



## CHRISTOPHER ROBERTS

License Number: ME69788

Data As Of 9/10/2025

Profession	Medical Doctor
License	ME69788
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	01/10/1996
Address of Record	5191 First Coast Tech Pkwy 3rd Floor JACKSONVILLE, FL 32224
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

## Secondary Locations

### Address

2349 Village Square Pkwy Suite 107  
FLEMING ISLAND, FL 32003

### Address

2550 Park Street Suite B  
JACKSONVILLE, FL 32204

### Address

1350 13th Avenue S Suite 120  
JACKSONVILLE BEACH, FL 32250

### Address

1100 Plantation Island Drive Suite 220  
ST AUGUSTINE, FL 32080

## Discipline/Admin Action

### Emergency Actions

No Emergency Actions Found

### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
ROBERTS, CHRISTOPHER	69788	MEDICAL DOCTOR	JACKSONVILLE	FL	201706665	OBLIGATION(S) SATISFIED

### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
ROBERTS, CHRISTOPHER	69788	MEDICAL DOCTOR	JACKSONVILLE	FL	201706665	AC FILED

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	Effective License Date	
ARINELLO, MALLORY PARRISH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113116	7/14/2022
BETTIS, ELIZABETH RAYE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110699	10/5/2021
CLEMONS, CARSON MITCHELL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114474	10/5/2021
CRISWELL, COURTNEY RAE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111862	3/16/2020
GAITAN, HELENA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114865	7/12/2022
JACKSONVILLE SPINE CENTER, P.A.	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	589	12/29/2008
MASSEY, JOSHUA BRIAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104570	6/19/2019
TRACE, TAYLOR	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112637	3/16/2020

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

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