



SAMUEL SANTELICES

License Number: ME87551

Data As Of 4/25/2025

Profession	Medical Doctor
License	ME87551
License Status	CLEAR/Active
License Expiration Date	1/31/2027
License Original Issue Date	05/06/2003
Address of Record	1859 SW NEWLAND WAY LAKE CITY, FL 32025
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

9770 Old Baymeadows Rd Ste 127
JACKSONVILLE, FL 32256

Address

417 E Call St
STARKE, FL 32091

Address

2220 N Young Blvd
CHIEFLAND, FL 32626

Address

149 NE 241st ST SUITE A NORTH FLORIDA PEDIATRICS
CROSS CITY, FL 32628

Address

***** *** CONFIDENTIAL *** *** CONFIDENTIAL *** *** CONFIDENTIAL ***
*** CONFIDENTIAL *** , ** *****

Address

1117 NW HWY 41 SUITE B NORTH FLORIDA PEDIATRICS
JASPER, FL 32052

Address

4052 Atlantic Blvd
JACKSONVILLE, FL 32207

Address

145 Hilden Rd Ste101
PONTE VEDRA, FL 32081

Address

1301 Reid Street
PALATKA, FL 32177

Address

397 Palm Coast Parkway Ste 303
PALM COAST, FL 32137

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
BARMER, AMBER LEAH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106308	5/2/2023
NORTH FLORIDA PEDIATRICS, P.A.	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3121	1/29/2010
NORTH FLORIDA PEDIATRICS, PA	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3120	1/29/2010

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

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