CHRISTOPHER ROBERTS

License Number: ME69788

Data As Of 11/5/2025

Profession Medical Doctor
License ME69788
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026 License Original Issue Date 01/10/1996

Address of Record 5191 First Coast Tech Pkwy

3rd Floor

Yes

JACKSONVILLE, FL 32224

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint Yes

Secondary Locations

Address

2349 Village Square Pkwy Suite 107 FLEMING ISLAND, FL 32003

Address

2550 Park Street Suite B JACKSONVILLE, FL 32204

Address

1350 13th Avenue S Suite 120 JACKSONVILLE BEACH, FL 32250

Address

1100 Plantation Island Drive Suite 220 ST AUGUSTINE. FL 32080

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case#	Action Taken
ROBERTS, CHRISTOPHER	69788	MEDICAL DOCTOR	JACKSONVILLE	FL	201706665	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
ROBERTS, CHRISTOPHER	69788	MEDICAL DOCTOR	JACKSONVILLE	FL	201706665	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:

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
ARINELLO, MALLORY PARRISH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113116	7/14/2022
BETTIS, ELIZABETH RAYE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110699	10/5/2021
CLEMONS, CARSON MITCHELL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114474	10/5/2021
CRISWELL, COURTNEY RAE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111862	3/16/2020
GAITAN, HELENA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114865	7/12/2022
JACKSONVILLE SPINE CENTER, P.A.	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	589	12/29/2008
MASSEY, JOSHUA BRIAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104570	6/19/2019
TRACE, TAYLOR	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112637	3/16/2020

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

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