



JIMMIE CONRAD CRAWFORD

License Number: PA9104289

Data As Of 12/14/2025

| | |
|--|---|
| Profession | Physician Assistant |
| License | PA9104289 |
| License Status | Clear/Active |
| Qualifications | Prescribing |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 08/20/2007 |
| Address of Record | 1009 Creighton Road Titan Wellness of Fl. LLC PENSACOLA, FL 32504 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| 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.

Supervising Practitioners

| Name | Relationship | Profession | License Effective Date |
|-----------------------|--------------------------------------|----------------|------------------------|
| ALSHAZLEY, MOUDAR | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 78728 09/23/2016 |
| CARLSON, WILLIAM SHAW | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 121446 09/23/2016 |

| Name | Relationship | Profession | License | Effective Date |
|---------------------------|--------------------------------------|-----------------------|---------|----------------|
| KALAJI, ZAHER | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 73792 | 09/23/2016 |
| KELLER, ALEXANDER PAUL IV | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 118952 | 09/23/2016 |
| NODINE, STEVEN LEE | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 11996 | 10/28/2016 |
| NOGGLE, TOMMY STEVEN MD | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 93880 | 09/23/2016 |
| ORBEZO, ANED M | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 95479 | 09/23/2016 |
| PATEL, JAIMIN BALWANT M D | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 104797 | 10/28/2016 |
| PHELPS, ANID ORBEZO | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 94653 | 11/10/2016 |
| SINGLEY, CHRISTOPHER LEE | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 101636 | 09/23/2016 |

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.