

# **FLORIANE WU**

## License Number: ME64863

Data As Of 11/21/2025

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

No

JACKSONVILLE, FL 32258

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

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
CAUDILL, DUSTIN SCOTT	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113302	6/19/2025
CHANCE, SARA EMILY	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108869	5/2/2019
CHANCE, SARA EMILY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108869	5/2/2019
COOKE, JENNY VUONG	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109392	6/19/2025
DEARTH, JOSHUA MICHAEL	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110420	8/2/2018
DEARTH, JOSHUA MICHAEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110420	8/2/2018
HERRIGEL, DANA JOY	DISPENSING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	128085	6/19/2025
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

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

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