



## BRANDON SCOTT WILSON

License Number: PA9107780

Data As Of 5/11/2025

Profession	Physician Assistant
License	PA9107780
License Status	CLEAR/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	01/16/2014
Address of Record	10475 Centurion Parkway N Suite 220 JACKSONVILLE, FL 32256
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

3055 Cr-210 West Suite 110  
SAINT JOHNS, FL 32259

### Address

2 Shircliff Way Suite 605  
JACKSONVILLE, FL 32204

### Address

2627 Riverside Ave Suite 300  
JACKSONVILLE, FL 32204

### Address

232 Ponte Vedra Park Dr  
PONTE VEDRA BEACH, FL 32082

### Address

1690 Us Highway 1 South Suite  
ST AUGUSTINE, FL 32084

### Address

216 south park circle east suite F  
ST AUGUSTINE, FL 32086

### Address

4565 US Highway 17 Suite 17  
FLEMING ISLAND, FL 32003

### Address

15255 Max Legget Parkway Suite 5300  
JACKSONVILLE, FL 32218

### Address

4268 oldfield crossing dr suit  
JACKSONVILLE, FL 32223

## 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.

## Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
HURFORD, ROBERT KENNETH JR	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	107092	12/07/2023
HURFORD, ROBERT KENNETH JR	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	107092	12/07/2023

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

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