



MCKENNA DUQUETTE

License Number: PA9111736

Data As Of 4/28/2026

Profession	Physician Assistant
License	PA9111736
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	10/05/2018
Address of Record	2331 4th St N SAINT PETERSBURG, FL 33704
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

900 Carillon Parkway BayCare Urgent Care LLC Suite 106
SAINT PETERSBURG, FL 33716-1117

[Address](#)

6455 Gulf Blvd BayCare Urgent Care LLC
SAINT PETE BEACH, FL 33706-2140

[Address](#)

2331 4th Street N BayCare Urgent Care LLC
SAINT PETERSBURG, FL 33704

[Address](#)

2331 4th Street North
SAINT PETERSBURG, FL 33704

[Address](#)

2331 4th Street N BayCare Urgent Care LLC
ST PETERSBURG, FL 33704-2801

[Address](#)

900 Carillon Parkway BayCare Urgent Care LLC
SAINT PETERSBURG, FL 33716

[Address](#)

6455 Gulf Blvd BayCare Urgent Care LLC
SAINT PETE BEACH, FL 33706

[Address](#)

900 Carillon Parkway BayCare Urgent Care LLC
SAINT PETERSBURG, FL 33716

[Address](#)

1599 66th Street North BayCare Urgent Care LLC
SAINT PETERSBURG, FL 33710-5536

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
RAWE, TERESA RENEE	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	5702	06/13/2022
WALDREP, NATHAN KEITH	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	58834	11/18/2020
WALDREP, NATHAN KEITH	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	58834	12/10/2020

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

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