Florida HEALTH Department of Health

CARY LEO DUNN MD

License Number: ME78110

Data As Of 10/31/2026

Profession	Medical Doctor
License	ME78110
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	05/26/1999
Address of Record	16870 NE 19th Ave, North Miami NORTH MIAMI BEACH, FL 33162
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
16870 NE 19th Ave, North Miami
NORTH MIAMI BEACH, FL 33162

Address
3105 3105 Bobcat Village Center Rd.
NORTH PORT, FL 34288

Address
1550 E Venice Ave Suite A
VENICE, FL 34293

Address
819 819 N Mills Avenue
ARCADIA, FL 34266

Address
925 NE 30th Suite 308
HOMESTEAD, FL 33033

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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
CARY L DUNN MD PA	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3609	3/29/2010
CARY L. DUNN, MD, PA	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3531	4/6/2010
FOWLER, GAIL MARIE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106446	12/14/2023
FOWLER, GAIL MARIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106446	5/3/2023

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

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