



SAMAN SOLEYMANI

License Number: ME88018

Data As Of 4/21/2026

Profession	Medical Doctor
License	ME88018
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	07/01/2003
Address of Record	1633 RACETRACK RD Suite 101 SUITE #101 JACKSONVILLE, FL 32259
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

4160 Southside Blvd #10
JACKSONVILLE, FL 32216

Address

9580 APPLECROSS ROAD #106
JACKSONVILLE, FL 32222

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	License	Effective Date
AVECINA MEDICAL	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3103	1/29/2010
AVECINA MEDICAL, P.A	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	902	1/5/2009
AVECINA MEDICAL, P.A	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	901	1/5/2009
DAVIS, DERRICK ANTHONY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103680	10/28/2016
KHAN, SOHAIL AHMED	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102828	4/1/2017
MUSTA-KINA, SONILA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109193	12/28/2018
MUSTA-KINA, SONILA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109193	12/27/2018
NEUHAUS, IAN ALEXANDER	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117445	7/17/2023
PALOPOLI, JOSEPH III	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9119250	3/2/2026
SUFYAN, SAEED BASHEER	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9118971	10/14/2024
WIERINGA, KIMBERLY MATTSON	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105525	5/31/2017

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.

Secondary Locations

Address

4160 Southside Blvd #10
JACKSONVILLE, FL 32216

Address

9580 APPLECROSS ROAD #106
JACKSONVILLE, FL 32222

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	License	Effective Date
AVECINA MEDICAL	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3103	1/29/2010
AVECINA MEDICAL, P.A	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	902	1/5/2009
AVECINA MEDICAL, P.A	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	901	1/5/2009
DAVIS, DERRICK ANTHONY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103680	10/28/2016
KHAN, SOHAIL AHMED	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102828	4/1/2017
MUSTA-KINA, SONILA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109193	12/28/2018
MUSTA-KINA, SONILA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109193	12/27/2018
NEUHAUS, IAN ALEXANDER	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117445	7/17/2023
PALOPOLI, JOSEPH III	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9119250	3/2/2026
SUFYAN, SAEED BASHEER	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9118971	10/14/2024
WIERINGA, KIMBERLY MATTSON	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105525	5/31/2017

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.