



JAMES CHRISTOPHER PERIN

License Number: ME120432

Data As Of 8/20/2025

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|--|---|
| Profession | Medical Doctor |
| License | ME120432 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2026 |
| 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

5915 NORMANDY BLVD.
JACKSONVILLE, FL 32205

Address

2140 KINGSLEY AVE
ORANGE PARK, FL 32073

Address

4498 HENDRICKS AVE
JACKSONVILLE, FL 32207

Address

1021 CESERY BLVD.
JACKSONVILLE, FL 32211

Address

2095 US HIGHWAY 1 S
SAINT AUGUSTINE, FL 32086

Address

8705-2 PERIMETER PARK BLVD.
JACKSONVILLE, FL 32216

Address

2032 DUNN AVENUE
JACKSONVILLE, FL 32218

Address

12303 SAN JOSE BLVD.
JACKSONVILLE, FL 32223

Address

2401 MONUMENT ROAD
JACKSONVILLE, FL 32225

Address

410 ATLANTIC BLVD.
NEPTUNE BEACH, FL 32266

Address

1708 BLANDING BLVD.
MIDDLEBURG, FL 32068

Address

5964 NORMANDY BLVD. CARESPOT
JACKSONVILLE, FL 32205

Address

5805-1 RAMONA BLVD.
JACKSONVILLE, FL 32205

Address

463941 SR 400
YULEE, FL 32097

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 | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 3003 | 6/18/2025 |
| JARAMILLO, DAVID HERNANDO | DISPENSING PHYSICIAN ASSISTANT | MEDICAL DOCTOR | 96063 | 6/5/2025 |
| 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 |
| SPEER, WILLIAM DAVID | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9108316 | 5/31/2018 |
| TULGETSKE, MICHAEL SHANE | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107744 | 8/22/2018 |
| TULGETSKE, MICHAEL SHANE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107744 | 8/22/2018 |
| WALKER, ERIN | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116122 | 5/15/2023 |
| WALKER, ERIN | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116122 | 5/15/2023 |

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