



ALLISON RICHELLE MENDENHALL

License Number: PA9111410

Data As Of 2/1/2026

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. RIDGEWWOD 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 HUNLEY 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

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