Florida HEALTH Department of Health

# JON RYAN WARD

## License Number: ME95816

*Data As Of 11/21/2026*

| | |
|---|---|
| Profession | Medical Doctor |
| License | ME95816 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 05/04/2006 |
| Address of Record | 2505 Harrison Ave<br>Dermatology Specialists of Florida<br>PANAMA CITY, FL 32405 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes |
| Discipline on File | No |
| Public Complaint | No |

## Secondary Locations

Address

4357 LAFAYETTE STREET Dermatology Specialists of Florida

MARIANNA, FL 32446

Address

212 Hwy 98 Dermatology Specialists of Florida

PORT ST JOE, FL 32456

Address

3089 Gulf Breeze Parkway

GULF BREEZE, FL 32563

Address

75 Origins Main St Ste 203&204 Dermatology Specialists of Florida

WATERSOUND, FL 32461

## 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 |
|---|---|---|---|---|
| ALFORD, ALLIE SARAH | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9110862 | 11/8/2017 |
| BARRY, BRIANNA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9115019 | 5/7/2024 |
| GULF COAST DERMATOLOGY, P.A. | HCCE | HEALTH CARE CLINIC ESTABLISHMENT PERMIT | 1291 | 1/5/2009 |
| MARIN, RACQUEL ESTEFANIA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116633 | 2/23/2026 |
| NEWTON, BARRY EDWARD | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9102361 | 10/26/2026 |
| PERRY, ARIEL CHRISTINE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9108048 | 4/28/2016 |
| PREISSER, HEATHER LYNN | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9104111 | 5/28/2025 |

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

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