



## ROGER SHELLEY GORMAN M.D.

### License Number: ME50540

Data As Of 7/11/2025

Profession	Medical Doctor
License	ME50540
License Status	Obligations/Active
License Expiration Date	1/31/2027
License Original Issue Date	04/21/1987
Address of Record	19202 BLACK MANGROVE CT 19202 BLACK MANGROVE COURT BOCA RATON, FL 33498
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
GORMAN, ROGER SHELLEY	50540	MEDICAL DOCTOR	BOCA RATON	FL	201611068	OBLIGATION(S) SATISFIED
GORMAN, ROGER SHELLEY	50540	MEDICAL DOCTOR	BOCA RATON	FL	202101279	PROBATION

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
GORMAN, ROGER SHELLEY	50540	MEDICAL DOCTOR	BOCA RATON	FL	202101279	AC FILED
GORMAN, ROGER SHELLEY	50540	MEDICAL DOCTOR	BOCA RATON	FL	202101279	AC FILED
GORMAN, ROGER SHELLEY	50540	MEDICAL DOCTOR	BOCA RATON	FL	202101279	AC FILED
GORMAN, ROGER SHELLEY	50540	MEDICAL DOCTOR	BOCA RATON	FL	202101279	AC FILED
GORMAN, ROGER SHELLEY	50540	MEDICAL DOCTOR	BOCA RATON	FL	202101279	AC FILED
GORMAN, ROGER SHELLEY	50540	MEDICAL DOCTOR	BOCA RATON	FL	201611068	AC FILED

## 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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