Florida HEALTH Department of Health

CHARISSA DAWN HIGDON

License Number: PA9104613

Data As Of 10/30/2026

Profession	Physician Assistant
License	PA9104613
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	06/23/2008
Address of Record	915 W. MONROE ST. SUITE 200 JACKSONVILLE, FL 32204
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
1350 13th Avenue South Baptist Medical Center Beaches
JAX BEACH, FL 32250

Address
1 Shircliff Way Saint Vincents Hospital
JACKSONVILLE, FL 32204

Address
800 Prudential Drive Baptist Medical Center Downtown
JACKSONVILLE, FL 32207

Address
3550 University Blvd S. Suite 301
JACKSONVILLE, FL 32216

Address
2001 Kingsley Avenue Orange Park Medical Center
ORANGE PARK, FL 32073

Address
4201 BELFORT RD.
JACKSONVILLE, FL 32216

Address
3625 UNIVERSITY BLVD. S MEMORIAL HOSPITAL
JACKSONVILLE, FL 32216

Address
600 Plantation Island Drive Suite #1
ST AUGUSTINE, FL 32080

Address
3599 University Blvd S Brooks University
JACKSONVILLE, FL 32216

Address
1670 St Vincent's Way
MIDDLEBURG, FL 32068

Address
400 Health Park Blvd
ST AUGUSTINE, FL 32086

Address

14550 Old St Augustine Rd Baptist South Hospital
JACKSONVILLE, FL 32258

Address

6400 Brooks Bartram Dr Brooks Bartram Rehab
JACKSONVILLE, FL 32258

Address

1771 Baptist Clay Dr
FLEMING ISLAND, FL 32003

Address

205 Trinity Way
SAINT JOHNS, FL 32259

Address

15255 Max Leggett Parkway UF Health Rehabilitation-North
JACKSONVILLE, FL 32218

Address

12645 Salina Drive Reunion Rehabilitation Hospital
JACKSONVILLE, FL 32246

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
MAGEE, JAMES SAMPLE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	30740	07/14/2008
ROURA, MIGUEL FABIAN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	50092	07/14/2008
SHRESTHA, ANIL PRASAD MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	83286	07/14/2008
SUTTON, DAVID RICKENBECK JR	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	58349	08/02/2004
WARDA, FIRAS	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	155506	07/01/2022

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

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