



CHRISTOPHER CHARLES HENDERSON MD

License Number: ME81250

Data As Of 12/2/2024

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|--|---|
| Profession | Medical Doctor |
| License | ME81250 |
| License Status | CLEAR/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 10/04/2000 |
| Address of Record | The Effect Lifestyle Practice 651 State Road 13 N SAINT JOHNS, FL 32259 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | Yes |
| Public Complaint | Yes |

Secondary Locations

Address

4604 Avon Lane
JACKSONVILLE, FL 32210

Address

Emergency Resource Group 841 Prudential Drive Suite 1400
JACKSONVILLE, FL 32207

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|--------------------------------|---------|----------------|-------------|-------|-----------|-------------------------|
| HENDERSON, CHRISTOPHER CHARLES | 81250 | MEDICAL DOCTOR | SAINT JOHNS | FL | 201510298 | OBLIGATION(S) SATISFIED |

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|--------------------------------|---------|----------------|-------------|-------|-----------|--------------|
| HENDERSON, CHRISTOPHER CHARLES | 81250 | MEDICAL DOCTOR | SAINT JOHNS | FL | 201510298 | 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:

[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 |
|---------------------|--------------|----------------|---------|----------------|
| HOIDA, SHIELDS DUSS | SUPERVISOR | MEDICAL DOCTOR | 125526 | 04/01/2019 |

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

Subordinate Practitioners

| Name | Relationship | Profession | License | Effective Date |
|----------------------------|--------------|-----------------------|---------|----------------|
| BROUSSEAU, TONIA JEANNE DO | SUBORDINATE | OSTEOPATHIC PHYSICIAN | 9193 | 6/11/2018 |
| LAMMERMEIER, JEFFREY SCOTT | SUBORDINATE | MEDICAL DOCTOR | 122614 | 6/11/2018 |

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