DEVYN HALE

License Number: PA9117059

Data As Of 7/26/2025

Profession Physician Assistant

License PA9117059
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 02/03/2023

Address of Record 3378 MARINER BLVD SPRING HILL, FL 34609

Controlled Substance Prescriber No.

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

6609 Ridge Road Absolute Healthcare LLC Suite D

PORT RICHEY, FL 34668

Address

1902 E Busch Blvd Absolute Healthcare LLC

TAMPA, FL 33612

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
GUPTA, JAVAS	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	156716	04/25/2023
MALHOTRA, GAURAV VIJAI PRATAP	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	76833	04/18/2023

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

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