



JAMES CHRISTOPHER PERIN

License Number: ME120432

Data As Of 8/21/2025

Profession	Medical Doctor
License	ME120432
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	06/12/2014
Address of Record	5964 Normandy Blvd. JACKSONVILLE, FL 32205
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

5915 NORMANDY BLVD.
JACKSONVILLE, FL 32205

Address

2140 KINGSLEY AVE
ORANGE PARK, FL 32073

Address

4498 HENDRICKS AVE
JACKSONVILLE, FL 32207

Address

1021 CESERY BLVD.
JACKSONVILLE, FL 32211

Address

2095 US HIGHWAY 1 S
SAINT AUGUSTINE, FL 32086

Address

8705-2 PERIMETER PARK BLVD.
JACKSONVILLE, FL 32216

Address

2032 DUNN AVENUE
JACKSONVILLE, FL 32218

Address

12303 SAN JOSE BLVD.
JACKSONVILLE, FL 32223

Address

2401 MONUMENT ROAD
JACKSONVILLE, FL 32225

Address

410 ATLANTIC BLVD.
NEPTUNE BEACH, FL 32266

Address

1708 BLANDING BLVD.
MIDDLEBURG, FL 32068

Address

5964 NORMANDY BLVD. CARESPOT
JACKSONVILLE, FL 32205

Address

5805-1 RAMONA BLVD.
JACKSONVILLE, FL 32205

Address

463941 SR 400
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
CORREA, MARCIO M	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105630	2/23/2018
DOWNEY, THOMAS JACKSON	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109946	6/5/2025
HICKOX, MALCOLM WILEY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	3003	6/18/2025
JARAMILLO, DAVID HERNANDO	DISPENSING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	96063	6/5/2025
MISEL, JASON	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111091	6/5/2025
REYNOLDS, NATALIE ROSE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110362	9/28/2018
REYNOLDS, NATALIE ROSE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110362	2/23/2018
SPEER, WILLIAM DAVID	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108316	5/31/2018
TULGETSKE, MICHAEL SHANE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107744	8/22/2018
TULGETSKE, MICHAEL SHANE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107744	8/22/2018
WALKER, ERIN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116122	5/15/2023
WALKER, ERIN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116122	5/15/2023

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