



NATHAN ROGER PERRY JR

License Number: ME61123

Data As Of 6/21/2025

Profession	Medical Doctor
License	ME61123
License Status	Obligations/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	12/10/1991
Address of Record	1301 MONUMENT RD STE 19 JACKSONVILLE, FL 32225
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
PERRY, NATHAN ROGER	61123	MEDICAL DOCTOR	JACKSONVILLE	FL	201014667	RESTRICTED FROM PRACTICE
PERRY, NATHAN ROGER	61123	MEDICAL DOCTOR	JACKSONVILLE	FL	201016353	RESTRICTED FROM PRACTICE

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
PERRY, NATHAN ROGER	61123	MEDICAL DOCTOR	JACKSONVILLE	FL	201016353	AC FILED
PERRY, NATHAN ROGER	61123	MEDICAL DOCTOR	JACKSONVILLE	FL	201016353	AC FILED
PERRY, NATHAN ROGER	61123	MEDICAL DOCTOR	JACKSONVILLE	FL	201014667	AC FILED
PERRY, NATHAN ROGER	61123	MEDICAL DOCTOR	JACKSONVILLE	FL	201014667	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.
