



DANIEL PAOLO JOSE

License Number: PA9110646

Data As Of 7/23/2025

| | |
|--|--|
| 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 (for the Treatment of Chronic Non- malignant Pain) | No |
| 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 PARK AVENUE STE 203 SOUTHEAST ORTHOPEDIC SPECIALISTS, 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

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.