



JAMES RIES

License Number: OS14269

Data As Of 4/24/2026

Profession	Osteopathic Physician
License	OS14269
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2028
License Original Issue Date	10/05/2016
Address of Record	3736 Rubin Rd JACKSONVILLE, FL 32257
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

13460 Beach Blvd Unit 1
JACKSONVILLE, FL 32224

Address

410 Atlantic Blvd
NEPTUNE BEACH, FL 32266

Address

2401 Atlantic Blvd
JACKSONVILLE, FL 32225

Address

4498 Hendricks Ave
JACKSONVILLE, FL 32207

Address

5964 Normandy Blvd
JACKSONVILLE, FL 32205

Address

463941 SR 200
YULEE, FL 32097

Address

1708 Blanding Blvd
MIDDLEBURG, FL 32068

Address

8705-2 Perimeter Park Blvd
JACKSONVILLE, FL 32216

Address

12303 San Jose Blvd
JACKSONVILLE, FL 32223

Address

2095 US Highway 1S
ST AUGUSTINE, FL 32086

Address

1021 Cesery Blvd
JACKSONVILLE, FL 32211

Address

2140 Kingsley Ave
ORANGE PARK, FL 32073

[Address](#)

2032 Dunn Ave
JACKSONVILLE, FL 32218

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
KIMBALL, PETER GABRIEL	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112110	10/24/2020
KIMBALL, PETER GABRIEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112110	10/24/2020
MIDKIFF, KRISTIN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112224	12/6/2019
MIDKIFF, KRISTIN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112224	12/6/2019
SALAZAR, JONATHAN ANDREW	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112576	2/10/2025

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

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