



## ELIZABETH A. DRISSEL

License Number: PA9105443

Data As Of 12/13/2025

Profession	Physician Assistant
License	PA9105443
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	04/22/2010
Address of Record	5040 US HWY 98 LAKELAND, FL 33809
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

6170 Ulmerton Rd, Ste 101  
CLEARWATER, FL 33760

### Address

3011 University Center Dr  
TAMPA, FL 33612

### Address

7209 E Adamo Dr  
TAMPA, FL 33619

### Address

5402 Beaumont Center Blvd, Ste  
TAMPA, FL 33634

### Address

3745 33rd St N, Ste A  
SAINT PETERSBURG, FL 33713

### Address

600 N Cattleman Road, Ste 120  
SARASOTA, FL 34232

### Address

2303 N airport Road  
PLANT CITY, FL 33563

### Address

4780 N Orange Blossom Trail  
ORLANDO, FL 32810

### Address

12421 South Orange Blossom Tra  
ORLANDO, FL 32837

### Address

8119 S Orange Ave, Ste 132  
ORLANDO, FL 32809

### Address

2221 SW 19th Ave Rd  
OCALA, FL 34471

Address

210 S Lake Street, Ste 4  
LEESBURG, FL 34748

Address

1400 East Bay Drive  
LARGO, FL 33771

Address

934 Oakfield Dr  
BRANDON, FL 33511

Address

1105 53rd ave east  
BRADENTON, FL 34203

Address

1750 n broadway ave  
BARTOW, FL 33830

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
FROMMANN, NICOLE	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	81429	01/09/2020
FROMMANN, NICOLE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	81429	09/21/2018
NANDA, PAUL KALRA	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	117861	01/09/2020
NANDA, PAUL KALRA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	117861	12/11/2017

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