



## NICHOLAS FREEMAN

### License Number: PA9111407

Data As Of 5/22/2025

|  |   |
|--|---|
| Profession   | Physician Assistant                                   |
| License  | PA9111407   |
| License Status   | CLEAR/Active  |
| Qualifications   | Prescribing   |
| License Expiration Date  | 1/31/2026   |
| License Original Issue Date  | 07/20/2018  |
| Address of Record  | 151 pine lake drive, suite b<br>PONTE VEDRA, FL 32081 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-<br>malignant Pain) | No  |
| Discipline on File   | No  |
| Public Complaint   | No  |

### Secondary Locations

#### Address

5964 Normandy Blvd  
JACKSONVILLE, FL 32205

#### Address

8705-2 Perimeter Park Blvd  
JACKSONVILLE, FL 32216

#### Address

70 Durbin Pavilion Drive Suite 101  
SAINT JOHNS, FL 32259

#### Address

4498 Hendricks Avenue  
JACKSONVILLE, FL 32207

#### Address

2095 US Highway 1 S  
SAINT AUGUSTINE, FL 32086

#### Address

2032 Dunn Avenue  
JACKSONVILLE, FL 32218

#### Address

13460 Beach Blvd Unit 1  
JACKSONVILLE, FL 32224

#### Address

1708 Blanding Blvd  
MIDDLEBURG, FL 32068

#### Address

463941 SR 200  
YULEE, FL 32097

#### Address

2141 Kingsley Avenue Suite 15  
ORANGE PARK, FL 32073

#### Address

12303 San Jose Blvd  
JACKSONVILLE, FL 32223

#### Address

2401 Monument Road  
JACKSONVILLE, FL 32225

[Address](#)

1021 Cesery Blvd  
JACKSONVILLE, FL 32211

[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.

[Supervising Practitioners](#)

| Name                   | Relationship                        | Profession     | License | Effective Date |
|------------------------|-------------------------------------|----------------|---------|----------------|
| MAALOULI, NADEEM M M D | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 77481   | 10/28/2020     |

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

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