



MILLICENT KATHLEEN NOWAK

License Number: PA9113954

Data As Of 5/22/2026

Profession	Physician Assistant
License	PA9113954
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	01/12/2021
Address of Record	1704 Riggins Rd TALLAHASSEE, FL 32308
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

248 NE Hancock Ave
MADISON, FL 32340

Address

1702 Riggins Rd
TALLAHASSEE, FL 32308

Address

1300 Medical Drive
TALLAHASSEE, FL 32303

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
INGLESE, MARC JOHN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	103501	03/08/2023
SILBERMAN, GAD ABRAHAM	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	113556	02/04/2021

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

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