



## BRIAN DANIEL TARDIF

### License Number: PA9106048

Data As Of 6/26/2025

|  |   |
|--|---|
| Profession   | Physician Assistant                                       |
| License  | PA9106048   |
| License Status   | Clear/Active  |
| Qualifications   | Prescribing<br>Dispensing Practitioner                    |
| License Expiration Date  | 1/31/2026   |
| License Original Issue Date  | 06/23/2011  |
| Address of Record  | 2627 RIVERSIDE AVE<br>SUITE 300<br>JACKSONVILLE, FL 32204 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-<br>malignant Pain) | Yes   |
| Discipline on File   | No  |
| Public Complaint   | No  |

### Secondary Locations

#### Address

10475 Centurion Pkwy Ste. 220 Heekin Orthopedics Center One  
JACKSONVILLE, FL 32256

#### Address

2300 Park Ave Ste. 203 Heekin Orthopedic Specialists  
ORANGE PARK, FL 32073

#### Address

232 PONTE VEDRA PARK DR. HEEKIN ORTHOPEDIC SPECIALIST  
PONTE VEDRA BEACH, FL 32082

#### Address

1658 ST. VINCENT'S WAY, HEEKIN ORTHOPEDIC SPECIALIST  
MIDDLEBURG, FL 32068

#### Address

15255 MAX LEGGET PKWY 5TH SOUTHEAST ORTHOPEDIC SPECIALISTS, INC  
JACKSONVILLE, FL 32218

### 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

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 |
|-----------------------|--------------------------------------|----------------|---------|----------------|
| DESHMUKH, RAHUL VINOD | SUPERVISING DISPENSING PRACTITIONER  | MEDICAL DOCTOR | 90643   | 07/13/2022     |
| DESHMUKH, RAHUL VINOD | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 90643   | 06/30/2016     |

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

## Subordinate Practitioners

| Name              | Relationship                    | Profession          | License | Effective Date |
|-------------------|---------------------------------|---------------------|---------|----------------|
| ZABLAN, GABRIELLE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9114639 | 7/15/2021      |

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

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