JASON BILLINGHURST

License Number: ME114075

Data As Of 12/11/2025

Profession Medical Doctor
License ME114075
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027 License Original Issue Date 08/29/2012

Address of Record 4631 N Congress Ave

Suite 205

Palm Beach Ortho Spine Assoc WEST PALM BEACH, FL 33407

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

1397 Medical Park Blvd Ste 340 WELLINGTON, FL 33434

Address

10301 Hagen Ranch Rd Ste C130 BOYNTON BEACH, FL 33437

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
BILLINGHURST, VERA	PHARMACIST	PHARMACIST	57246	8/28/2024
GONDEK, DAVID M PA-C	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	1860	3/22/2019

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

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