



JENNIFER MCCLEARY

License Number: PA9111593

Data As Of 9/7/2025

Profession	Physician Assistant
License	PA9111593
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	09/14/2018
Address of Record	3301 W Gandy Blvd TAMPA, FL 33611
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

11969 Sheldon Rd
TAMPA, FL 33626

[Address](#)

4505 Gunn Hwy
TAMPA, FL 33624

[Address](#)

5504 Gateway Blvd
WESLEY CHAPEL, FL 33544

[Address](#)

11406 S. US Highway US-301
RIVERVIEW, FL 33578

[Address](#)

799 Lumsden Rd
BRANDON, FL 33511

[Address](#)

16521 US-301
WIMAUMA, FL 33598

[Address](#)

5464 Lithia Pinecrest Dr
LITHIA, FL 33547

[Address](#)

303 W. Palm Ave
TAMPA, FL 33602

[Address](#)

564 Channelside Dr.
TAMPA, FL 33602

[Address](#)

66th Street North
SAINT PETERSBURG, FL 33710

[Address](#)

7601 Seminole Blvd
SEMINOLE, FL 33772

Address

40545 US Hwy. 49 N.
TARPON SPRINGS, FL 34689

Address

6182 N. US Hwy. 41
APOLLO BEACH, FL 33572

Address

2810 W. MLK Jr. Blvd
TAMPA, FL 33607

Address

13856 N. Dale Mabry Hwy.
TAMPA, FL 33618

Address

4949 4th Street N.
SAINT PETERSBURG, FL 33703

Address

22945 State Rd. 54
LUTZ, FL 33549

Address

13531 State Rd. 54
ODESSA, FL 33556

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
NANDA, PAUL KALRA	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	117861	03/21/2025
NANDA, PAUL KALRA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	117861	03/21/2025

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.

