## JOHN PAUL MINNI

# License Number: OS8747

Data As Of 4/19/2025

Profession Osteopathic Physician

License OS8747
License Status CLEAR/Active

Qualifications Dispensing Practitioner

License Expiration Date 3/31/2026 License Original Issue Date 06/26/2002

Address of Record 1400 S.E. GOLDTREE DRIVE WATER S EDGE DERMATOLOGY

SUITE 107

PORT ST LUCIE, FL 34952

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# Secondary Locations

#### Address

1096 W indiantown Rd JUPITER, FL 33458

## Address

2601 S kanner hwy STUART, FL 34994

#### Address

301 NE 19TH DRIVE OKEECHOBEE, FL 34972

# 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
GIRMONDE, BELINDA LEIGH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104119 3/30/2017

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

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