



## CATHERINE SHANNON DUNTON

### License Number: RN2749972

Data As Of 9/7/2025

Profession	Registered Nurse
License	RN2749972
License Status	Revoked/
Qualifications	Single-state License
License Expiration Date	4/30/2024
License Original Issue Date	07/07/1993
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
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
DUNTON, CATHERINE SHANNON	2749972	REGISTERED NURS	PORT SAINT LUCIE	FL	201205017	OBLIGATION(S) SATISFIED
DUNTON, CATHERINE SHANNON	2749972	REGISTERED NURS	PORT SAINT LUCIE	FL	202217801	SUSPENSION
DUNTON, CATHERINE SHANNON	2749972	REGISTERED NURS	PORT SAINT LUCIE	FL	202246488	REVOCATION
DUNTON, CATHERINE SHANNON	2749972	REGISTERED NURS	PORT SAINT LUCIE	FL	202246488	REVOCATION

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
DUNTON, CATHERINE SHANNON	2749972	REGISTERED NURSE	PORT SAINT LUCIE	FL	202217801	AC FILED
DUNTON, CATHERINE SHANNON	2749972	REGISTERED NURSE	PORT SAINT LUCIE	FL	202246488	AC FILED
DUNTON, CATHERINE SHANNON	2749972	REGISTERED NURSE	PORT SAINT LUCIE	FL	201205017	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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