



## NICHOLAS FREEMAN

### License Number: PA9111407

Data As Of 8/5/2025

Profession	Physician Assistant
License	PA9111407
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	07/20/2018
Address of Record	151 pine lake drive, suite b PONTE VEDRA, FL 32081
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### [Address](#)

5964 Normandy Blvd  
JACKSONVILLE, FL 32205

#### [Address](#)

8705-2 Perimeter Park Blvd  
JACKSONVILLE, FL 32216

#### [Address](#)

70 Durbin Pavilion Drive Suite 101  
SAINT JOHNS, FL 32259

#### [Address](#)

4498 Hendricks Avenue  
JACKSONVILLE, FL 32207

#### [Address](#)

2095 US Highway 1 S  
SAINT AUGUSTINE, FL 32086

#### [Address](#)

2032 Dunn Avenue  
JACKSONVILLE, FL 32218

#### [Address](#)

13460 Beach Blvd Unit 1  
JACKSONVILLE, FL 32224

#### [Address](#)

1708 Blanding Blvd  
MIDDLEBURG, FL 32068

#### [Address](#)

463941 SR 200  
YULEE, FL 32097

#### [Address](#)

2141 Kingsley Avenue Suite 15  
ORANGE PARK, FL 32073

#### [Address](#)

12303 San Jose Blvd  
JACKSONVILLE, FL 32223

#### Address

2401 Monument Road  
JACKSONVILLE, FL 32225

#### Address

1021 Cesery Blvd  
JACKSONVILLE, FL 32211

### 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
MAALOULI, NADEEM M M D	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	77481	10/28/2020

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

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