



## FLORIANE WU

License Number: ME64863

Data As Of 4/8/2025

Profession	Medical Doctor
License	ME64863
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	08/25/1993
Address of Record	12700 Bartram Park Blvd 1832 JACKSONVILLE, FL 32258
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

13460 BEACH BLVD. UNIT 1  
JACKSONVILLE, FL 32224

### Address

410 ATLANTIC LVD.  
JACKSONVILLE, FL 32266

### Address

2401 MONUMENT ROAD  
JACKSONVILLE, FL 32225

### Address

2095 US HIGHWAY 1  
SAINT AUGUSTINE, FL 32086

### Address

8705-2 PERIMETER PARK BLVD.  
JACKSONVILLE, FL 32216

### Address

12303 SAN JOSE BLLVD.  
JACKSONVILLE, FL 32223

### Address

464016 ST RD 200  
YULEE, FL 32097

### Address

5915 NORMANDY BLVD  
JACKSONVILLE, FL 32205

### Address

2032 DUNN AVE  
JACKSONVILLE, FL 32218

### Address

4498 HENDRICKS AVE  
JACKSONVILLE, FL 32207

### Address

1021 CESERY BLVD.  
JACKSONVILLE, FL 32211

### Address

2410 KINGSLEY AVE  
ORANGE PARK, FL 32073

## 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.

## Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
CHANCE, SARA EMILY	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108869	5/2/2019
CHANCE, SARA EMILY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108869	5/2/2019
DEARTH, JOSHUA MICHAEL	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110420	8/2/2018
DEARTH, JOSHUA MICHAEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110420	8/2/2018
MARTINEZ, TAMMY PRUITT	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110936	7/12/2018
MERTZ, BRITTANY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108086	10/8/2023
TAYLOR, ERIC	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116540	2/24/2023
TAYLOR, ERIC	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116540	2/24/2023

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

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