

# **TYRIE CARTER**

# License Number: PA9112231

Data As Of 9/7/2025

Profession Physician Assistant

License PA9112231
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

Yes

License Expiration Date 1/31/2026
License Original Issue Date 06/10/2019

Address of Record 5350 Spring Hill Drive

SPRING HILL, FL 34606-4562

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

# Address

3301 W. Gandy Blvd TAMPA, FL 33611

### Address

5504 Gateway Blvd

WESLEY CHAPEL, FL 33544

#### Address

11969 Sheldon Road TAMPA, FL 33626

# Address

4505 Gunn Highway TAMPA, FL 33624

### Address

11406 US Hwy 301 S RIVERVIEW, FL 33578

# Address

303 W Palm Ave TAMPA, FL 33602

# Address

7601 Seminole Blvd SEMINOLE, FL 33772

# Address

3251 66th St. North

SAINT PETERSBURG, FL 33710

## Address

799 W Lumsden Rd BRANDON, FL 33511

## Address

16521 US Hwy 301 S WIMAUMA, FL 33598

# Address

564 Channelside Dr TAMPA, FL 33602

#### Address

5464 Lithia Pinecrest Drive

LITHIA. FL 33547

#### Address

40545 US Hwy 19N Unit A

TARPON SPRINGS, FL 34689

#### Address

6182 N US Highway 41

APOLLO BEACH, FL 33572

#### Address

4949 4th Street N.

SAINT PETERSBURG, FL 33703

#### Address

13531 State Road 54

ODESSA, FL 33556

#### Address

13856 N Dale Mabry Hwy

TAMPA, FL 33618

#### Address

2810 W M.L.K. Jr Blvd

**TAMPA, FL 33607** 

#### Address

22945 State Road 54

LUTZ, FL 33549

### Address

19027 Wingshooter Way

LUTZ, FL 33558

# 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 PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	117861	03/21/2025

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

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