RICHARD M GRAY

License Number: ME65493

Data As Of 12/18/2025

Profession Medical Doctor
License ME65493
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026 License Original Issue Date 12/22/1993

Address of Record 14547 Bruce B Downs Blvd

Suite C

TAMPA, FL 33613

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint Yes

Secondary Locations

Address

38107 MARKET SQUARE ZEPHYRHILLS, FL 33540

Address

2352 Bruce B Downs Blvd SUITE 102 WESLEY CHAPEL, FL 33544

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case# | Action Taken |
|-----------------|---------|-------------------|-------|-------|-----------|----------------------------|
| GRAY, RICHARD M | 65493 | MEDICAL DOCTOR | TAMPA | FL | 199416968 | OBLIGATIONS IMPOSED |
| GRAY, RICHARD M | 65493 | MEDICAL DOCTOR | TAMPA | FL | 200906493 | OBLIGATION(S) SATISFIED |

Public Complaints

| Name | License | Profession | City | State | Case# | Action Taken |
|-----------------|---------|-------------------|-------|-------|-----------|--------------|
| GRAY, RICHARD M | 65493 | MEDICAL DOCTOR | TAMPA | FL | 200906493 | 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.

Subordinate Practitioners

| Name | Relationship | Profession | License | Effective Date |
|----------------------|---------------------------------|---------------------|---------|----------------|
| BISHOP, JAMES EDWARD | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9111387 | 9/26/2018 |
| HOFFMAN, MEGAN | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9114233 | 3/4/2024 |

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

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