



JAMES DONALD BERNARD DO

License Number: OS3277

Data As Of 4/28/2025

Profession	Osteopathic Physician
License	OS3277
License Status	DELINQUENT/
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2024
License Original Issue Date	10/12/1972
Address of Record	200 S Park Boulevard Suite 207 ST AUGUSTINE, FL 32086
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	No

Secondary Locations

Address

7855 Argyle Forest Boulevard Suite 701
JACKSONVILLE, FL 32244

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
BERNARD, JAMES DONALD	3277	OSTEOPATHIC PHY	ST AUGUSTINE	FL	198901893	FINE

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	Effective License	Date
BYRD, TIFFANY DIANNE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106538	4/9/2019
KREIENBRINK, SHEILA MARIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106043	7/12/2018
LEAVITT MEDICAL ASSOCIATES OF FLORIDA, I	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3171	1/28/2010
LEAVITT MEDICAL ASSOCIATES OF FLORIDA, I	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3172	1/28/2010
LEAVITT MEDICAL GROUP	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3279	1/28/2010
MENDOZA, DEBORAH JEAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	3658	11/19/2022
PACK, ALEXANDRA GABRIELLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111662	3/29/2019
PERRY, MICHAEL EDWARD	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102706	4/9/2019
SAKLAD-COSTELLO, CHRISTI LEIGH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109647	3/9/2017

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.