Florida HEALTH Department of Health

# SEAN ALEXANDER ROBINSON

## License Number: PA9101985

*Data As Of 11/14/2026*

| | |
|---|---|
| Profession | Physician Assistant |
| License | PA9101985 |
| License Status | Clear/Active |
| Qualifications | Prescribing<br>Dispensing Practitioner |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 05/14/2002 |
| Address of Record | 906 Park Ave<br>ORANGE PARK, FL 32073 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

## Secondary Locations

Address
1677 Eagle Harbor Pkwy East Suite B Park Avenue Dermatology, PA
FLEMING ISLAND, FL 32003

Address
15255 Max Leggett Pkwy Park Avenue Dermatology,, PA Suite 5100
JACKSONVILLE, FL 32218

Address
1543 Kingsley Avenue Park Avenue Dermatology,, PA
ORANGE PK, FL 32073

Address
15255 MAX LEGGETT PKWY STE 5100
JACKSONVILLE, FL 32218

Address
1543 KINGSLEY AVE BLDG. #16 PARK AVENUE DERMATOLOGY
ORANGE PARK, FL 32073

Address
1677 EAGLE HARBOR PKWAY. EAST SUITE B PARK AVENUE DERMATOLOGY
FLEMING ISLAND, FL 32003

## 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 |
|---|---|---|---|---|
| SCHMIEDER, GEORGE | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 4926 | 08/02/2023 |

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

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