OLIVER NEAL OYAMA

License Number: PA9101790

Data As Of 11/1/2025

Profession Physician Assistant

License Status PA9101790

Clear/Active

Qualifications Dispensing Practitioner

Prescribing

No

License Expiration Date 1/31/2026
License Original Issue Date 09/10/2001

Address of Record 555 Stockton Street

JACKSONVILLE, FL 32204

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

No secondary locations found.

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
MAGIERA, HOLLY MARIE	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	98175	11/22/2023
MAGIERA, HOLLY MARIE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	98175	09/26/2023
POMM, RAYMOND MARTIN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	61126	10/01/2023

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

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