



## JOHN LOUIS MAZZELLA

### License Number: ME89003

Data As Of 8/5/2025

Profession	Medical Doctor
License	ME89003
License Status	Clear/Active
License Expiration Date	1/31/2026
License Original Issue Date	10/22/2003
Address of Record	1 SHIRCLIFF WAY RADIOLOGY DEPARTMENT 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

6699 GATE PARKWAY STE C  
JACKSONVILLE, FL 32256

#### Address

6488 103RD ST STE C  
JACKSONVILLE, FL 32210

#### Address

2001 CR 210  
ST. JOHNS, FL 32259

#### Address

10503 SAN JOSE BLVD  
JACKSONVILLE, FL 32257

#### Address

4203 BELFORT RD STE 103  
JACKSONVILLE, FL 32216

#### Address

2345 FORBES ST  
JACKSONVILLE, FL 32204

#### Address

2300 Park Avenue Suite 104  
ORANGE PARK, FL 32073

#### Address

Optimal Imaging 1726 Jeremiah Street  
MIDDLEBURG, FL 32068

### 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
CHESSER, LEAH DAWN	RADIOLOGIST ASSISTANT	RADIOLOGIST ASSISTANT	39	10/25/2011

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

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