



THERESE E SULLIVAN

License Number: PA9105974

Data As Of 4/10/2025

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| Profession | Physician Assistant |
| License | PA9105974 |
| License Status | CLEAR/Active |
| Qualifications | Prescribing |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 04/21/2011 |
| Address of Record | 1530 Cornerstone Blvd Suite 120 Empros DAYTONA BEACH, FL 32117 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

1055 SAXON BLVD. FLORIDA HOSPITAL FISH MEMORIAL
ORANGE CITY, FL 32763

Address

701 W. PLYMOUTH AVE. FLORIDA HOSPITAL DELAND
DELAND, FL 32720

Address

60 MEMORIAL MEDICAL PKWY FLORIDA HOSPITAL FLAGLER
PALM COAST, FL 32164

Address

401 PALMETTO ST. FLORIDA HOSPITAL NEW SMYRNA
NEW SMYRNA BEACH, FL 32168

Address

301 MEMORIAL MEDICAL PKWY FLORIDA HOSPITAL MEMORIAL MEDICAL CENTER
DAYTONA BEACH, FL 32117

Address

264 SOUTH ATLANTIC AVE. FLORIDA HOSPITAL OCEANSIDE
ORMOND BEACH, FL 32176

Address

701 W Plymouth Advent Health Deland
DELAND, FL 32720

Address

401 Palmetto Street Advent Bert Fish
NEW SMYRNA BEACH, FL 32168

Address

1055 Sayon Blvd Advent Health Fish
ORANGE CITY, FL 32763

Address

3120 Howland Blvd Advent Health Blvd
DELTONA, FL 32725

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 |
|---------------------------|--------------------------------------|-----------------------|---------|----------------|
| RIGA, PETER J | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 10944 | 09/30/2016 |
| ROBERTS, JUDY JENNIFER DO | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 9253 | 09/30/2016 |

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

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