THERESE E SULLIVAN

License Number: PA9105974

Data As Of 10/24/2025

Profession Physician Assistant

License PA9105974
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2028
License Original Issue Date 04/21/2011

Address of Record 222 s. Peninsula Dr

Empros

DAYTONA BEACH, FL 32118

Controlled Substance Prescriber N

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

1055 SAXON BLVD. FLORIDA HOSPITAL FISH MEMORIAL ORANGE CITY, FL 32763

Address

701 W. PLYMOUTH AVE. FLORIDA HOSPITAL DELAND

DELAND, FL 32720

Address

301 MEMORIAL MEDICAL PKWY FLORIDA HOSPITAL MEMORIAL MEDICAL CENTER

DAYTONA BEACH, FL 32117

Address

264 SOUTH ATLANTIC AVE. FLORIDA HOSPITAL OCEANSIDE

ORMOND BEACH, FL 32176

Address

701 W Plymouth Advent Health Deland

DELAND, FL 32720

Address

1055 Sayon Blvd Advent Health Fish

ORANGE CITY, FL 32763

Address

3120 Howland Blvd Advent Health Blvd

DELTONA, FL 32725

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
RIGA, PETER J	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	N 10944	09/30/2016
ROBERTS, JUDY JENNIFER DO	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	N 9253	09/30/2016

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

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