



SATHAVARAM ARAVIND REDDY

License Number: ME141290

Data As Of 12/4/2024

Profession	Medical Doctor
License	ME141290
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2025
License Original Issue Date	06/12/2019
Address of Record	2349 Village Square Pkwy Suite 107 FLEMING ISLAND, FL 32003
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Authorized to Order (Medical and Low-THC Cannabis)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

1351 13th Avenue S Suite 120
JACKSONVILLE BEACH, FL 32250

[Address](#)

1699 S. 14TH SUITE 16
FERNANDINA BEACH, FL 32034

[Address](#)

6100 St. Johns Avenue Unit 4
PALATKA, FL 32177

[Address](#)

1100 Plantation Island Drive S. Ste 220
SAINT AUGUSTINE, FL 32080

[Address](#)

5191 First Coast Tech Pkwy 3rd Floor
JACKSONVILLE, FL 32224

[Address](#)

15255 Max Leggett Pkwy Ste 5500
JACKSONVILLE, FL 32218

[Address](#)

1361 13th Avenue South Suite 140
JACKSONVILLE BEACH, FL 32250

[Address](#)

2550 Park Street Suite B
JACKSONVILLE, FL 32204

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
BETTIS, ELIZABETH RAYE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110699	10/6/2021
CLEMONS, CARSON MITCHELL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114474	10/6/2021
CRISWELL, COURTNEY RAE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111862	3/16/2020
MASSEY, JOSHUA BRIAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104570	9/15/2022
TRACE, TAYLOR	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112637	3/16/2020

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

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