



## ALLISON RICHELLE MENDENHALL

License Number: PA9111410

Data As Of 12/23/2024

Profession	Physician Assistant
License	PA9111410
License Status	CLEAR/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	07/23/2018
Address of Record	350 Clyde Morris Blvd DAYTONA BEACH, FL 32114
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

239 N. RIDGEWOD AVE FLORIDA HEALTH CARE PLANS  
EDGEWATER, FL 32132

#### Address

740 DUNLAWTON AVE FLORIDA HEALTH CARE PLANS  
PORT ORANGE, FL 32127

#### Address

1340 RIDGEWOOD AVE FLORIDA HEALTH CARE PLANS  
DAYTONA BEACH, FL 32117

#### Address

320 NORTH CLYDE MORRIS BLVD FLORIDA HEALTH CARE PLANS  
DAYTONA BEACH, FL 32114

#### Address

309 PALM COAST PKWY FLORIDA HEALTH CARE PLANS  
PALM COAST, FL 32137

#### Address

315 PALM COAST PKWY FLORIDA HEALTH CARE PLANS  
PALM COAST, FL 32137

#### Address

937 N SPRING GARDENS AVE FLORIDA HEALTH CARE PLANS  
ORANGE CITY, FL 32763

#### Address

461 N NOVA RD FLORIDA HEALTH CARE PLANS  
ORMOND BEACH, FL 32174

### 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
BLACK, HARRY HUNTLEY M D	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	48766	11/26/2019
GRIGG, JOHNSIE CAROL	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	47294	10/29/2018
LE, ELIZABETH ANN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	99663	10/29/2018

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

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