



JAMES MCMASTER BRYAN

License Number: ME71007

Data As Of 6/17/2025

Profession	Medical Doctor
License	ME71007
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	07/21/1996
Address of Record	1075 MASON AVENUE DAYTONA BEACH, FL 32117-4611
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1175 DUNLAWTON AVE SUITE 1
PORT ORANGE, FL 32127

Address

1165 DUNLAWTON AVENUE SUITE 102
PORT ORANGE, FL 32127

Address

17 OLD KINGS ROAD N. SUITE K
PALM COAST, FL 32137

Address

1890 LPGA Blvd Suite 240
DAYTONA BEACH, FL 32117

Address

1865 LPGA Blvd
DAYTONA BEACH, FL 32117

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

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
SMITH, BETHANY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109967	1/31/2019

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

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