



JESSICA SARAH JIMENEZ

License Number: PA9117307

Data As Of 12/24/2024

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|--|---|
| Profession | Physician Assistant |
| License | PA9117307 |
| License Status | CLEAR/Active |
| Qualifications | Prescribing Dispensing Practitioner |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 04/13/2023 |
| Address of Record | 1075 Mason Ave DAYTONA BEACH, FL 32117 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

1890 LPGA Blvd Suite 240
DAYTONA BEACH, FL 32117

Address

17 Old Kings Rd N Suite K
PALM COAST, FL 32137

Address

1165 Dunlawton Ave Suite 102
PORT ORANGE, FL 32127

Address

1175 Dunlawton Ave Suite 1
PORT ORANGE, FL 32127

Address

1865 LPGA Blvd
DAYTONA BEACH, FL 32117

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 |
|---------------------------|--------------------------------------|----------------|---------|----------------|
| GILLESPIE, MARK CABOT M D | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 52207 | 06/22/2023 |
| GILLESPIE, MARK CABOT M D | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 52207 | 06/28/2023 |

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

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