



KATHERINE MCLEOD

License Number: PA9112141

Data As Of 7/21/2025

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|--|---|
| Profession | Physician Assistant |
| License | PA9112141 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner Prescribing |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 04/11/2019 |
| Address of Record | 6500 Bowden Rd Suite 103 JACKSONVILLE, FL 32216 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

232 Ponte Vedra Park Dr.
PONTE VEDRA BEACH, FL 32082

Address

2627 Riverside Ave Suite 300
JACKSONVILLE, FL 32204

Address

4565 US Highway 17 Suite 200
FLEMING ISLAND, FL 32003

Address

2001 County Road 210 W Suite 200
SAINT JOHNS, FL 32259

Address

15255 Max Legget Parkway Suite 5300
JACKSONVILLE, FL 32218

Address

10475 Centurion Pkwy N Ste 220
JACKSONVILLE, FL 32256

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

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 |
|----------------------------|--------------------------------------|----------------|---------|----------------|
| HURFORD, ROBERT KENNETH JR | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 107092 | 07/14/2022 |
| HURFORD, ROBERT KENNETH JR | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 107092 | 11/05/2024 |

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

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