



BROOKE MICHELLE PERUSSINA

License Number: PA9102180

Data As Of 11/22/2024

| | |
|--|---|
| Profession | Physician Assistant |
| License | PA9102180 |
| License Status | CLEAR/Active |
| Qualifications | Prescribing |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 09/17/2002 |
| Address of Record | 130 Health Park Blvd Flagler Family Medicine, PA ST AUGUSTINE, FL 32086 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

28 Old Kings Road Suite A Flagler Family Medicine
PALM COAST, FL 32137

Address

315 West Town Place Unit 1 Flagler Family Medicine
ST AUGUSTINE, FL 32092

Address

130 Health Park Blvd Flagler Family Medicine A1A S Unit 101 & 102
ST AUGUSTINE, FL 32086

Address

6277 A1A S Imot 101 & 102 Flagler Family Medicine A1A S Unit 101 & 102
ST AUGUSTINE, FL 32080

Address

105 South Park Blvd Flagler Family Medicine Unit C302
ORLANDO, FL 32806

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, 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.

Supervising Practitioners

| Name | Relationship | Profession | License | Effective Date |
|---------------------------------|--------------------------------------|-----------------------|---------|----------------|
| ASHDJI, RESWAN ROSA | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 57416 | 12/16/2021 |
| DONOFRIO, DANIEL JOSEPH MD | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 106486 | 10/22/2020 |
| MORALES GERALDINO, GARY ENRIQUE | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 122090 | 03/07/2022 |
| SAVAGE, ROSEMARY A | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 16806 | 05/14/2024 |

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

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.