CATHRYN MCGILL JOHNSON

License Number: ME150274

Data As Of 9/17/2025

Profession Medical Doctor
License ME150274
License Status Clear/Active
License Expiration Date 1/31/2027
License Original Issue Date 04/20/2021

Address of Record 1301 Palm Avenue

JACKSONVILLE, FL 32207

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. 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
AMMONS, CHRISTELLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111372	7/5/2023
GREENE, SABRINA JANE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117660	2/19/2024
LYNCH, LAUREN SIKES	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106673	2/19/2024
MCELLIGOTT, LISA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115887	1/18/2024

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

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