

JEFFREY DEAN PARKS

License Number: ME67417

Data As Of 12/13/2025

Profession Medical Doctor
License ME67417
License Status Clear/Active
License Expiration Date 1/31/2028
License Original Issue Date 12/12/1994

Address of Record PARKS DERMATOLOGY CENTER
400 LAKEBRIDGE PLAZA DRIVE

ORMOND BEACH, FL 32174

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

PARKS DERMATOLOGY CENTER 1385 W GRANADA BLVD ST ORMOND BCH, FL 32174

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 | Effective License Date |
|----------------------------------|--------------|---|---------------------------|
| PARKS DERMATOLOGY CENTER, LLC | HCCE | HEALTH CARE CLINIC ESTABLISHMENT PERMIT | 12/31/2008 |

| Name | Relationship | Profession | Effective License Date |
|-------------------------|------------------------------------|---------------------|---------------------------|
| ROSKEY, AMANDA KIMBERLY | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116725 2/8/2023 |
| ROSKEY, AMANDA KIMBERLY | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116725 2/7/2023 |

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

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