



NICHOLAS WELLINGTON

License Number: PA9110304

Data As Of 8/7/2025

Profession	Physician Assistant
License	PA9110304
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	04/05/2017
Address of Record	5150 Belfort rd Building 400 JACKSONVILLE, FL 32256
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

4101 SOUTH POINT DRIVE E CONSULATE HEALTH CARE OF JACKSONVILLE
JACKSONVILLE, FL 32216

Address

2061 HYDEPARK SIGNATURE HEALTHCARE OF JACKSONVILLE /ORANGE PARK
JACKSONVILLE, FL 32210

Address

3648 UNIVERSITY BLVD SOUTH HEARTLAND
JACKSONVILLE, FL 32216

Address

9960 ATRIUM WAY ATRIUM
JACKSONVILLE, FL 32225

Address

803 OAK STREET GOVERNORS CREEK
JACKSONVILLE, FL 32216

Address

1504 SEABREEZE AVENUE AVANTE
JACKSONVILLE BEACH, FL 32250

Address

4600 MIDDLETON AVE CYPRESS VILLAGE
ORANGE PARK, FL 32073

Address

4901 RICHARD STREET SPECIALTY HOSPITAL
JACKSONVILLE, FL 32207

Address

3265 UNIVERSITY BLVD SOUTH MEMORIAL HOSPITAL JACKSONVILLE
JACKSONVILLE, FL 32216

Address

8700 AC SKINNER PKWY REGENTS PARK
JACKSONVILLE, FL 32256

Address

3599 UNIVERSITY BLVD SOUTH BROOKS REHABILITATION HOSPITAL
JACKSONVILLE, FL 32216

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
KHAZRAVAN, SAMIRA MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	100775	10/03/2018

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

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