



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 MONUNMENT 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.

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