#### JENNIFER LOUISE GRAYBILL D.O.

#### License Number: OS13602

Data As Of 4/26/2025

Profession Osteopathic Physician

License OS13602

License Status OBLIGATIONS/Active

License Expiration Date 3/31/2026
License Original Issue Date 10/01/2015

Address of Record 5810 Candytuft Place
LAND O LAKES, FL 34639

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint Yes

# **Secondary Locations**

No secondary locations found.

## Discipline/Admin Action

### **Emergency Actions**

No Emergency Actions Found

#### **Discipline Cases**

| Name                         | License | Profession         | City         | State | Case#     | Action Taken               |
|------------------------------|---------|--------------------|--------------|-------|-----------|----------------------------|
| GRAYBILL, JENNIFER<br>LOUISE | 13602   | OSTEOPATHIC<br>PHY | LAND O LAKES | FL    | 201947341 | SUSPENSION                 |
| GRAYBILL, JENNIFER<br>LOUISE | 13602   | OSTEOPATHIC<br>PHY | LAND O LAKES | FL    | 202204040 | OBLIGATION(S)<br>SATISFIED |

## **Public Complaints**

| Name                         | License | Profession               | City         | State | Case #    | Action Taken |
|------------------------------|---------|--------------------------|--------------|-------|-----------|--------------|
| GRAYBILL, JENNIFER<br>LOUISE | 13602   | OSTEOPATHIC<br>PHYSICIAN | LAND O LAKES | FL    | 201947341 | AC FILED     |
| GRAYBILL, JENNIFER<br>LOUISE | 13602   | OSTEOPATHIC PHYSICIAN    | LAND O LAKES | FL    | 202204040 | AC FILED     |

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 |
|----------------------------------|-----------------------------------|---------------------|---------|----------------|
| SOMMERS CORMIER, ANGELA PATRICIA | A DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT | 9105682 | 10/1/2021      |
| SOMMERS CORMIER, ANGELA PATRICIA | A PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9105682 | 10/1/2021      |

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

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