



## JOHN ARGYLE GILMORE SAMPSON

## License Number: ME121890

Data As Of 12/5/2025

Profession	Medical Doctor
License	ME121890
License Status	Obligations/Active
License Expiration Date	1/31/2027
License Original Issue Date	10/13/2014
Address of Record	1514 Fourth St JACKSON, MI 49203
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
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
SAMPSON, JOHN ARGYLE GILMORE	121890	MEDICAL DOCTOR	JACKSON	MI	202117852	RESTRICTED FROM PRACTICE
SAMPSON, JOHN ARGYLE GILMORE	121890	MEDICAL DOCTOR	JACKSON	MI	202139384	OBLIGATIONS IMPOSED
SAMPSON, JOHN ARGYLE GILMORE	121890	MEDICAL DOCTOR	JACKSON	MI	202139384	OBLIGATIONS IMPOSED

## Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
SAMPSON, JOHN ARGYLE GILMORE	121890	MEDICAL DOCTOR	JACKSON	MI	202117852	AC FILED
SAMPSON, JOHN ARGYLE GILMORE	121890	MEDICAL DOCTOR	JACKSON	MI	202117852	AC FILED
SAMPSON, JOHN ARGYLE GILMORE	121890	MEDICAL DOCTOR	JACKSON	MI	202117852	AC FILED
SAMPSON, JOHN ARGYLE GILMORE	121890	MEDICAL DOCTOR	JACKSON	MI	202139384	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.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

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