## **GARY MICHAEL RICHMAN**

## License Number: ME68652

Data As Of 9/16/2025

Profession Medical Doctor
License ME68652
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026 License Original Issue Date 06/28/1995

Address of Record 180 JOHN F KENNEDY DRIVE

SUITE 100

Yes

ATLANTIS, FL 33462

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint Yes

# **Secondary Locations**

#### Address

10275 Hagen Ranch Road Suite 200 BOYNTON BEACH, FL 33437

## Address

1221 S. State Road 7 Suite 200 WELLINGTON, FL 33414

# Address

1905 Clint Moore Rd. #214 BOCA RATON, FL 33496

#### Address

4705 N. Federal Hwy BOCA RATON, FL 33431

# Discipline/Admin Action

## **Emergency Actions**

No Emergency Actions Found

## **Discipline Cases**

Name	License	Profession	City	State	Case#	Action Taken
RICHMAN, GARY MICHAEL	68652	MEDICAL DOCTOR	ATLANTIS	FL	202234726	OBLIGATION(S) SATISFIED

## **Public Complaints**

Name	License	Profession	City	State	Case #	Action Taken
RICHMAN, GARY MICHAEL	68652	MEDICAL DOCTOR	ATLANTIS	FL	202234726	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:

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
GONDEK, DAVID M PA-C	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	1860	3/22/2019

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

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