# JAMES BERNARD HUNT

# License Number: PA9109535

Data As Of 9/9/2025

Profession Physician Assistant

License PA9109535
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 05/19/2016

Address of Record 350 North Clyde Morris Blvd
DAYTONA BEACH, FL 32114

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

### Address

 $350\ \mathrm{N}\ \mathrm{Clyde}$  Morris Blvd Florida Helath Care Plans Inc

DAYTONA BEACH, FL 32114

### Address

320 North Clyde Morris Blvd DAYTONA BEACH, FL 32114

### Address

350 North Clyde Morris Blvd DAYTONA BEACH, FL 32114

DATTONA BEACH, FL 3211

## Address

201 North Clyde Morris Blvd DAYTONA BEACH, FL 32114

### Address

309 North

PALM COAST, FL 32137

## Address

315 Palm Coast Parkway PALM COAST, FL 32137

## Address

2777 Enterprise Road ORANGE CITY, FL 32763

### Address

937 N Spring Gardens Avenue ORANGE CITY, FL 32763

## Address

461 N Nova Road

ORMOND BEACH, FL 32174

### Address

1182 Ocean Shore Blvd

ORMOND BEACH, FL 32176

## Address

1184 Ocean Shore Blvd

ORMOND BEACH, FL 32176

Address

707 Platinum Point

LAKE MARY, FL 32746

### Address

157 Taylor Road

PORT ORANGE, FL 32128

#### Address

4106 Lake Mary Blvd

LAKE MARY, FL 32746

### Address

300 N Clyde Morris Blvd

DAYTONA BEACH, FL 32114

### Address

239 N Ridgewood Avenue

EDGEWATER, FL 32132

### Address

740 Dunlawton Avenue

PORT ORANGE, FL 32127

### Address

1340 Ridgewood Avenue

HOLLY HILL, FL 32117

### Address

320 North Clyde Morris Blvd

DAYTONA BEACH, FL 32124

### Address

2777 Enterprise Road

ORANGE CITY, FL 32763

# 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;
- $2. \ \mbox{Name}$  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
LE, ELIZABETH ANN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	99663	10/28/2019
NIPPER. NEIL BAKER MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	108608	10/29/2019

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

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