



## KENNETH A POWELL

License Number: OS10548

Data As Of 12/23/2024

Profession	Osteopathic Physician
License	OS10548
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2026
License Original Issue Date	12/03/2008
Address of Record	1564 KINGSLEY AVE ORANGE PARK, FL 32073
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

801 N. Orange Ave. Suite 530  
ORLANDO, FL 32801

### Address

8262 Point Meadows Dr Ste 202  
JACKSONVILLE, FL 32256

### Address

404 NW Hall of Fame Dr  
LAKE CITY, FL 32055

### Address

8262 Point Meadows Dr Ste 201  
JACKSONVILLE, FL 32256

### Address

2700 Riverside Avenue Suite 2  
JACKSONVILLE, FL 32205

### Address

1821 Blanding Blvd  
MIDDLEBURG, FL 32068

### Address

280 Dundas Drive  
JACKSONVILLE, FL 32218

### Address

1361 13th Ave S Ste 250A  
JACKSONVILLE BEACH, FL 32250

### Address

463386 State Rd. 200 Unit A  
YULEE, FL 32097

### Address

1865 Lime St. Suite 101  
FERNANDINA BEACH, FL 32034

### Address

1811 Blanding Blvd. Suite 102  
MIDDLEBURG, FL 32068

## 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
DUFF, PAUL C	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	2397	7/1/2022
DUFF, PAUL C	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	2397	7/1/2021
FRIES, ALLISON MARIE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106610	8/8/2022
FRIES, ALLISON MARIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106610	8/8/2022
HORNE, LESLIE SUZANN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103683	10/8/2021
HORNE, LESLIE SUZANN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103683	9/13/2021
JEAN-LOUIS, LOUBENS	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102172	9/1/2021
JEAN-LOUIS, LOUBENS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102172	7/1/2021
NAVARRO, KRYSTIN MICHELLE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106795	8/31/2021
NAVARRO, KRYSTIN MICHELLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106795	7/1/2021
SOOD, MONIKA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106191	7/1/2021
SOOD, MONIKA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106191	7/1/2021

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