



## EDWARD WELLINGTON PEARSON MD

License Number: ME83846

Data As Of 4/30/2026

|  |  |
|--|--|
| Profession   | Medical Doctor                                     |
| License  | ME83846  |
| License Status   | Clear/Active                                       |
| Qualifications   | Dispensing Practitioner                            |
| License Expiration Date  | 1/31/2028  |
| License Original Issue Date  | 12/06/2001   |
| Address of Record  | 967 Alternate A1A<br>Suite #2<br>JUPITER, FL 33477 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-<br>malignant Pain) | Yes  |
| Authorized to Order (Medical and<br>Low-THC Cannabis)                                    | Yes  |
| Discipline on File   | No   |
| Public Complaint   | No   |

### Secondary Locations

#### Address

17801 130th Ave. North  
JUPITER, FL 33478

#### Address

3257 SE SALERNO RD SUITE 3  
STUART, FL 34997

#### Address

2339 SW Martin Hwy  
PALM CITY, FL 34990

#### Address

401 Northlake Blvd #7  
NPB, FL 33408

### 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

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 |
|----------------------------|---------------------------------|---------------------|---------|----------------|
| CARPINO, MICHAEL SEAN      | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9104947 | 12/9/2019      |
| OKOLICHANY, RANDALL EDWARD | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9113556 | 10/16/2020     |
| PARRADO, ROBERT MARIO      | PHARMACIST                      | PHARMACIST          | 12701   | 5/8/2024       |
| STEWART, RICKY L           | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 3371    | 10/18/2018     |
| VEGA, WHITNEY NICOLE       | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT | 9108717 | 11/29/2018     |
| VEGA, WHITNEY NICOLE       | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9108717 | 11/29/2018     |

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

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Tallahassee, FL 32399-3251

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