### THERESE E SULLIVAN

### License Number: PA9105974

Data As Of 11/27/2025

Profession Physician Assistant

License PA9105974
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2028
License Original Issue Date 04/21/2011

Address of Record 222 s. Peninsula Dr

**Empros** 

DAYTONA BEACH, FL 32118

Controlled Substance Prescriber No.

(for the Treatment of Chronic Non-

malignant Pain)

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

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

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	N 10944	09/30/2016
ROBERTS, JUDY JENNIFER DO	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	N 9253	09/30/2016

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

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