# DAVID JAMES JONES

## License Number: PA3156

Data As Of 5/12/2025	
Profession	Physician Assistant
License	PA3156
License Status	NULL AND VOID/
Qualifications	Prescribing
License Expiration Date	1/31/2018
License Original Issue Date	10/08/1996
Address of Record	If further information is needed, please contact the Department of Health at (850) 488- 0595.
Controlled Substance Prescriber	No
(for the Treatment of Chronic Non-	
malignant Pain)	
Discipline on File	No
Public Complaint	No

## Secondary Locations

#### Address

216 N. FREDERICK ST. NORTHEAST FLORIDA HEALTH SERVICES, INC PIERSON, FL 32180

#### Address

2160 HOWLAND BLVD. #110 NORTHEAST FLORIDA HEALTH SERVICES, INC

DELTONA, FL 32738

#### Address

844 W. PLYMOUTH AVE. NORTHEAST FLORIDA HEALTH SERVICES, INC

#### DELAND, FL 32720

#### Address

1015 N. STONE ST. NORTHEAST FLORIDA HEALTH SERVICES, INC DELAND, FL 32720

# 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.

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