MARC W THORPE

License Number: ME71481

Data As Of 12/23/2024

Profession	Medical Doctor
License	ME71481
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	09/10/1996
Address of Record	1021 Cesery Blvd
	JACKSONVILLE, FL 32211
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
5808-1 RAMONA BLVD
JACKSONVILLE, FL 32205

Address
1021 CESERY BLVD
JACKSONVILLE, FL 32211

Address
4498 HENDRICKS BLVD
JACKSONVILLE, FL 32207

Address
410 ATLANTIC BLVD
NEPTUNE BEACH, FL 32266

Address
2095 US HIGHWAY 1
ST AUGUSTINE, FL 32086

Address
464016 State Road 200
YULEE, FL 32097

Address
8705-2 PERIMETER PARK BLVD
JACKSONVILLE, FL 32216

Address
2032 DUNN AVENUE
JACKSONVILLE, FL 32218

Address
5915 NORMANDY BOULEVARD
JACKSONVILLE, FL 32225

Address
2140 KINGSLEY AVENUE
ORANGE PARK, FL 32073

Address
2401 MONUMENT ROAD
JACKSONVILLE, FL 32225

Address

12303 SAN JOSE BLVD.
JACKSONVILLE, FL 32223

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
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
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
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 LLC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2899	1/7/2010
SOLANTIC OF JACKSONVILLE LLC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3616	1/7/2010

Name	Relationship	Profession	License	Effective Date
SOLANTIC OF JACKSONVILLE LLC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3356	1/7/2010
SOLANTIC OF JACKSONVILLE LLC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3357	1/7/2010
SOLANTIC OF JACKSONVILLE LLC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3358	1/7/2010

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