



## KELLY BAKER

License Number: PA9116874

Data As Of 12/2/2024

Profession	Physician Assistant
License	PA9116874
License Status	DELINQUENT/
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2024
License Original Issue Date	12/19/2022
Address of Record	303 W PALM AVE TAMPA, FL 33602
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

3301 W. Gandy Blvd  
TAMPA, FL 33611

### Address

5504 Gateway Blvd  
WESLEY CHAPEL, FL 33544

### Address

11969 Sheldon Road  
TAMPA, FL 33626

### Address

4505 Gunn Highway  
TAMPA, FL 33624

### Address

11406 US Hwy 301 S  
RIVERVIEW, FL 33578

### Address

7601 Seminole Blvd  
SEMINOLE, FL 33772

### Address

3251 66th St Norh  
SAINT PETERSBURG, FL 33710

### Address

799 W Lumsden Rd  
BRANDON, FL 33511

### Address

16521 US Hwy 301 S  
WIMAUMA, FL 33573

### Address

564 Channelside Dr  
TAMPA, FL 33602

### Address

5464 Lithia Pinecrest Drive  
LITHIA, FL 33547

### Address

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

### Address

6182 N US Hwy 41  
APOLLO BEACH, FL 33572

### Address

4949 4th St N  
SAINT PETERSBURG, FL 33703

### Address

13531 State Road 54  
ODESSA, FL 33556

## 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
NANDA, PAUL KALRA	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	117861	10/13/2023
NANDA, PAUL KALRA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	117861	01/19/2023

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

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