#### JASON BENJAMIN BRAYER

### License Number: ME110694

Data As Of 12/2/2024

Profession Medical Doctor
License ME110694
License Status DELINQUENT/
License Expiration Date 1/31/2023
License Original Issue Date 07/28/2011

Address of Record 12902 USF Magnolia Drive

MDC 41

Yes

TAMPA, FL 33612

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

No secondary locations found.

## 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
CARDENAS, JENNIFER	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114410	2/7/2022
HAVENS, SETH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115614	8/1/2022
MCAFEE, KIRSTEN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116324	10/24/2023

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

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