



KIRSTEN HUDAS

License Number: PA9110389

Data As Of 9/8/2025

Profession	Physician Assistant
License	PA9110389
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	05/17/2017
Address of Record	22945 FL 54 LUTZ, FL 33549
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

13610 N BRUCE B DOWNS BLVD.
TAMPA, FL 33613

Address

1328 N.WOODLAND BLVD
PORT CHARLOTTE, FL 33948

Address

26812 US HIGHWAY 19 N. M
CLEARWATER, FL 33761

Address

11985 ATLANTIC BLVD.
JACKSONVILLE, FL 32277

Address

7720 MEMILL RD.
JACKSONVILLE, FL 32277

Address

20677 BRUCE B DOWNS BLVD.
TAMPA, FL 33647

Address

22945 STATE RD. 54
LUTZ, FL 33549

Address

12375 S CLEVELAND AVE
FORT MYERS, FL 33907

Address

8849 STATE ROAD 52
HUDSON, FL 34667

Address

38216 SALEM AVE
ZEPHYRHILLS, FL 33541-6458

Address

220 TAMAMI TR
PORT CHARLOTTE, FL 33948

Address

13856 N. DALE MABRY
TAMPA, FL 33618

Address

801 MLK BLVD.
SEFFNER, FL 33584

Address

2810 W. MLK BLVD.
TAMPA, FL 33607

Address

10500 ULMERTON RD. SUITE 202
LARGO, FL 33771

Address

1120 HOMESTEAD ROAD N.
LEHIGH ACRES, FL 33936

Address

5616 TUSCOLA BLVD.
BRADENTON, FL 34281

Address

13005 COLLIER BLVD.
NAPLES, FL 34116

Address

408 E. BRANDON BLVD.
BRANDON, FL 33511

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
TOMELDEN, CORNELIO	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	91028	08/11/2017
TOMELDEN, CORNELIO	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	91028	07/31/2017

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