



## BUD LOUIS WOLFSON

### License Number: ME49196

Data As Of 1/12/2026

Professional	Medical Doctor
License	ME49196
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	08/14/1986
Address of Record	10898 BAYMEADOWS ROAD STE 300 JACKSONVILLE, FL 32256
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

No secondary locations found.

### 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, Box 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	Professional	Effective Date
		License	Date
BAPTIST PRIMARY CARE, INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2868 12/28/2009

Name	Relationship	Profession	Effective License Date
WILSON, KATHERINE ANN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104552 5/6/2016

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

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