# MARC W THORPE

## License Number: ME71481

Data As Of 11/21/2025

Profession Medical Doctor
License ME71481
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2028
License Original Issue Date 09/10/1996
Address of Record 2032 DUNN AVE.

JACKSONVILLE, FL 32218

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

2095 US HIGHWAY 1 ST AUGUSTINE, FL 32086

## Address

410 ATLANTIC BLVD

NEPTUNE BEACH, FL 32266

#### Address

4498 HENDRICKS BLVD JACKSONVILLE, FL 32207

## Address

1021 CESERY BLVD

JACKSONVILLE, FL 32211

### Address

5808-1 RAMONA BLVD

JACKSONVILLE, FL 32205

## Address

12303 SAN JOSE BLVD.

JACKSONVILLE, FL 32223

### Address

2401 MONUMENT ROAD

JACKSONVILLE, FL 32225

#### Address

2140 KINGSLEY AVENUE

ORANGE PARK, FL 32073

## Address

5915 NORMANDY BOULEVARD

JACKSONVILLE, FL 32225

#### Address

2032 DUNN AVENUE

JACKSONVILLE, FL 32218

## Address

8705-2 PERIMETER PARK BLVD

JACKSONVILLE, FL 32216

Address

# 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**

Subordinate Fractition	Subordinate Fractitioners						
Name	Relationship	Profession	License	Effective Date			
ARMELLINO, ERIN JESSICA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117685	12/7/2023			
ARMELLINO, ERIN JESSICA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117685	12/7/2023			
CONWAY, BRANDON HAYES	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110551	8/21/2019			
CONWAY, BRANDON HAYES	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110551	8/21/2019			
COOKE, JENNY VUONG	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109392	10/24/2016			
CORREA, MARCIO M	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105630	6/4/2025			
DINNEL, DARREN JOSEPH	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116045	3/27/2023			
DINNEL, DARREN JOSEPH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116045	3/27/2023			
GLASSICK, ADAM RYAN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105842	8/26/2020			
GLASSICK, ADAM RYAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105842	8/26/2020			
KINLOCH, ALEXIS	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111937	6/16/2025			
KINLOCH, ALEXIS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111937	6/16/2025			
PRAGLE, AIMEE SALZER	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106468	6/16/2025			

Name	Relationship	Profession	License	Effective Date
PRAGLE, AIMEE SALZER	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106468	6/16/2025
SANDERS, MORGAN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110361	8/22/2018
SANDERS, MORGAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110361	8/22/2018
SOLANTIC OF JACKSONVILLE	E HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2899	1/7/2010
SOLANTIC OF JACKSONVILLE	E HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3616	1/7/2010
SOLANTIC OF JACKSONVILLE	E HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3356	1/7/2010
SOLANTIC OF JACKSONVILLE	E HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3357	1/7/2010
SOLANTIC OF JACKSONVILLE	E HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3358	1/7/2010

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

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