### JAMES CHRISTIAN

## License Number: ME165360

Data As Of 7/4/2025

Profession Medical Doctor
License ME165360
License Status Clear/Active

Qualifications In Training Program Receives Fee Reducti

License Expiration Date 1/31/2026
License Original Issue Date 10/12/2023
Address of Record 350 Seventh St. N
NAPLES, FL 34102

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

## **Secondary Locations**

### Address

11190 Health Park Blvd NAPLES, FL 34110

#### Address

15420 Collier Blvd NAPLES, FL 34120

#### Address

24040 S Tamiami Trail BONITA SPRINGS, FL 34134

## 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.

# **Subordinate Practitioners**

Name	Relationship	Profession	License	Effective Date
SHAVALIER, ALISSA JAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103314	2/1/2025

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

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