JORDAN TAYLOR FARR

License Number: OS15015

Data As Of 7/23/2025

Profession Osteopathic Physician

License OS15015
License Status OS15015

Qualifications Dispensing Practitioner

License Expiration Date 3/31/2026
License Original Issue Date 11/30/2017

Address of Record 9820 Hutchinson Park Dr.

JACKSONVILLE, FL 32225

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

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;
- $2. \ \mbox{Name}$ 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 |
|---------------------|---------------------------------|---------------------|---------|----------------|
| HINSON, JACOB CODY | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9108842 | 9/19/2018 |
| STORK, JERRY LEE JR | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9103513 | 12/20/2018 |

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