JAMES JOSEPH O'MEARA III

License Number: ME70431

Data As Of 12/14/2025

Profession Medical Doctor
License ME70431
License Status Clear/Active
License Expiration Date 1/31/2026
License Original Issue Date 05/07/1996

Address of Record 4645 NW 8TH AVENUE GAINESVILLE, FL 32605

No

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint Yes

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case# | Action Taken |
|--------------------------|---------|-------------------|-------------|-------|-----------|------------------------|
| O'MEARA, JAMES JOSEPH | 70431 | MEDICAL DOCTOR | GAINESVILLE | FL | 200228451 | OBLIGATIONS IMPOSED |

Public Complaints

| Name | License | Profession | City | State | Case# | Action Taken |
|--------------------------|---------|-------------------|-------------|-------|-----------|--------------|
| O'MEARA, JAMES JOSEPH | 70431 | MEDICAL DOCTOR | GAINESVILLE | FL | 200228451 | 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 | License | Effective Date |
|-------------------------|---------------------------------|---------------------|---------|----------------|
| BUCK, ADAM | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9117713 | 9/5/2023 |
| FRYE, KIMBERLY ANNE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9111770 | 6/5/2019 |
| GARNER, BRITTANY LAUREN | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9117831 | 9/5/2023 |
| HATHCOCK, SAMUEL GORDON | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116218 | 1/16/2024 |
| PERRY, JESSICA NICOLE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9108822 | 6/5/2019 |
| RIVERA, ANGELA ROSE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106652 | 6/5/2019 |

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

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