



JAMES ANTHONY REED

License Number: ME135655

Data As Of 2/1/2026

Profession	Medical Doctor
License	ME135655
License Status	Clear/Active
Qualifications	STATE OF PRINCIPAL LICENSURE
License Expiration Date	1/31/2028
License Original Issue Date	03/15/2018
Address of Record	556 E Kesley Lane SAINT JOHNS, FL 32259
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
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
CENDAN, JUAN	SUBORDINATE	MEDICAL DOCTOR	66769	3/9/2019
JACOBO, ELIAS C	SUBORDINATE	MEDICAL DOCTOR	44908	2/19/2019
KLAIMAN, ALLAN PAUL	SUBORDINATE	MEDICAL DOCTOR	49054	2/28/2019

Name	Relationship	Profession	License	Effective Date
ORREGO FRANCO, JOHN JAIRO	SUBORDINATE	MEDICAL DOCTOR	84663	2/27/2019

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

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