



## MARIA DEL CARMEN PEREZ-GARCIA M.D.

### License Number: ME109778

Data As Of 4/23/2026

Profession	Medical Doctor
License	ME109778
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	04/29/2011
Address of Record	Ascension Urgent Care Normandy 7963 Normandy Blvd JACKSONVILLE, FL 32221
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

Ascension Urgent Care Mandarin 10503 San Jose Blvd U  
JACKSONVILLE, FL 32257

#### Address

Ascension Urgent Care Westside 6488 103rd street Suite A  
JACKSONVILLE, FL 32244

#### Address

Ascension Urgent Care Town Cen 6699 Gate Parkway U  
JACKSONVILLE, FL 32256

#### Address

Ascension Urgent Care St Johns 2001 CR-210 Suite 101  
SAINT JOHNS, FL 32259

### 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
FOSS, KATIE MEGHAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9120228	9/18/2025
STORES, JORDAN AUSTIN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113597	7/12/2021
STORES, JORDAN AUSTIN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113597	7/12/2021

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

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