JAY EDWARD OLSSON DO

License Number: OS4087

Data As Of 8/24/2025

Profession Osteopathic Physician

License OS4087 License Status Clear/Active License Expiration Date 3/31/2026 License Original Issue Date 08/20/1979

Address of Record 401 N. WICKHAM RD.

SUITE S

Yes

MELBOURNE, FL 32935

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes **Public Complaint** Yes

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case#	Action Taken
OLSSON, JAY EDWARD	4087	OSTEOPATHIC PHY	MELBOURNE	FL	200320781	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case#	Action Taken
OLSSON, JAY EDWARD	4087	OSTEOPATHIC	MELBOURNE	FL	200320781	AC FILED
		PHYSICIAN				

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.

Subordinate Practitioners

Name	Relationship	Profession	License Effective Date
COLE, CHRISTOPHER STANLEY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102348 3/26/2025

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

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