



FLORIANE WU

License Number: ME64863

Data As Of 4/19/2025

Profession	Medical Doctor
License	ME64863
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	08/25/1993
Address of Record	12700 Bartram Park Blvd 1832 JACKSONVILLE, FL 32258
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

13460 BEACH BLVD. UNIT 1
JACKSONVILLE, FL 32224

Address

410 ATLANTIC LVD.
JACKSONVILLE, FL 32266

Address

2401 MONUMENT ROAD
JACKSONVILLE, FL 32225

Address

2095 US HIGHWAY 1
SAINT AUGUSTINE, FL 32086

Address

8705-2 PERIMETER PARK BLVD.
JACKSONVILLE, FL 32216

Address

12303 SAN JOSE BLLVD.
JACKSONVILLE, FL 32223

Address

464016 ST RD 200
YULEE, FL 32097

Address

5915 NORMANDY BLVD
JACKSONVILLE, FL 32205

Address

2032 DUNN AVE
JACKSONVILLE, FL 32218

Address

4498 HENDRICKS AVE
JACKSONVILLE, FL 32207

Address

1021 CESERY BLVD.
JACKSONVILLE, FL 32211

Address
2410 KINGSLEY AVE
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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
CHANCE, SARA EMILY	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108869	5/2/2019
CHANCE, SARA EMILY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108869	5/2/2019
DEARTH, JOSHUA MICHAEL	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110420	8/2/2018
DEARTH, JOSHUA MICHAEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110420	8/2/2018
MARTINEZ, TAMMY PRUITT	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110936	7/12/2018
MERTZ, BRITTANY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108086	10/8/2023
TAYLOR, ERIC	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116540	2/24/2023
TAYLOR, ERIC	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116540	2/24/2023

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