

## RICHARD GAMIZ

## License Number: PA9101381

Data As Of 8/22/2025

Profession Physician Assistant

License PA9101381
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 08/18/2000

Address of Record 8262 Point Meadows Rd.

Suite 202

No

JACKSONVILLE, FL 32256

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

463386 State Rd. 200 Unit A

YULEE, FL 32097

#### Address

801 N. Orange Ave. Suite 530

ORLANDO, FL 32801

#### Address

1811 Blanding Blvd. Suite 102

MIDDLEBURG, FL 32068

#### Address

2700 Riverside Ave. Suite 2

JACKSONVILLE, FL 32205

### Address

404 NW Hall of Fame Dr.

LAKE CITY, FL 32055

#### Address

1865 Lime St. Suite 101

FERNANDINA BEACH, FL 32034

#### Address

1564 Kingsley Blvd. Suite 300

ORANGE PARK, FL 32073

# 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
HAMZA, MAGED S	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	145579	05/09/2022
MEIGHEN, MICHAEL	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	143928	08/25/2021
RIZZOLO, STEVEN J MD	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	143567	07/01/2021
RIZZOLO, STEVEN J MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	143567	07/01/2021

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

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