



FREDERICK DA' NERRA PARKER

License Number: PA9116682

Data As Of 4/21/2026

Profession	Physician Assistant
License	PA9116682
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	10/18/2022
Address of Record	3030 4th St N SAINT PETERSBURG, FL 33704
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

2420 Gulf to Bay Blvd, Suite 5
CLEARWATER, FL 33765

[Address](#)

26812 North Hwy 19
CLEARWATER, FL 33761

[Address](#)

10500 Ulmerton Road, Suite 202
LARGO, FL 33771

[Address](#)

7321 Park Blvd N
PINELLAS PARK, FL 33781

[Address](#)

10943 Causeway Blvd
BRANDON, FL 33511

[Address](#)

2102 S. Dale Mabry Hwy
TAMPA, FL 33629

[Address](#)

12105 W Linebaugh Ave, Unit 20
WESTCHASE, FL 33626

[Address](#)

408 East Brandon Blvd
BRANDON, FL 33511

[Address](#)

3700 US Hwy 98 N, Suite 101
LAKELAND, FL 33809

[Address](#)

13610 Bruce B. Downs Blvd
TAMPA, FL 33613

[Address](#)

4332 Cortez Rd
BRADENTON, FL 34210

Address

10735 SR 64 E
BRADENTON, FL 34212

Address

3110 Fruitville Commons Blvd
LAKEWOOD RANCH, FL 34240

Address

7337 University Parkway
LAKEWOOD RANCH, FL 34202

Address

5616 Tuscola Blvd
NORTH PORT, FL 34287

Address

2200 Tamiami Trail
PORT CHARLOTTE, FL 33948

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
DAVIS, RANDAL LEE	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	110579	08/18/2025
DAVIS, RANDAL LEE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	110579	04/25/2025
GORSTEIN, JAY IRWIN	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	15081	05/22/2023

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

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