Florida HEALTH Department of Health

MARIA DEL CARMEN PEREZ-GARCIA M.D.

License Number: ME109778

Data As Of 10/29/2026

Profession	Medical Doctor
License	ME109778
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	04/29/2011
Address of Record	Ascension Urgent Care Normandy 7963 Normandy Blvd JACKSONVILLE, FL 32221
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

Ascension Urgent Care Mandarin 10503 San Jose Blvd U
JACKSONVILLE, FL 32257

Address

Ascension Urgent Care Westside 6488 103rd street Suite A
JACKSONVILLE, FL 32244

Address

Ascension Urgent Care Town Cen 6699 Gate Parkway U
JACKSONVILLE, FL 32256

Address

Ascension Urgent Care St Johns 2001 CR-210 Suite 101
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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
FOSS, KATIE MEGHAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9120228	9/18/2025
PRASCHAN, KYLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9122476	10/14/2026
STORES, JORDAN AUSTIN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113597	7/12/2021
STORES, JORDAN AUSTIN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113597	7/12/2021

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

Secondary Locations

Address

Ascension Urgent Care Mandarin 10503 San Jose Blvd U

JACKSONVILLE, FL 32257

Address

Ascension Urgent Care Westside 6488 103rd street Suite A

JACKSONVILLE, FL 32244

Address

Ascension Urgent Care Town Cen 6699 Gate Parkway U

JACKSONVILLE, FL 32256

Address

Ascension Urgent Care St Johns 2001 CR-210 Suite 101

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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
FOSS, KATIE MEGHAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9120228	9/18/2025
PRASCHAN, KYLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9122476	10/14/2026
STORES, JORDAN AUSTIN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113597	7/12/2021
STORES, JORDAN AUSTIN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113597	7/12/2021

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.