



KEVIN MUNISH COMAR

License Number: ME105690

Data As Of 5/23/2026

Profession	Medical Doctor
License	ME105690
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	10/19/2009
Address of Record	150 Longleaf Pine Pkwy Suite 200 SAINT JOHNS, FL 32259
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

462626 State Road 200 Suite 200
YULEE, FL 32097

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
BARNES, DESTENI MARIAH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108210	1/4/2023
BARON, EMILY SEGARRA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109146	11/1/2023

Name	Relationship	Profession	License	Effective Date
NAVAS, LAUREN JENNIFER	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116242	12/1/2023

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

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