



CHRISTOPHER ROBERT GOLL

License Number: ME91734

Data As Of 7/7/2025

Profession	Medical Doctor
License	ME91734
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	10/20/2004
Address of Record	10475 CENTURION PKWY STE 220 JACKSONVILLE, FL 32256
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

2627 RIVERSIDE AVENUE 3rd Floor
JACKSONVILLE, FL 32204

Address

232 PONTE VEDRA PARK DRIVE
PONTE VEDRA, FL 32082

Address

1658 ST. VINCENTS WAY SUITE 100
MIDDLEBURG, FL 32068

Address

2300 PARK AVENUE SUITE 203
ORANGE PARK, FL 32073

Address

15255 MAX LEGGETT PRKWY, 5TH FLOOR
JACKSONVILLE, FL 32218

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

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
REMIAS, DAVID BRIAN	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	123297	06/14/2022

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
ARRIGENNA, MARK A	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106835	10/1/2012
ARRIGENNA, MARK A	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106835	11/1/2024
DUFFY, GAVAN PATRICK MD	DISPENSING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	80485	10/1/2012
LINCOLN, MAX C	PRESCRIBING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	114953	11/12/2024

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.