



JESSICA LANE GOMILLION

License Number: PA9102830

Data As Of 7/8/2025

Profession	Physician Assistant
License	PA9102830
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	07/07/2004
Address of Record	14305 DIXIE HWY STE 105 1007 CORAL GABLES, FL 33146
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1430 S Dixie Hwy Suite 1051007 Emedicine Healthcare
CORAL GABLES, FL 33146

Address

1431 SW 1st Avenue Ocala Regional Hospital
OCALA, FL 34471

Address

4600 SW 46th Court West Marion Community Hospital
OCALA, FL 34474

Address

4600 SW 46th Court West Marion Community Hospital
OCALA, FL 34474

Address

1431 SW 1st Avenue Ocala Regional Medical Center
OCALA, FL 34478

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.

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