Florida HEALTH Department of Health

JAMES CHRISTOPHER PERIN

License Number: ME120432

Data As Of 11/25/2026

Profession	Medical Doctor
License	ME120432
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	06/12/2014
Address of Record	5964 Normandy Blvd. JACKSONVILLE, FL 32205
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
463941 SR 400
YULEE, FL 32097

Address
5805-1 RAMONA BLVD.
JACKSONVILLE, FL 32205

Address
5964 NORMANDY BLVD. CARESPOT
JACKSONVILLE, FL 32205

Address
1708 BLANDING BLVD.
MIDDLEBURG, FL 32068

Address
410 ATLANTIC BLVD.
NEPTUNE BEACH, FL 32266

Address
2401 MONUMENT ROAD
JACKSONVILLE, FL 32225

Address
12303 SAN JOSE BLVD.
JACKSONVILLE, FL 32223

Address
2032 DUNN AVENUE
JACKSONVILLE, FL 32218

Address
8705-2 PERIMETER PARK BLVD.
JACKSONVILLE, FL 32216

Address
2095 US HIGHWAY 1 S
SAINT AUGUSTINE, FL 32086

Address
1021 CESERY BLVD.
JACKSONVILLE, FL 32211

Address

4498 HENDRICKS AVE
JACKSONVILLE, FL 32207
Address
2140 KINGSLEY AVE
ORANGE PARK, FL 32073
Address
5915 NORMANDY BLVD.
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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
CORREA, MARCIO M	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105630	2/23/2018
DOWNEY, THOMAS JACKSON	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109946	6/5/2025
HICKOX, MALCOLM WILEY	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	3003	6/18/2025
HICKOX, MALCOLM WILEY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	3003	6/18/2025
JARAMILLO, DAVID HERNANDO	DISPENSING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	96063	6/5/2025
KOTZIERS, MELISSA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9120800	11/5/2025
KOTZIERS, MELISSA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9120800	10/15/2025
MABE, CHERISSE RAGASA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100665	7/29/2025
MABE, CHERISSE RAGASA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100665	7/29/2025
MERTZ, BRITTANY	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108086	6/9/2025
MERTZ, BRITTANY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108086	6/9/2025
MISEL, JASON	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111091	6/5/2025
REYNOLDS, NATALIE ROSE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110362	9/28/2018
REYNOLDS, NATALIE ROSE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110362	2/23/2018
TULGETSKE, MICHAEL SHANE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107744	8/22/2018
TULGETSKE, MICHAEL SHANE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107744	8/22/2018

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