



SATHAVARAM ARAVIND REDDY

License Number: ME141290

Data As Of 7/27/2025

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|--|---|
| Profession | Medical Doctor |
| License | ME141290 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2027 |
| 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

205 Zeagler Drive Suite 401
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

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

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

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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