ROBERT GODFREY PERRY

License Number: ME94381

Data As Of 7/1/2025

Profession Medical Doctor
License ME94381
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 09/19/2005
Address of Record 2250 NW 136 Ave

Suite 100

PEMBROKE PINES, FL 33028

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

14600 NW 60th Avenue PANAX CLINICAL RESEARCH MIAMI LAKES, FL 33014

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
SHOURDS, SAVANNAH	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114068	11/7/2022

Name	Relationship	Profession	License	Effective Date
SHOURDS, SAVANNAH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114068	11/7/2022

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

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