Florida HEALTH Department of Health

JUDY JOMON JACOB

License Number: PA9121094

Data As Of 10/31/2026

Profession	Physician Assistant
License	PA9121094
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	11/18/2025
Address of Record	13670 Walsingham Rd LARGO, FL 33774
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
17512 Dona Michelle Dr Ste 5
TAMPA, FL 33647

Address
18610 Fernview St
LAND O LAKES, FL 33884

Address
1599 66th St N
SAINT PETERSBURG, FL 33710

Address
711 S Belcher Rd
CLEARWATER, FL 33764

Address
3351 N McMullen Booth Rd
CLEARWATER, FL 33761

Address
3440 W Dr Mlk Blvd Ste 100
TAMPA, FL 33607

Address
2331 4th St N
SAINT PETERSBURG, FL 33704

Address
11921 N Dale Mabry Hwy Ste 7
TAMPA, FL 33618

Address
1155 S Dale Mabry Hwy Ste 7
TAMPA, FL 33629

Address
4821 US Hwy 19 Ste 5
NEW PORT RICHEY, FL 34652

Address
11178 State Road 54 St B
NEW PORT RICHEY, FL 34655

Address
2645 S Florida Ave
LAKELAND, FL 33803
Address
2442 Bloomingdale Ave
VALRICO, FL 33586
Address
10125 Big Bend Rd
RIVERVIEW, FL 33578
Address
400 1st St N
WINTER HAVEN, FL 33881
Address
36245 US Hwy 27
HAINES CITY, FL 33844
Address
1601 W Timberlane Dr Ste 100
PLANT CITY, FL 33566

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
CASCIO, CLAIRE MICHELLE	SUPERVISING DISPENSING PRACTITIONER	OSTEOPATHIC PHYSICIAN	13357	09/18/2026
CASCIO, CLAIRE MICHELLE	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	13357	09/18/2026

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

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