



## JEFFREY ALAN EDWARDS

### License Number: PA9101058

Data As Of 5/22/2025

Profession	Physician Assistant
License	PA9101058
License Status	DISCP RELINQ/
Qualifications	Prescribing
License Expiration Date	1/31/2018
License Original Issue Date	08/27/1999
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

### Secondary Locations

#### Address

13460 Beach Blvd. Unit 1  
JACKSONVILLE, FL 32224

#### Address

8705-2 Perimeter Park Blvd.  
JACKSONVILLE, FL 32216

#### Address

2095 US Hwy 1 S.  
SAINT AUGUSTINE, FL 32086

#### Address

1021 Cesary Blvd.  
JACKSONVILLE, FL 32211

#### Address

463941 SR 200  
YULEE, FL 32097

#### Address

4933-1 University Blvd W  
JACKSONVILLE, FL 32216

#### Address

410 ATLANTIC BLVD SOLANTIC  
NEPTUNE BEACH, FL 32266

#### Address

2032 DUNN AVENUE SOLANTIC  
JACKSONVILLE, FL 32218

#### Address

2401 MONUMENT ROAD SOLANTIC  
JACKSONVILLE, FL 32225

#### Address

12303 SAN JOSE BLVD. SOLANTIC  
JACKSONVILLE, FL 32223

#### Address

5915 NORMANDY BLVD. SOLANTIC  
JACKSONVILLE, FL 32205

#### Address

5600 Spring Park Rd Comp Care  
JACKSONVILLE, FL 32216

[Address](#)

2140 Kingsley Ave. Solantic of Jacksonville  
ORANGE PARK, FL 32073

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
EDWARDS, JEFFREY ALAN	9101058	PHYSICIAN ASSIS	NEPTUNE BEACH	FL	201701155	VOLUNTARY SURRENDER

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
EDWARDS, JEFFREY ALAN	9101058	PHYSICIAN ASSISTANT	NEPTUNE BEACH	FL	201701155	AC FILED

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.

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.