



JEFFREY DEMOND MORGAN

License Number: ME103348

Data As Of 8/4/2025

Profession	Medical Doctor
License	ME103348
License Status	Revoked/
Qualifications	NICA Default Judgement
License Expiration Date	1/31/2023
License Original Issue Date	12/09/2008
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
MORGAN, JEFFREY DEMOND	103348	MEDICAL DOCTOR	FORT LAUDERDALE	FL	201118997	REVOCATION
MORGAN, JEFFREY DEMOND	103348	MEDICAL DOCTOR	FORT LAUDERDALE	FL	201118997	REVOCATION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
MORGAN, JEFFREY DEMOND	103348	MEDICAL DOCTOR	FORT LAUDERDALE	FL	201118997	AC FILED
MORGAN, JEFFREY DEMOND	103348	MEDICAL DOCTOR	FORT LAUDERDALE	FL	201118997	AC FILED

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.

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