



PAUL D STURNEY JR.

License Number: PA9108501

Data As Of 4/24/2026

Profession	Physician Assistant
License	PA9108501
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	01/15/2015
Address of Record	10475 CENTURION PARKWAY SUITE 220 JACKSONVILLE, FL 32256
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

2001 COUNTY ROAD 210, STE.
SAINT JOHNS, FL 32259

Address

15255 MAX LEGGETT PKWY, STE#5300
JACKSONVILLE, FL 32218

Address

1658 ST. VINCENT'S WAY, SUITE#100
MIDDLEBURG, FL 32068

Address

2300 PARK AVENUE, SUITE#203
ORANGE PARK, FL 32073

Address

10475 CENTURION PKWY N. SUITE#220
JACKSONVILLE, FL 32256

Address

2627 RIVERSIDE AVE, SUITE#300
JACKSONVILLE, FL 32204

Address

232 PONTE VEDRA DRIVE
PONTE VEDRA BEACH, FL 32082

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
MURPHY, KEVIN PAUL	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	65834	06/09/2022
MURPHY, KEVIN PAUL	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	65834	01/01/2015

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

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.

Secondary Locations

[Address](#)

2001 COUNTY ROAD 210, STE.
SAINT JOHNS, FL 32259

[Address](#)

15255 MAX LEGGETT PKWY, STE#5300
JACKSONVILLE, FL 32218

[Address](#)

1658 ST. VINCENT'S WAY, SUITE#100
MIDDLEBURG, FL 32068

[Address](#)

2300 PARK AVENUE, SUITE#203
ORANGE PARK, FL 32073

[Address](#)

10475 CENTURION PKWY N. SUITE#220
JACKSONVILLE, FL 32256

[Address](#)

2627 RIVERSIDE AVE, SUITE#300
JACKSONVILLE, FL 32204

[Address](#)

232 PONTE VEDRA DRIVE
PONTE VEDRA BEACH, FL 32082

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
MURPHY, KEVIN PAUL	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	65834	06/09/2022
MURPHY, KEVIN PAUL	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	65834	01/01/2015

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

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.