JONATHAN EDWARD BROWN

License Number: PA9108941

Data As Of 7/17/2025

Profession Physician Assistant

License PA9108941

License Status DELINQUENT/

Qualifications Prescribing

License Expiration Date 1/31/2024

License Original Issue Date 09/01/2015

Address of Record 3210 S CLEVELAND AVENUE SUITE

FORT MYERS, FL 33901

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

636 DEL PRADO BLVD. CAPE CORAL HOSPITAL CAPE CORAL, FL 33990

Address

2721 DEL PRADO BLVD.#250 KAGAN JUGAN & ASSOCIATES

CAPE CORAL, FL 33904

Address

13681 DOCTOR'S WAY GULF COAST MEDICAL CENTER

FORT MYERS, FL 33912

Address

2721 DEL PRADO BLVD.#100 CAPE CORAL SURGERY CENTER

CAPE CORAL, FL 33904

Address

9981 SOUTH HEALTHPARK DRIVE HEALTHPARK MEDICAL CENTER

FT MYERS, FL 33908

Address

2776 SOUTH CLEVELAND AVENUE LEE MEMORIAL HOSPITAL

FT MYERS, FL 33901

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:

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.

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