Florida HEALTH Department of Health

KRISTINA MARSH JADLOCKI

License Number: PA9105227

Data As Of 10/30/2026

Profession	Physician Assistant
License	PA9105227
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	10/05/2009
Address of Record	915 W Monroe, Suite 200 JACKSONVILLE, FL 32204
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
1350 13th Ave South; Baptist Beaches
JACKSONVILLE BEACH, FL 32250

Address
800 Prudential Dr Baptist Health Jacksonville
JACKSONVILLE, FL 32207

Address
3625 University Blvd South Memorial Hospital Jacksonville
JACKSONVILLE, FL 32216

Address
1 Shircliff Way St. Vincent's Medical Riverside
JACKSONVILLE, FL 32204

Address
3550 University Blvd South NEFEDA: University
JACKSONVILLE, FL 32216

Address
1635 Eagle Harbor Pkwy, Ste #5 NEFEDA: Orange Park
ORANGE PARK, FL 32003

Address
91561 Monroe St, ste 200 NEFEDA: Downtown
JACKSONVILLE, FL 32204

Address
1375 Roberts Dr, Ste 202 NEFEDA: Beaches
JACKSONVILLE BEACH, FL 32250

Address
3599 University Blvd South Brooks Rehab Hospital
JACKSONVILLE, FL 32216

Address
801 Oak St. Kindred Hospital of North Florida
GRAHAM, FL 32042

Address
2001 Kingsley Ave Orange Park Medical
ORANGE PARK, FL 32073

Address

4901 Richard Street Specialty Hospital
JACKSONVILLE, FL 32207

Address

1670 St. Vicent's Way St. Vincent's Way
MIDDLEBURG, FL 32068

Address

4201 Belfort Rd St Vincent's Medical Southside
JACKSONVILLE, FL 32216

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
EVANS, JOHN GARY MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	63658	03/20/2017
MAGEE, JAMES SAMPLE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	30740	03/20/2017
ROURA, MIGUEL FABIAN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	50092	03/20/2017
SUTTON, DAVID RICKENBECK JR	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	58349	03/20/2017
WADUD, KHURRAM	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	97274	03/20/2017

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

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