Florida HEALTH Department of Health

BRANDON SCOTT WILSON

License Number: PA9107780

Data As Of 11/4/2026

Profession	Physician Assistant
License	PA9107780
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	01/16/2014
Address of Record	10475 Centurion Parkway N Suite 220 JACKSONVILLE, FL 32256
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
4268 oldfield crossing dr suit
JACKSONVILLE, FL 32223

Address
15255 Max Legget Parkway Suite 5300
JACKSONVILLE, FL 32218

Address
4565 US Highway 17 Suite 17
FLEMING ISLAND, FL 32003

Address
216 south park circle east suite F
ST AUGUSTINE, FL 32086

Address
1690 Us Highway 1 South Suite
ST AUGUSTINE, FL 32084

Address
232 Ponte Vedra Park Dr
PONTE VEDRA BEACH, FL 32082

Address
2627 Riverside Ave Suite 300
JACKSONVILLE, FL 32204

Address
2 Shircliff Way Suite 605
JACKSONVILLE, FL 32204

Address
3055 Cr-210 West Suite 110
SAINT JOHNS, FL 32259

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
HURFORD, ROBERT KENNETH JR	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	107092	12/07/2023
HURFORD, ROBERT KENNETH JR	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	107092	12/07/2023

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

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