

LEAH ROSE ZALSMAN

License Number: PA9116508

Data As Of 10/24/2025

Profession Physician Assistant

License Status PA9116508

Clear/Active

Qualifications Dispensing Practitioner

Prescribing

Yes

License Expiration Date 1/31/2026
License Original Issue Date 09/26/2022
Address of Record 427 28th Ave N

SAINT PETERSBURG, FL 33704

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

13531 State Road 54 ODESSA, FL 33556

Address

4949 4th St. N

SAINT PETERSBURG, FL 33703

Address

6182 N US Highway 41 APOLLO BEACH, FL 33572

Address

40545 US Hwy 19N Unit A TARPON SPRINGS, FL 34689

Address

5464 Lithia Pinecrest Dr

LITHIA, FL 33547

Address

564 Channelside Dr TAMPA, FL 33602

Address

16521 US Hwy 301 S

SUN CITY CENTER, FL 33573

Address

799 W Lumsden Rd BRANDON, FL 33511

Address

3251 66th St. N

SAINT PETERSBURG, FL 33710

Address

7601 Seminole Blvd SEMINOLE, FL 33772

Address

303 Palm Ave

TAMPA, FL 33602

Address

11406 US Hwy 301 S

RIVERVIEW, FL 33578

Address

4505 Gunn Highway

TAMPA, FL 33624

Address

11969 Sheldon Blvd

TAMPA, FL 33626

Address

5504 Gateway Blvs

WESLEY CHAPEL, FL 33544

Address

3301 W Gandy Blvd

TAMPA, FL 33611

Address

22945 State Road 54

LUTZ, FL 33549

Address

19027 Wingshooter way

LUTZ, FL 33558

Address

13856 N Dale Mabry Hwy

TAMPA, FL 33618

Address

2810 W MI K Jr Blvd

TAMPA, FL 33607

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;
- $2. \ \mbox{Name}$ 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
NANDA, PAUL KALRA	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	117861	01/24/2024
NANDA, PAUL KALRA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	117861	01/24/2024

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

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