



## FRANK W BOWDEN III

### License Number: ME45751

Data As Of 12/13/2025

Profession	Medical Doctor
License	ME45751
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	02/21/1985
Address of Record	7205 BENTLEY ROAD JACKSONVILLE, FL 32256
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

### Secondary Locations

#### Address

206 Ashourian Ave #215  
ST AUGUSTINE, FL 32092

#### Address

12341 Yellow Bluff Rd #4  
JACKSONVILLE, FL 32226

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
BOWDEN, FRANK W	45751	MEDICAL DOCTOR	JACKSONVILLE	FL	201417387	OBLIGATION(S) SATISFIED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
BOWDEN, FRANK W	45751	MEDICAL DOCTOR	JACKSONVILLE	FL	201417387	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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
EYE SURGERY CENTER OF NORTH FLORIDA, LLC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2740	11/9/2009
FRANK W. BOWDEN III MD F.A.C.S, P.A	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2826	11/9/2009

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

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