Florida HEALTH Department of Health

MEGAN ROSE HUGHES

License Number: PA9115316

Data As Of 10/30/2026

Profession	Physician Assistant
License	PA9115316
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	11/17/2021
Address of Record	1820 58th Ave Suite 110 VERO BEACH, FL 32966
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
1820 58th Avenue Unit 1110
VERO BEACH, FL 32966

Address
8756 Boynton Beach Blvd Suite 150
BOYNTON BEACH, FL 33472

Address
4450 North State Road 7 Suite 1
COCONUT CREEK, FL 33073

Address
1205 North University Drive
CORAL SPRINGS, FL 33071

Address
18706 NW 67th Avenue
HIALEAH, FL 33015

Address
9035 Pines Blvd
PEMBROKE PINES, FL 33024

Address
1611 South Federal Hwy
POMPANO BEACH, FL 33062

Address
784 SE Prime Vista Blvd
PORT SAINT LUCIE, FL 34952

Address
10251 Commercial Blvd
SUNRISE, FL 33351

Address
1820 58th Avenue Unit 110
VERO BEACH, FL 32966

Address
129 S State Road 7 Suite 401
ROYAL PLM BEACH, FL 33414

Address
18203 Pines Blvd
PEMBROKE PINES, FL 33029

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
GUNTA, JYOTHI	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	136482	02/16/2002
KRISHTUL, ALEXANDER	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	111303	01/03/2022
MCKREITH, TRACEY ALICIA	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	116119	01/01/2021
MCKREITH, TRACEY ALICIA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	116119	01/22/2022

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

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