Florida HEALTH Department of Health

# PAUL CHRISTOPHER STEINKE

## License Number: PA9107814

*Data As Of 11/3/2026*

| | |
|---|---|
| Profession | Physician Assistant |
| License | PA9107814 |
| License Status | Clear/Active |
| Qualifications | Prescribing<br>Dispensing Practitioner |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 02/17/2014 |
| Address of Record | 10475 CENTURION PKWY N.<br>STE 220<br>SOUTHEAST ORTHOPEDIC SPECIALISTS<br>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 STE 201 SOUTHEAST ORTHOPEDIC SPECIALISTS
JACKSONVILLE, FL 32223

Address

232 PONTE VERDA PARK DRIVE. SOUTHEAST ORTHOPEDIC SPECIALISTS
PONTE VEDRA, FL 32082

Address

1658 ST. VINCENTS WAY, STE. 100 SOUTHEAST ORTHOPEDIC SPECIALISTS
MIDDLEBURG, FL 32068

Address

2627 RIVERSIDE AVE. STE 301 SOUTHEAST ORTHOPEDIC SPECIALISTS
JACKSONVILLE, FL 32204

Address

4565 US-17 STE. 200 SOUTHEAST ORTHOPEDIC SPECIALISTS
FLEMING ISLAND, FL 32003

Address

15255 MAX LEGGETT PKWY, STE 5300 SOUTHEAST ORTHOPEDIC SPECIALISTS
JACKSONVILLE, FL 32218

Address

2001 COUNTY ROAD 210 W. STE. 200 SOUTHEAST ORTHOPEDIC SPECIALISTS
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 |
|---|---|---|---|---|
| COLLIER, FRANK RAPHEAL JR | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 69991 | 06/17/2022 |
| COLLIER, FRANK RAPHEAL JR | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 69991 | 06/17/2022 |

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

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