Florida HEALTH Department of Health

RYAN PATRICK HENTKOWSKI

License Number: PA9108073

Data As Of 11/2/2026

Profession	Physician Assistant
License	PA9108073
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	07/31/2014
Address of Record	4565 US Highway 17 Suite 200 SOUTHEAST ORTHOPEDIC SPECIALISTS, INC . FLEMING ISLAND, FL 32003
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

10475 Centurion Parkway N Suite 220

JACKSONVILLE , FL 32256

Address

2627 RIVERSIDE AVE. SOUTHEAST ORTHOPEDIC SPECIALISTS, INC. Suite 300

JACKSONVILLE, FL 32204

Address

232 PONTE VEDRA PK. DR. SOUTHEAST ORTHOPEDIC SPECIALISTS, INC.

PONTE VEDRA BEACH, FL 32082

Address

2300 PARK AVE. SOUTHEAST ORTHPEDIC SPECIALISTS, INC. STE 203

ORANGE PARK, FL 32073

Address

15255 MAX LEGGETT PKWY SOUTHEAST ORTHOPEDIC SPECIALISTS, INC. STE. 5300

JACKSONVILLE, FL 32218

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
SWANSON, CHRISTOPHER E	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	124439	11/14/2024

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

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