



RAHUL VINOD DESHMUKH

License Number: ME90643

Data As Of 7/21/2025

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| Profession | Medical Doctor |
| License | ME90643 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 06/18/2004 |
| Address of Record | 4268 Oldfield Crossing Dr Ste 201 JACKSONVILLE, FL 32223 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | Yes |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

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

Address

15255 Max Legget Pkwy Ste 5300
JACKSONVILLE, FL 32218

Address

2627 Riverside Avenue #300
JACKSONVILLE, FL 32204

Address

232 Ponte Vedra Park Dr
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.

Subordinate Practitioners

| Name | Relationship | Profession | License | Effective Date |
|-------------------------------|---------------------------------|---|---------|----------------|
| HEEKIN ORTHOPEDIC SPECIALISTS | HCCE | HEALTH CARE CLINIC ESTABLISHMENT PERMIT | 817 | 1/2/2009 |
| SUTTON, WILLIAM RYAN | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9102988 | 7/12/2022 |
| SUTTON, WILLIAM RYAN | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9102988 | 6/27/2016 |
| TARDIF, BRIAN DANIEL | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106048 | 7/13/2022 |
| TARDIF, BRIAN DANIEL | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106048 | 6/30/2016 |

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

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