



## JORGE IGNACIO ACEVEDO MD

License Number: ME77843

Data As Of 4/23/2026

Profession	Medical Doctor
License	ME77843
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	04/21/1999
Address of Record	2627 RIVERSIDE AVENUE, #300 3RD FLOOR JACKSONVILLE, FL 32204
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

15255 MAX LEGGETT PRKWY, Suite 5300  
JACKSONVILLE, FL 32218

#### Address

4565 US Highway 17, Ste. 200  
FLEMING ISLAND, FL 32003

#### Address

10475 CENTURION PARKWAY N. #220  
JACKSONVILLE, FL 32216

#### Address

232 PONTE VEDRA PARK DRIVE  
PONTE VEDRA, FL 32082

### 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.

## Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
DUFFY, GAVAN PATRICK MD	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	80485	02/19/2021

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

## Subordinate Practitioners

Name	Relationship	Profession	Effective License Date
CENTER FOR BONE AND JOINT SURGERY	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	1/27/2010

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