JOHN JAMES O'BRIEN JR

License Number: ME66063

Data As Of 9/16/2025

Profession Medical Doctor
License ME66063
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027 License Original Issue Date 04/16/1994

Address of Record 7855 38TH AVENUE NORTH SAINT PETERSBURG, FL 33710

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
COMMENT, CLAIRE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115578 7/26/2023
GOURLEY, CYNTHIA YOUNG	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101235 7/27/2023
SMITH, CHRISTOPHER ROBERT	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107940 7/26/2023

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

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