



ANDREW MEDVEDOVSKY

License Number: ME143510

Data As Of 12/14/2025

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| Profession | Medical Doctor |
| License | ME143510 |
| License Status | Obligations/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 12/17/2019 |
| Address of Record | 2700 Riverside Ave. Suite 2 JACKSONVILLE, FL 32205 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | Yes |
| Discipline on File | Yes |
| Public Complaint | Yes |

Secondary Locations

Address

463386 State Road 200 Unit A
YULEE, FL 32097

Address

1811 Blanding Blvd. Suite 102
MIDDLEBURG, FL 32068

Address

801 N. Orange Ave. Suite 530
ORLANDO, FL 32801

Address

8262 Point Meadows Dr
JACKSONVILLE, FL 32256

Address

280 Dundas Dr
JACKSONVILLE, FL 32218

Address

1821 Blanding Blvd
MIDDLEBURG, FL 32068

Address

1564 Kingsley Ave. Suite 300
ORANGE PARK, FL 32073

Address

404 NW Hall of Fame Dr.
LAKE CITY, FL 32055

Address

1361 13th Ave. S Suite 250A
JACKSONVILLE BEACH, FL 32250

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|---------------------|---------|----------------|--------------|-------|-----------|--------------------------|
| MEDVEDOVSKY, ANDREW | 143510 | MEDICAL DOCTOR | JACKSONVILLE | FL | 202026342 | RESTRICTED FROM PRACTICE |

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|---------------------|---------|----------------|--------------|-------|-----------|--------------|
| MEDVEDOVSKY, ANDREW | 143510 | MEDICAL DOCTOR | JACKSONVILLE | FL | 202026342 | 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.

Subordinate Practitioners

| Name | Relationship | Profession | License | Effective Date |
|-----------------------|---------------------------------|---------------------|---------|----------------|
| DUNKWU, FELIX NYEMIKE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106921 | 10/28/2022 |

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

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