# **BOGAN MANUEL MCQUIGG**

# License Number: PA9102278

Data As Of 8/25/2025

Profession Physician Assistant

License Status Clear/Active

Qualifications Prescribing

License Expiration Date 1/31/2026

License Original Issue Date 01/10/2003

Address of Record 7214 Foxboro Cir
PACE, FL 32571

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

2400 A Ferdon Blvd. CRESTVIEW, FL 32536

Address

906 PALM BLVD. S. NICEVILLE URGENTCARE

NICEVILLE, FL 32578

# 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
LATHAM, JOSHUA LUKE DO	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	10027	02/22/2017
NOGGLE, TOMMY STEVEN MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	93880	02/22/2017

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

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