Florida HEALTH Department of Health

JAMES EDWARD BREEN

License Number: PA9105132

Data As Of 11/21/2026

Profession	Physician Assistant
License	PA9105132
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	08/31/2009
Address of Record	8209 STATE ROAD 54 NEW PORT RICHEY, FL 34655
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
5060 Commerical Way Center for Dermatology & Skin Surgery
SPRING HILL, FL 34606

Address
7229 Highway 301South Center for Dermatology & Skin Surgery
RIVERVIEW, FL 33578

Address
27612 Cashfold Circle Ste 102 Center for Dermatology & Skin Surgery
WESLEY CHAPEL, FL 33544

Address
2835 W. De Leon Street Center for Dermatology & Skin Surgery
TAMPA, FL 33609

Address
14521 University Point Place Center for Dermatology & Skin Surgery
TAMPA, FL 33613

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
DANE, ALEXANDER	SUPERVISING DISPENSING PRACTITIONER	OSTEOPATHIC PHYSICIAN	17405	09/24/2026
PROPER, STEVEN A MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	40626	10/16/2026

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

Secondary Locations

Address

5060 Commerical Way Center for Dermatology & Skin Surgery

SPRING HILL, FL 34606

Address

7229 Highway 301South Center for Dermatology & Skin Surgery

RIVERVIEW, FL 33578

Address

27612 Cashfold Circle Ste 102 Center for Dermatology & Skin Surgery

WESLEY CHAPEL, FL 33544

Address

2835 W. De Leon Street Center for Dermatology & Skin Surgery

TAMPA, FL 33609

Address

14521 University Point Place Center for Dermatology & Skin Surgery

TAMPA, FL 33613

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
DANE, ALEXANDER	SUPERVISING DISPENSING PRACTITIONER	OSTEOPATHIC PHYSICIAN	17405	09/24/2026
PROPER, STEVEN A MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	40626	10/16/2026

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.