### **ALLISON RICHELLE MENDENHALL**

## License Number: PA9111410

Data As Of 11/27/2025

Profession Physician Assistant

License PA9111410
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2028
License Original Issue Date 07/23/2018

Address of Record 350 Clyde Morris Blvd

DAYTONA BEACH, FL 32114

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

461 N NOVA RD FLORIDA HEALTH CARE PLANS ORMOND BEACH, FL 32174

#### Address

937 N SPRING GARDENS AVE FLORIDA HEALTH CARE PLANS

ORANGE CITY, FL 32763

#### Address

315 PALM COAST PKWY FLORIDA HEALTH CARE PLANS

PALM COAST, FL 32137

### Address

309 PALM COAST PKWY FLORIDA HEALTH CARE PLANS

PALM COAST, FL 32137

# Address

320 NORTH CLYDE MORRIS BLVD FLORIDA HEALTH CARE PLANS

DAYTONA BEACH, FL 32114

### Address

1340 RIDGEWOOD AVE FLORIDA HEALTH CARE PLANS

DAYTONA BEACH, FL 32117

## Address

740 DUNLAWTON AVE FLORIDA HEALTH CARE PLANS

PORT ORANGE, FL 32127

### Address

239 N. RIDGEWWOD AVE FLORIDA HEALTH CARE PLANS

EDGEWATER, FL 32132

## 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
BLACK, HARRY HUNTLEY M D	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	48766	11/26/2019
GRIGG, JOHNSIE CAROL	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	47294	10/29/2018
LE, ELIZABETH ANN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	99663	10/29/2018

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

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