EDWARD ALLEN HUGHES

License Number: PA9108983

Data As Of 7/27/2025			
Profession	Physician Assistant		
License	PA9108983		
License Status	Clear/Active		
Qualifications	Prescribing		
License Expiration Date	1/31/2026		
License Original Issue Date	09/08/2015		
Address of Record	5147 North 9th Ave, suite 103		
	PENSACOLA, FL 32504		
Controlled Substance Prescriber	No		
(for the Treatment of Chronic Non-			
malignant Pain)			
Discipline on File	No		
Public Complaint	No		

Secondary Locations

No secondary locations found.

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
BARNES REMSKI, LESLIE M	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	111282	07/12/2018
POWELL, EDDIE N II	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	134076	07/12/2018
TAN, HUAIYU	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	112876	07/01/2017

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

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