

## **KENNETH A POWELL**

# License Number: OS10548

Data As Of 11/21/2025

Profession Osteopathic Physician

License Status OS10548

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

Yes

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

1050 Riverside Ave Suite A JACKSONVILLE, FL 32204

### Address

280 Dundas Drive

JACKSONVILLE, FL 32218

#### Address

1821 Blanding Blvd MIDDLEBURG, FL 32068

# Address

2700 Riverside Avenue Suite 2 JACKSONVILLE, FL 32205

### Address

8262 Point Meadows Dr Ste 201 JACKSONVILLE, FL 32256

## Address

8262 Point Meadows Dr Ste 202 JACKSONVILLE, FL 32256

### Address

1865 Lime St. Suite 101

FERNANDINA BEACH, FL 32034

#### Address

463386 State Rd. 200 Unit A

YULEE, FL 32097

### 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

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

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