#### RICHARD ARTHUR OLDANO

## License Number: PA2717

Data As Of 12/14/2025

Profession Physician Assistant

License PA2717
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

License Expiration Date 1/31/2028
License Original Issue Date 01/27/1994

Address of Record 1300 Barrington Circle

ST AUGUSTINE, FL 32092

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint Yes

# **Secondary Locations**

#### Address

5995-1 University Blvd W Centra Medical Center

JAX, FL 32216

### Address

1036 Dunn Avenue Suite 10 Cencentra Medical Center

JACKSONVILLE, FL 32218

#### Address

1524 Normandy Villages Pkwy Concentra Medical Ctr

JAX, FL 32221

## Discipline/Admin Action

## **Emergency Actions**

No Emergency Actions Found

## **Discipline Cases**

Name	License	Profession	City	State	Case#	Action Taken
OLDANO, RICHARD ARTHUR	2717	PHYSICIAN ASSIS	ST AUGUSTINE	FL	200802720	PROBATION SATISFIED

## **Public Complaints**

Name	License	Profession	City	State	Case#	Action Taken
OLDANO, RICHARD ARTHUR	2717	PHYSICIAN ASSISTANT	ST AUGUSTINE	FL	200802720	AC FILED

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
TUEL, MARC ALAN	SUPERVISING DISPENSING PRACTITIONER	OSTEOPATHIC PHYSICIAN	18326	06/17/2024

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

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