



ASHLEY NICOLE COLLINS BROWN

License Number: PA9109913

Data As Of 4/23/2026

Profession	Physician Assistant
License	PA9109913
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	09/28/2016
Address of Record	125 Baptist Way Suite 5c PENSACOLA, FL 32503
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

6715 Hwy 98
PENSACOLA, FL 32501

[Address](#)

5100 North 12th Ave Suite 201
PENSACOLA, FL 32504

[Address](#)

1118 Gulf Breeze Pkwy Suite 203
GULF BREEZE, FL 32561

[Address](#)

14114 Alabama St
JAY, FL 32565

[Address](#)

8880 Navarre Pkwy Suite 101
NAVARRE, FL 32566

[Address](#)

3874 Hwy 90 Suite 202
PACE, FL 32571

[Address](#)

9400 University Pkwy Suite 200
PENSACOLA, FL 32514

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	Effective License	Date
ALDRIDGE, BEAU ANTHONY	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	125139	08/12/2025
LASHLEY, MADISON	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	162241	08/12/2025
REES, GEORGE CROSBY	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	67765	08/12/2025
SCHURMAN-MAGEE, PAMELA ANN	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	7000	08/12/2025
VERNON, SETH ALAN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	154573	08/12/2025
ZHANG, MING MING	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	94671	08/12/2025

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

Secondary Locations

[Address](#)

6715 Hwy 98
PENSACOLA, FL 32501

[Address](#)

5100 North 12th Ave Suite 201
PENSACOLA, FL 32504

[Address](#)

1118 Gulf Breeze Pkwy Suite 203
GULF BREEZE, FL 32561

[Address](#)

14114 Alabama St
JAY, FL 32565

[Address](#)

8880 Navarre Pkwy Suite 101
NAVARRE, FL 32566

[Address](#)

3874 Hwy 90 Suite 202
PACE, FL 32571

[Address](#)

9400 University Pkwy Suite 200
PENSACOLA, FL 32514

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	Effective License Number	Effective Date
ALDRIDGE, BEAU ANTHONY	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	125139	08/12/2025
LASHLEY, MADISON	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	162241	08/12/2025
REES, GEORGE CROSBY	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	67765	08/12/2025
SCHURMAN-MAGEE, PAMELA ANN	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	7000	08/12/2025
VERNON, SETH ALAN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	154573	08/12/2025
ZHANG, MING MING	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	94671	08/12/2025

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.