### **GREGORY BLAIR STRINGFELLOW**

### License Number: ME101511

Data As Of 12/6/2025

Profession Medical Doctor License ME101511 License Status Clear/Active License Expiration Date 1/31/2026 License Original Issue Date 05/01/2008

Address of Record 10145 Innovation Way JACKSONVILLE, FL 32256

No

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Yes Discipline on File **Public Complaint** Yes

# **Secondary Locations**

No secondary locations found.

# Discipline/Admin Action

# **Emergency Actions**

No Emergency Actions Found

### **Discipline Cases**

| Name                           | License | Profession        | City         | State | Case#     | Action Taken               |
|--------------------------------|---------|-------------------|--------------|-------|-----------|----------------------------|
| STRINGFELLOW,<br>GREGORY BLAIR | 101511  | MEDICAL<br>DOCTOR | JACKSONVILLE | FL    | 201020614 | OBLIGATION(S)<br>SATISFIED |

### **Public Complaints**

| Name                           | License | Profession        | City         | State | Case#     | Action Taken |
|--------------------------------|---------|-------------------|--------------|-------|-----------|--------------|
| STRINGFELLOW,<br>GREGORY BLAIR | 101511  | MEDICAL<br>DOCTOR | JACKSONVILLE | FL    | 201020614 | AC FILED     |

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 |
|--------------------------|---------------------------------|---------------------|---------|----------------|
| CLELAND, SARAH JORDAN    | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9109937 | 8/22/2017      |
| FALLON, KERRIE ANN       | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9109073 | 12/2/2015      |
| HILLORD, BRITTANY EVELYN | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9111823 | 6/13/2019      |
| HOUSER, TERRY CHEYENNE   | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9104296 | 7/14/2017      |
| RIVARD, ERIN PATRICIA    | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9108934 | 7/11/2017      |
| SCHALLEN, ERIC HARTH     | SUBORDINATE                     | MEDICAL DOCTOR      | 87153   | 10/26/2020     |

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.