



PAUL J ARNOLD DO

License Number: OS4853

Data As Of 8/28/2025

Profession	Osteopathic Physician
License	OS4853
License Status	Deceased/
License Expiration Date	3/31/2024
License Original Issue Date	07/01/1985
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
ARNOLD, PAUL J	4853	OSTEOPATHIC PHY	FORT MYERS	FL	200718951	OBLIGATION(S) SATISFIED
ARNOLD, PAUL J	4853	OSTEOPATHIC PHY	FORT MYERS	FL	200901332	OBLIGATION(S) SATISFIED
ARNOLD, PAUL J	4853	OSTEOPATHIC PHY	FORT MYERS	FL	202118673	SUBJECT DECEASED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
ARNOLD, PAUL J	4853	OSTEOPATHIC PHYSICIAN	FORT MYERS	FL	200901332	AC FILED
ARNOLD, PAUL J	4853	OSTEOPATHIC PHYSICIAN	FORT MYERS	FL	200718951	AC FILED
ARNOLD, PAUL J	4853	OSTEOPATHIC PHYSICIAN	FORT MYERS	FL	202118673	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.
