



MEERA GHAYAL

License Number: OS15784

Data As Of 7/24/2025

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, 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.

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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