



## DANIEL PAOLO JOSE

### License Number: PA9110646

Data As Of 8/4/2025

Profession	Physician Assistant
License	PA9110646
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	09/07/2017
Address of Record	2627 RIVERSIDE AVE, STE 300 SOUTHEAST ORTHOPEDIC SPECIALISTS, INC JACKSONVILLE, FL 32204
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

10475 CENTURION PKWY N STE 220 SOUTHEAST ORTHOPEDIC SPECIALISTS, INC  
JACKSONVILLE, FL 32256

#### Address

2300 PARK AVENUE STE 203 SOUTHEAST ORTHOPEDIC SPECIALISTS, INC  
ORANGE PARK, FL 32073

#### Address

15255 MAX LEGGETT PKWY Suite 5300  
JACKSONVILLE, FL 32218

#### Address

232 PONTE VEDRA PARK DRIVE SOUTHEAST ORTHOPEDIC SPECIALISTS, INC  
PONTE VEDRA BEACH, FL 32082

#### Address

1658 ST VINCENT'S WAY, STE 100 SOUTHEAST ORTHOPEDIC SPECIALISTS, INC  
MIDDLEBURG, FL 32068

### 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
REDMOND, JOHN MICHAEL	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	117442	06/08/2022

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

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