



## WILLIAM DAVID SPEER

License Number: PA9108316

Data As Of 8/20/2025

Profession	Physician Assistant
License	PA9108316
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	10/06/2014
Address of Record	1021 CESARY BOULEVARD SOLANTIC OF JSCKSONVILLE, LLC JACKSONVILLE, FL 32211
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

2032 DUNN AVE. SOLANTIC OF JSCKSONVILLE, LLC  
JACKSONVILLE, FL 32218

### Address

1708 BLANDING BOULEVARD SOLANTIC OF JSCKSONVILLE, LLC  
MIDDLEBURG, FL 32068

### Address

463941 SR. 200 SOLANTIC OF JSCKSONVILLE, LLC  
YULEE, FL 32097

### Address

2401 MONUMENT ROAD SOLANTIC OF JSCKSONVILLE, LLC  
JACKSONVILLE, FL 32225

### Address

410 ATLANTIC BOULEVARD, UNIT 1 SOLANTIC OF JSCKSONVILLE, LLC  
NEPTUNE BEACH, FL 32266

### Address

4498 HENDRICKS AVENUE SOLANTIC OF JSCKSONVILLE, LLC  
JACKSONVILLE, FL 32207

### Address

2905 US HIGHWAY 1 S SOLANTIC OF JSCKSONVILLE, LLC  
ST AUGUSTINE, FL 32086

### Address

13460 BEACH BOULEVARD SOLANTIC OF JSCKSONVILLE, LLC  
JACKSONVILLE, FL 32224

### Address

8705-2 PERIMETER PARK BLVD SOLANTIC OF JSCKSONVILLE, LLC  
JACKSONVILLE, FL 32216

### Address

12303 SAN JOSE BOULEVARD SOLANTIC OF JSCKSONVILLE, LLC  
JACKSONVILLE, FL 32223

### Address

2140 KINGSLEY AVENUE, SUITE 15 SOLANTIC OF JSCKSONVILLE, LLC  
JACKSONVILLE, FL 32218

### Address

5964 NORMANDY BOULEVARD SOLANTIC OF JSCKSONVILLE, LLC  
JACKSONVILLE, FL 32205

## 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
PERIN, JAMES CHRISTOPHER	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	120432	05/31/2018

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

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