



MEERA GHAYAL

License Number: OS15784

Data As Of 1/26/2026

Profession	Osteopathic Physician
License	OS15784
License Status	Clear/Active
License Expiration Date	3/31/2026
License Original Issue Date	01/03/2019
Address of Record	3301 W. Gandy Blvd TAMPA, FL 33611
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

19027 Wingshooter Way
LUTZ, FL 33558

Address

22945 State Rd 54
LUTZ, FL 33549

Address

2810 W. MLK Jr Blvd
TAMPA, FL 33607

Address

13856 N Dale Mabry Hwy
TAMPA, FL 33618

Address

13531 State Rd 54
ODESSA, FL 33556

Address

4949 4th St. N
SAINT PETERSBURG, FL 33703

Address

303 W. Palm Avenue
TAMPA, FL 33602

Address

564 Channelside Drive
TAMPA, FL 33602

Address

7601 Seminole Blvd
SEMINOLE, FL 33772

Address

3251 66th St. N.
SAINT PETERSBURG, FL 33710

Address

40545 US Hwy 19 N.
TARPON SPRINGS, FL 34689

Address

799 W. Lumsden Rd

BRANDON, FL 33511

Address

4505 Gunn Highway

TAMPA, FL 33624

Address

5464 Lithia Pinecrest Rd

LITHIA, FL 33547

Address

11406 US 301 S.

RIVERVIEW, FL 33578

Address

16521 US Hwy 301

WIMAUMA, FL 33598

Address

5504 Gateway Blvd

WESLEY CHAPEL, FL 33544

Address

11969 Sheldon Rd

TAMPA, FL 33626

Address

6182 N US Hwy 41

APOLLO BEACH, FL 33572

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, Box 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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
FROMMANN, NICOLE	SUBORDINATE	MEDICAL DOCTOR	81429	6/15/2021

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

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