

# **BAO-KHUYEN NGUYEN LY**

# License Number: PA9112468

Data As Of 7/24/2025

Profession Physician Assistant

License PA9112468
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

No

License Expiration Date 1/31/2026 License Original Issue Date 09/05/2019

Address of Record 13670 Walsingham Rd LARGO, FL 33774

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

11178 State Road 54, Suite B NEW PORT RICHEY, FL 34655

## Address

11921 N. Dale Mabry Hwy, Ste 7

TAMPA, FL 33618

#### Address

1599 66th Street N

SAINT PETERSBURG, FL 33710

# Address

6455 Gulf Blvd

ST PETE BEACH, FL 33706

### Address

2331 4th Street North

SAINT PETERSBURG, FL 33704

# Address

3351 N McMullen Booth Rd CLEARWATER, FL 33761

# Address

17152 Donna Michelle Drive

TAMPA, FL 33647

# Address

244 bloomingdale ave

VALRICO, FL 33596

## Address

18610 Fern View st

LAND O LAKES, FL 34638

#### Address

10125 Big Bend Rd

, 33578

# Address

3440 W. Dr MLK Blvd #100

TAMPA, FL 33607

#### Address

711 S Belcher Road

CLEARWATER, FL 33764

#### Address

400 1st St . N

WINTER HAVEN, FL 33881

#### Address

4821 US Hwy ,Suite 5

NEW PORT RICHEY, FL 34652

#### Address

1155 S. Dale Mabry Hwy, Ste 7

TAMPA, FL 33629

# 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
WALDREP, NATHAN KEITH	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	58834	11/18/2020

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

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