## YVETTE NICOLE WILLIAMS

## License Number: PA9119666

Data As Of 11/1/2025

Profession Physician Assistant

License Status PA9119666
License Status Clear/Active

Qualifications Dispensing Practitioner

Prescribing

License Expiration Date 1/31/2026 License Original Issue Date 12/10/2024

Address of Record 2615 N Monroe St suite 1a TALLAHASSEE, FL 32303

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

## **Secondary Locations**

#### Address

5861 Dogwood Drive MILTON, FL 32570

#### Address

2261 Northwest 43rd Street GAINESVILLE, FL 32605

#### Address

16314 Northwest US Highway 441

ALACHUA, FL 32615

## Address

542435 US Highway 1 CALLAHAN, FL 32011

#### Address

1702 Ohio Ave. N LIVE OAK, FL 32064

#### Address

14044 SE 48th Avenue STARKE, FL 32091

## Address

19545 S State Road 228 MACCLENNY, FL 32063

#### Address

1730 Pat Thomas Parkway

QUINCY, FL 32351

#### Address

16 Bahia Avenue Place

OCALA, FL 34472

#### Address

10251 Sorrento Road PENSACOLA, FL 32507

# Discipline/Admin Action

## **Emergency Actions**

## **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
PATEL, NICK ROHIT	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	113883	01/08/2025
PATEL, NICK ROHIT	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	113883	01/08/2025

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

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