



FARID ANTOINE HAKIM

License Number: ME69963

Data As Of 5/6/2026

Profession	Medical Doctor
License	ME69963
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	02/15/1996
Address of Record	10475 CENTRUION PARKWAY, N SUITE 220 JACKSONVILLE, FL 32256
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

15255 MAX LEGGETT PRKWY 5TH FLOOR
JACKSONVILLE, FL 32218

Address

232 PONTE VEDRA PARK DRIVE
PONTE VEDRA, FL 32082

Address

2627 Riverside Avenue 3rd Floor PLAZA ONE STE 608
JACKSONVILLE, FL 32204

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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
ARNDT, STEPHEN ROBERT	SUPERVISOR	MEDICAL DOCTOR	143102	02/15/2021
PUCKETT, BRETT CHRISTOPHER	SUPERVISOR	MEDICAL DOCTOR	91111	08/24/2020

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
FREY, KYRA MARIA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112380	7/12/2022
FREY, KYRA MARIA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112380	7/1/2022
LAUDERDALE, LOGAN SCOTT	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9118127	7/20/2024
LAUDERDALE, LOGAN SCOTT	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9118127	7/20/2024

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

Secondary Locations

Address

15255 MAX LEGGETT PRKWY 5TH FLOOR
JACKSONVILLE, FL 32218

Address

232 PONTE VEDRA PARK DRIVE
PONTE VEDRA, FL 32082

Address

2627 Riverside Avenue 3rd Floor PLAZA ONE STE 608
JACKSONVILLE, FL 32204

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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
ARNDT, STEPHEN ROBERT	SUPERVISOR	MEDICAL DOCTOR	143102	02/15/2021
PUCKETT, BRETT CHRISTOPHER	SUPERVISOR	MEDICAL DOCTOR	91111	08/24/2020

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
FREY, KYRA MARIA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112380	7/12/2022
FREY, KYRA MARIA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112380	7/1/2022
LAUDERDALE, LOGAN SCOTT	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9118127	7/20/2024
LAUDERDALE, LOGAN SCOTT	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9118127	7/20/2024

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.