



CASSANDRA JUANITA BALWANT

License Number: PA9111353

Data As Of 5/3/2026

Profession	Physician Assistant
License	PA9111353
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	07/05/2018
Address of Record	10959 W. Colonial Drive Units 6 & 8 OCOE, FL 34761
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

3581 SW Archer Rd Suite 40
GAINESVILLE, FL 32608

[Address](#)

3925 NW 43rd St
GAINESVILLE, FL 32606

[Address](#)

720 SW 2nd Ave Suite 160A
GAINESVILLE, FL 32601

[Address](#)

2415 SW College Rd
OCALA, FL 34471

[Address](#)

512 East State Rd 436 Suite 1000
ALTAMONTE SPRINGS, FL 32701

[Address](#)

3840 East State Road 436 Suite 1000
APOPKA, FL 32703

[Address](#)

7751 Kingspointe Parkway Suite 114
ORLANDO, FL 32819

[Address](#)

1414 E. Osceola Parkway
KISSIMMEE, FL 34744

[Address](#)

136 Parliament Loop Suite 1020
LAKE MARY, FL 32746

[Address](#)

2555 S. Kirkman Rd
ORLANDO, FL 32811

[Address](#)

2323 South Orange Ave Suite A
ORLANDO, FL 32806

[Address](#)

5355 Red Bug Lake Road
WINTER SPRINGS, FL 32708

[Address](#)

968 West Mitchell Hammock Rd Suite 1050
OVIDO, FL 32765

[Address](#)

8132 Lee Vista Blvd Unit B
ORLANDO, FL 32829

[Address](#)

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[Address](#)

512 East Altamonte Drive Suite 1000
APOPKA, FL 32703

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
KAY, GLEN	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	163337	07/19/2025
KAY, GLEN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	163337	07/19/2025

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

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