



## JEFFREY NOLAN HARRELL

### License Number: PA9106843

Data As Of 7/31/2025

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| Profession   | Physician Assistant                          |
| License  | PA9106843                                    |
| License Status   | Clear/Active                                 |
| Qualifications   | Dispensing Practitioner<br>Prescribing       |
| License Expiration Date  | 1/31/2026                                    |
| License Original Issue Date  | 09/18/2012                                   |
| Address of Record  | 1075 MASON AVENUE<br>DAYTONA BEACH, FL 32117 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-<br>malignant Pain) | No   |
| Discipline on File   | No   |
| Public Complaint   | No   |

### Secondary Locations

#### Address

1175 Dunlawton Ave Suite 1  
PORT ORANGE, FL 32127

#### Address

1890 LPGA Blvd Suite 240  
DAYTONA BEACH, FL 32117

#### Address

1165 Dunlawton Ave Suite 102  
PORT ORANGE, FL 32127

#### Address

17 Old Kings Road N Suite K  
PALM COAST, FL 32137

#### Address

1865 LPGA Blvd  
DAYTONA BEACH, FL 32117

### 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 |
|-------------------------|-------------------------------------|----------------|---------|----------------|
| MARTIN, JEFFREY WILLIAM | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 83250   | 01/24/2024     |

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

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