



ALLISON RICHELLE MENDENHALL

License Number: PA9111410

Data As Of 5/6/2026

| | |
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| Profession | Physician Assistant |
| License | PA9111410 |
| License Status | Clear/Active |
| Qualifications | Prescribing |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 07/23/2018 |
| Address of Record | 350 Clyde Morris Blvd DAYTONA BEACH, FL 32114 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

461 N NOVA RD FLORIDA HEALTH CARE PLANS
ORMOND BEACH, FL 32174

Address

937 N SPRING GARDENS AVE FLORIDA HEALTH CARE PLANS
ORANGE CITY, FL 32763

Address

315 PALM COAST PKWY FLORIDA HEALTH CARE PLANS
PALM COAST, FL 32137

Address

309 PALM COAST PKWY FLORIDA HEALTH CARE PLANS
PALM COAST, FL 32137

Address

320 NORTH CLYDE MORRIS BLVD FLORIDA HEALTH CARE PLANS
DAYTONA BEACH, FL 32114

Address

1340 RIDGEWOOD AVE FLORIDA HEALTH CARE PLANS
DAYTONA BEACH, FL 32117

Address

740 DUNLAWTON AVE FLORIDA HEALTH CARE PLANS
PORT ORANGE, FL 32127

Address

239 N. RIDGEWOOD AVE FLORIDA HEALTH CARE PLANS
EDGEWATER, FL 32132

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 |
|--------------------------|--------------------------------------|----------------|---------|----------------|
| BLACK, HARRY HUNTLEY M D | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 48766 | 11/26/2019 |
| GRIGG, JOHNSIE CAROL | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 47294 | 10/29/2018 |
| LE, ELIZABETH ANN | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 99663 | 10/29/2018 |

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

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