# RYAN CHRISTOPHER AMASON

## License Number: PA9105739

Data As Of 7/18/2025			
Profession	Physician Assistant		
License	PA9105739		
License Status	Clear/Active		
Qualifications	Prescribing		
License Expiration Date	1/31/2026		
License Original Issue Date	10/19/2010		
Address of Record	45 Durbin Pavilion Dr		
	Suite 106		
	SAINT JOHNS, FL 32259		
Controlled Substance Prescriber	No		
(for the Treatment of Chronic Non-			
malignant Pain)			
Discipline on File	No		
Public Complaint	No		

## Secondary Locations

Address 4147 Southpoint Dr. East JACKSONVILLE, FL 32216 Address 1515 County Road 210 W Suite #104 SAINT JOHNS, FL 32259

## **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
FEE, TIMOTHY EDWARD MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	68462	04/06/2024

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

# Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
AMASON MEDICAL SOLUTIONS INC	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1810	4/14/2025

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

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