



MARCIO M CORREA

License Number: PA9105630

Data As Of 1/26/2026

Profession	Physician Assistant
License	PA9105630
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	09/03/2010
Address of Record	463941 SR 200 SOLANTIC OF JACKSONVILLE YULEE, FL 32097
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

8705-2 PERIMETER PARK BLVD CARE SPOT EXPRESS HEALTHCARE
JACKSONVILLE, FL 32216

Address

2140 KINGSLEY AVENUE CARE SPOT EXPRESS HEALTHCARE
ORANGE PARK, FL 32073

Address

410 ATLANTIC BOULEVARD, SOLANTIC OF JACKSONVILLE, LLC CARESPOT EXPRESS HEALTHCARE
JACKSONVILLE, FL 32266

Address

13460 BEACH BOULEVARD, UNIT 1 CARESPOT EXPRESS HEALTHCARE
ATLANTIC BEACH, FL 32224

Address

2905 US HIGHWAY 1 S CARE SPOT EXPRESS HEALTHCARE
ST AUGUSTINE, FL 32086

Address

4498 HENDRICKS AVENUE CARE SPOT EXPRESS HEALTHCARE
JACKSONVILLE, FL 32207

Address

1708 BLANDING BOULEVARD CARE SPOT EXPRESS HEALTHCARE
MIDDLEBURG, FL 32068

Address

2401 MONUMENT ROAD SOLANTIC OF JACKSONVILLE, LLC CARESPOT EXPRESS HEALTHCARE
JACKSONVILLE, FL 32225

Address

5964 NORMANDY BOULEVARD CARE SPOT EXPRESS HEALTHCARE
JACKSONVILLE, FL 32205

Address

2032 DUNN AVE. CARE SPOT EXPRESS HEALTHCARE
JACKSONVILLE, FL 32218

Address

70 Durbin Pavilion Drive Suite 101 CARESPOT EXPRESS HEALTHCARE
SAINT JOHNS, FL 32259

Address

12303 SAN JOSE BOULEVARD CARE SPOT EXPRESS HEALTHCARE
JACKSONVILLE, FL 32223

Address

1021 CESERY BOULEVARD SOLANTIC OF JACKSONVILLE, LLC CARESPOT EXPRESS HEALTHCARE
JACKSONVILLE, FL 32211

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
CASTIEL, ALBERTO M D	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	61508	02/04/2011
PERIN, JAMES CHRISTOPHER	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	120432	02/23/2018
THORPE, MARC W	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	71481	06/04/2025

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