

JAMES C. FOSTER

License Number: PA9102844

Data As Of 11/27/2025

Profession Physician Assistant

License PA9102844
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2028
License Original Issue Date 07/08/2004

Address of Record 2950 CLEVELAND CLINIC BLVD

WESTON, FL 33331

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

2950 Cleveland Clinic Blvd WESTON, FL 33331

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 | Effective License Date |
|---------------------|--------------------------------------|----------------|---------------------------|
| BENSON, SCARLET RAE | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 131289 07/10/2018 |

| · · | D.1.5. 13 | D () | | Effective |
|--------------------------------------|--------------------------------------|-----------------------|---------|------------|
| Name | Relationship | Profession | License | Date |
| BORNO, HARRISON KRISTOPHER | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 13498 | 01/24/2023 |
| DOBRINSKY, JONATHAN MICHAEL | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 131113 | 08/30/2017 |
| FARROW, JACKELINE LORENZO | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 15326 | 01/24/2023 |
| GAYLE, ERYKA ANN FELECIA | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 132867 | 09/07/2018 |
| GIANOPOULOS, CHRISTIAN | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 15259 | 04/11/2019 |
| GRIMA, JONATHAN ROBERT | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 14296 | 02/22/2017 |
| HARRISON, CRAIG ERIC | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 130667 | 08/30/2017 |
| HEIT, ETHAN DAVID | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 86709 | 12/07/2018 |
| HIERHOLZER, MEENA NAHATA | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 10101 | 06/11/2025 |
| LUNN, JASON ROBERT | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 130944 | 01/24/2023 |
| NEWBERRY, MARK ANTHONY | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 11941 | 01/24/2023 |
| PADRON, DANIEL DO | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 10813 | 09/13/2019 |
| PETERSEN, PAUL LEWIS MD | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 82450 | 01/24/2023 |
| QUEEN, RYAN STEPHEN | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 130879 | 08/21/2018 |
| RAZA-RODRIGUEZ, CHANDELLE GAOIRAN | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 16616 | 04/03/2021 |
| REYES-FARINAS, PEDRO | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 95749 | 01/09/2018 |
| SHEEHAN, ANTHONY JR | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 115464 | 01/24/2023 |
| ZAJD, SARAH PAULINE | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 171986 | 06/11/2025 |
| | | | | |

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