Florida HEALTH Department of Health

JEAN MAURICE DURE

License Number: ACN324

Data As Of 10/31/2026

Profession	Area of Critical Need Medical Doctor
License	ACN324
License Status	Obligations/Active
License Expiration Date	1/31/2028
License Original Issue Date	10/02/2009
Address of Record	500 E Adams St JACKSONVILLE, FL 32202
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

7487 State Road 121 Northeast Florida State Hospital

MACCLENNY, FL 32063

Address

1200 NE 55th Blvd

GAINESVILLE, FL 32641

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
DURE, JEAN MAURICE	324	TEMP ACN ME	JACKSONVILLE	FL	201525201	RESTRICTED FROM PRACTICE

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
DURE, JEAN MAURICE	324	MEDI. DOCTOR-TEMP AREA OF CRITICAL NEED	JACKSONVILLE	FL	201525201	AC FILED
DURE, JEAN MAURICE	324	MEDI. DOCTOR-TEMP AREA OF CRITICAL NEED	JACKSONVILLE	FL	201525201	AC FILED
DURE, JEAN MAURICE	324	MEDI. DOCTOR-TEMP AREA OF CRITICAL NEED	JACKSONVILLE	FL	201525201	AC FILED

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
LAKE BUTLER HOSPITAL	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY		08/19/2021
NORTHEAST FLA STATE HOSPITAL	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY		08/19/2021

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
GIL, FRANCISCO JOSE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111532	11/19/2025

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

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