



NOLAN DUFFY

License Number: PA9113164

Data As Of 4/28/2026

| | |
|--|---|
| Profession | Physician Assistant |
| License | PA9113164 |
| License Status | Clear/Active |
| Qualifications | Prescribing Dispensing Practitioner |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 04/14/2020 |
| Address of Record | 10735 State Road 64 E Bradenton BRADENTON, FL 34212 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

[Address](#)

3030 4th St N
SAINT PETERSBURG, FL 33704

[Address](#)

7321 Park Blvd
PINELLAS PARK, FL 33781

[Address](#)

2200 Tamimiami Trail
PORT CHARLOTTE, FL 33948

[Address](#)

5616 Tuscola Blvd
NORTH PORT, FL 34287

[Address](#)

7337 University Parkway
BRADENTON, FL 34202

[Address](#)

3110 Fruitville Commons Blvd Suite 101
SARASOTA, FL 34240

[Address](#)

4332 Cortez Road W
BRADENTON, FL 34210

[Address](#)

1120 Homestead Rd N
LEHIGH ACRES, FL 33936

[Address](#)

960 W Sugarland Hwy
CLEWISTON, FL 33440

[Address](#)

2609 Santa Barbara Blvd
CAPE CORAL, FL 33914

[Address](#)

15165 McGregor Blvd
FORT MYERS, FL 33908

Address

313 SW Pine Island Rd
CAPE CORAL, FL 33991

Address

19985 S Tamiami Trail
ESTERO, FL 33928

Address

12375 S Cleveland Ave
FORT MYERS, FL 33907

Address

13005 Collier Blvd
GOLDEN GATE, FL 34116

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 |
|---------------------------------|---|--------------------------|---------|----------------|
| MAY, DUSTIN WEBSTER CAMPBELL | SUPERVISING DISPENSING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 13262 | 06/27/2022 |
| MAY, DUSTIN WEBSTER CAMPBELL | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 13262 | 06/21/2022 |
| PLEASANTS, TOM ADAIR | SUPERVISING DISPENSING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 5751 | 08/14/2025 |
| PLEASANTS, TOM ADAIR | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 5751 | 05/15/2025 |

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

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