2023

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

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