Florida HEALTH Department of Health

THERESE E SULLIVAN

License Number: PA9105974

Data As Of 10/31/2026

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 (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
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	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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