



CHRISTOPHER ROBERTS

License Number: ME69788

Data As Of 2/1/2026

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|--|---|
| Profession | Medical Doctor |
| License | ME69788 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 01/10/1996 |
| Address of Record | 5191 First Coast Tech Pkwy 3rd Floor JACKSONVILLE, FL 32224 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes |
| Discipline on File | Yes |
| Public Complaint | Yes |

Secondary Locations

Address

1100 Plantation Island Drive Suite 220
ST AUGUSTINE, FL 32080

Address

1350 13th Avenue S Suite 120
JACKSONVILLE BEACH, FL 32250

Address

2550 Park Street Suite B
JACKSONVILLE, FL 32204

Address

2349 Village Square Pkwy Suite 107
FLEMING ISLAND, FL 32003

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|-------------------------|---------|-------------------|--------------|-------|-----------|----------------------------|
| ROBERTS, CHRISTOPHER | 69788 | MEDICAL DOCTOR | JACKSONVILLE | FL | 201706665 | OBLIGATION(S) SATISFIED |

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|-------------------------|---------|-------------------|--------------|-------|-----------|--------------|
| ROBERTS, CHRISTOPHER | 69788 | MEDICAL DOCTOR | JACKSONVILLE | FL | 201706665 | AC FILED |

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 |
|---------------------------------|---------------------------------|---|------------------------|
| ARINELLO, MALLORY PARRISH | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9113116 7/14/2022 |
| BETTIS, ELIZABETH RAYE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9110699 10/5/2021 |
| CLEMONS, CARSON MITCHELL | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9114474 10/5/2021 |
| CRISWELL, COURTNEY RAE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9111862 3/16/2020 |
| GAITAN, HELENA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9114865 7/12/2022 |
| JACKSONVILLE SPINE CENTER, P.A. | HCCE | HEALTH CARE CLINIC ESTABLISHMENT PERMIT | 589 12/29/2008 |
| MASSEY, JOSHUA BRIAN | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9104570 6/19/2019 |
| TRACE, TAYLOR | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9112637 3/16/2020 |

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

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