



JAMES BERNARD HUNT

License Number: PA9109535

Data As Of 4/20/2026

Profession	Physician Assistant
License	PA9109535
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	05/19/2016
Address of Record	350 North Clyde Morris Blvd DAYTONA BEACH, FL 32114
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

2777 Enterprise Road
ORANGE CITY, FL 32763

[Address](#)

320 North Clyde Morris Blvd
DAYTONA BEACH, FL 32124

[Address](#)

1340 Ridgewood Avenue
HOLLY HILL, FL 32117

[Address](#)

740 Dunlawton Avenue
PORT ORANGE, FL 32127

[Address](#)

239 N Ridgewood Avenue
EDGEWATER, FL 32132

[Address](#)

300 N Clyde Morris Blvd
DAYTONA BEACH, FL 32114

[Address](#)

4106 Lake Mary Blvd
LAKE MARY, FL 32746

[Address](#)

157 Taylor Road
PORT ORANGE, FL 32128

[Address](#)

707 Platinum Point
LAKE MARY, FL 32746

[Address](#)

1184 Ocean Shore Blvd
ORMOND BEACH, FL 32176

[Address](#)

1182 Ocean Shore Blvd
ORMOND BEACH, FL 32176

[Address](#)

461 N Nova Road
ORMOND BEACH, FL 32174

[Address](#)

937 N Spring Gardens Avenue
ORANGE CITY, FL 32763

[Address](#)

2777 Enterprise Road
ORANGE CITY, FL 32763

[Address](#)

315 Palm Coast Parkway
PALM COAST, FL 32137

[Address](#)

309 North
PALM COAST, FL 32137

[Address](#)

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350 N Clyde Morris Blvd Florida Helath Care Plans Inc
DAYTONA BEACH, FL 32114

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
LE, ELIZABETH ANN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	99663	10/28/2019
NIPPER, NEIL BAKER MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	108608	10/29/2019

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

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