



## CHRISTOPHER CHARLES HENDERSON MD

License Number: ME81250

Data As Of 4/8/2025

Profession	Medical Doctor
License	ME81250
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	10/04/2000
Address of Record	The Effect Lifestyle Practice 651 State Road 13 N SAINT JOHNS, FL 32259
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

### Secondary Locations

**Address**

4604 Avon Lane  
JACKSONVILLE, FL 32210

**Address**

Emergency Resource Group 841 Prudential Drive Suite 1400  
JACKSONVILLE, FL 32207

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
HENDERSON, CHRISTOPHER CHARLES	81250	MEDICAL DOCTOR	SAINT JOHNS	FL	201510298	OBLIGATION(S) SATISFIED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
HENDERSON, CHRISTOPHER CHARLES	81250	MEDICAL DOCTOR	SAINT JOHNS	FL	201510298	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.

## Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
HOIDA, SHIELDS DUSS	SUPERVISOR	MEDICAL DOCTOR	125526	04/01/2019

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

## Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BROUSSEAU, TONIA JEANNE DO	SUBORDINATE	OSTEOPATHIC PHYSICIAN	9193	6/11/2018
LAMMERMEIER, JEFFREY SCOTT	SUBORDINATE	MEDICAL DOCTOR	122614	6/11/2018

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.