DANIEL PAOLO JOSE

License Number: PA9110646

Data As Of 11/6/2025

Profession Physician Assistant

License PA9110646
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 09/07/2017

Address of Record 2627 RIVERSIDE AVE, STE 300

SOUTHEAST ORTHOPEDIC SPECIALISTS, INC

JACKSONVILLE, FL 32204

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

10475 CENTURION PKWY N STE 220 SOUTHEAST ORTHOPEDIC SPECIALISTS, INC JACKSONVILLE, FL 32256

Address

 $2300\ \mathsf{PARK}\ \mathsf{AVENUE}\ \mathsf{STE}\ 203\ \mathsf{SOUTHEST}\ \mathsf{ORTHOPEDIC}\ \mathsf{SPECIALISTS},\ \mathsf{INC}$

ORANGE PARK, FL 32073

Address

15255 MAX LEGGETT PKWY Suite 5300

JACKSONVILLE, FL 32218

Address

232 PONTE VEDRA PARK DRIVE SOUTHEAST ORTHOPEDIC SPECIALISTS, INC

PONTE VEDRA BEACH, FL 32082

Address

1658 ST VINCENT'S WAY, STE 100 SOUTHEAST ORTHOPEDIC SPECIALISTS, INC

MIDDLEBURG, FL 32068

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
REDMOND, JOHN MICHAEL	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	117442	06/08/2022

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

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