



CASSANDRA JOELLE OWENS

License Number: PA9116070

Data As Of 1/26/2026

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| Professional | Physician Assistant |
| License | PA9116070 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner Prescribing |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 06/14/2022 |
| Address of Record | 4505 Gunn Hwy TAMPA, FL 33624 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | Yes |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

13531 State Rd 54
ODESSA, FL 33556

Address

22945 State Rd 54
LUTZ, FL 33549

Address

4949 4th Street N
SAINT PETERSBURG, FL 33703

Address

13856 N Dale Mabry Hwy
TAMPA, FL 33618

Address

2810 W Martin Luther King Jr.
TAMPA, FL 33607

Address

6182 N US Hwy 41
APOLLO BEACH, FL 33572

Address

40545 US Hwy. 19 N
TARPON SPRINGS, FL 34689

Address

7601 Seminole Blvd
SEMINOLE, FL 33772

Address

3251 66th Street North
SAINT PETERSBURG, FL 33710

Address

3301 W. Gandy Blvd
TAMPA, FL 33611

Address

564 Channelside Dr
TAMPA, FL 33602

Address

303 W. Palm Ave
TAMPA, FL 33602

Address

5464 Lithia Pinecrest Dr
LITHIA, FL 33547

Address

16521 US-301
WIMAUMA, FL 33598

Address

799 W Lumsden Rd.
BRANDON, FL 33511

Address

11406 S. US Highway US-301
RIVERVIEW, FL 33578

Address

5504 Gateway Blvd
WESLEY CHAPEL, FL 33544

Address

4505 Gunn Hwy
TAMPA, FL 33624

Address

11969 Sheldon Rd
TAMPA, FL 33626

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 |
|-------------------------|--------------------------------------|-----------------------|---------|----------------|
| EPTING, TIMOTHY CHARLES | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 11197 | 07/01/2022 |
| NANDA, PAUL KALRA | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 117861 | 06/17/2025 |
| NANDA, PAUL KALRA | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 117861 | 06/17/2025 |

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

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