



KENNETH A POWELL

License Number: OS10548

Data As Of 4/24/2026

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| Profession | Osteopathic Physician |
| License | OS10548 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 3/31/2028 |
| License Original Issue Date | 12/03/2008 |
| Address of Record | 1564 KINGSLEY AVE ORANGE PARK, FL 32073 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

8262 Point Meadows Dr Ste 201
JACKSONVILLE, FL 32256

Address

2700 Riverside Avenue Suite 2
JACKSONVILLE, FL 32205

Address

1821 Blanding Blvd
MIDDLEBURG, FL 32068

Address

280 Dundas Drive
JACKSONVILLE, FL 32218

Address

1050 Riverside Ave Suite A
JACKSONVILLE, FL 32204

Address

1811 Blanding Blvd. Suite 102
MIDDLEBURG, FL 32068

Address

463386 State Rd. 200 Unit A
YULEE, FL 32097

Address

1865 Lime St. Suite 101
FERNANDINA BEACH, FL 32034

Address

8262 Point Meadows Dr Ste 202
JACKSONVILLE, FL 32256

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.

Subordinate Practitioners

| Name | Relationship | Profession | License | Effective Date |
|---------------------------|---------------------------------|---------------------|---------|----------------|
| DUFF, PAUL C | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 2397 | 7/1/2022 |
| DUFF, PAUL C | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 2397 | 7/1/2021 |
| FRIES, ALLISON MARIE | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106610 | 8/8/2022 |
| FRIES, ALLISON MARIE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106610 | 8/8/2022 |
| HORNE, LESLIE SUZANN | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9103683 | 10/8/2021 |
| HORNE, LESLIE SUZANN | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9103683 | 9/13/2021 |
| JEAN-LOUIS, LOUBENS | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9102172 | 9/1/2021 |
| JEAN-LOUIS, LOUBENS | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9102172 | 7/1/2021 |
| NAVARRO, KRYSTIN MICHELLE | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106795 | 8/31/2021 |
| NAVARRO, KRYSTIN MICHELLE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106795 | 7/1/2021 |
| SOOD, MONIKA | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106191 | 7/1/2021 |
| SOOD, MONIKA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106191 | 7/1/2021 |

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

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