



ASHLEY E BANKS

License Number: PA9112778

Data As Of 1/26/2026

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| Professional | Physician Assistant |
| License | PA9112778 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner Prescribing |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 11/05/2019 |
| Address of Record | 13256 SR 54 MDNow ODESSA, FL 33556 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

10500 Ulmerton Road, Suite 202
LARGO, FL 33771

Address

26812 North Hwy 19
CLEARWATER, FL 33761

Address

3030 4th St N
SAINT PETERSBURG, FL 33704

Address

7321 Park Blvd N
PINELLAS PARK, FL 33781

Address

2420 Gulf to Bay Blvd, Suite 5

CLEARWATER, FL 33765

Address

13610 Bruce B. Downs Blvd
TAMPA, FL 33613

Address

3700 US Hwy 98 N, Suite 101
LAKELAND, FL 33801

Address

408 East Brandon Blvd
BRANDON, FL 33511

Address

12105 W Linebaugh Ave, Unit 20
WESTCHASE, FL 33626

Address

2102 S. Dale Mabry Hwy
TAMPA, FL 33629

Address

10943 Causeway Blvd

BRANDON, FL 33511

Address

8849 State Road 52

HUDSON, FL 34667

Address

34621 US HIGHWAY 19 MDNow

PALM HARBOR, FL 34684

Address

2404 US HIGHWAY 19 MDNow

HOLIDAY, FL 34691

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 |
|-----------------------|--------------------------------------|----------------|---------|----------------|
| MCARTHUR, LUCAS JAMES | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 126627 | 04/24/2025 |
| UZO, NKEMDILIM JOY MD | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 80343 | 02/02/2021 |
| UZO, NKEMDILIM JOY MD | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 80343 | 01/21/2021 |

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

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