



JEFFREY DEMOND MORGAN

License Number: ME103348

Profession	Medical Doctor
License Status	Revoked/
Year Began Practicing	07/01/1998
License Expiration Date	01/31/2023
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

JEFFREY DEMOND MORGAN
6245 N. FEDERAL HWY 406
STE 406
FORT LAUDERDALE, FL 33308

Medicaid

This practitioner does NOT participate in the Medicaid program.

Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
THE SURGERY CENTER	DEERFIELD BEACH	FLORIDA
THE SURGERY CENTER	MIAMI	FLORIDA

Email Address

Please contact at: drjeffmorgan7@yahoo.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
SOUTH CAROLINA	MD
LOUISIANA	MD
MICHIGAN	MD

Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has not indicated whether he/she has submitted payment of the assessment.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF SOUTH CAROLINA - COLUMBIA	MD	7/1/1994 - 5/1/1998	05/08/1998

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
UNIVERSITY OF SOUTH CAROLINA HONORS COLLEGE	COLUMBIA	SOUTH CAROLINA	08/01/1990	05/01/1994	BS - BACHELOR OF SCIENCE

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
TULANE UNIVERSITY MEDICAL CENTER	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		NEW ORLEANS	LOUISIANA	07/01/1999	03/01/2003
TULANE UNIVERSITY MEDICAL CENTER	INTERNSHIP	GS - SURGERY		NEW ORLEANS	LOUISIANA	07/01/1998	06/30/1999
UNIV OF OREGON- ORTHOPAEDIC HEALTHCARE NORTHWEST	FELLOWSHIP	ORTHOPEDICS		EUGENE	OREGON	03/01/2003	06/01/2003

Academic Appointments

Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

Specialty Certification

Specialty Certification

This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

Financial Responsibility

Financial Responsibility

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), F.S.

Proceedings and Actions

Proceedings & Actions

Criminal Offenses

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

[View Board Actions](#)

Taken By		Date Of Action	Description of Disciplinary Action	Under Appeal	
FLORIDA DEPARTMENT OF HEALTH		01/27/2025	REVOCATION	NO	

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
SUBSEQUENT ORDER	8/29/2022			\$ 0.00	\$ 0.00
COSTS	8/29/2022	9/28/2022		\$ 54,939.39	\$ 5.00
SUBSEQUENT ORDER	10/25/2022			\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.
The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has *NEVER* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

Liability Claims Exceeding \$100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.
Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click [here](#).
There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:

FELLOW AMERICAN ACADEMY OF NEUROLOGICAL AND ORTHOPAED SURG
FELLOW AMERICAN COLLEGE OF SURGEONS(SC)
INTERNATIONAL BOARD OF MEDICINE AND SURGERY

Professional or Community Service Awards

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
SENATOR I DEQUINCEY NEWMAN AWARD	USC
PHYSICIAN LEADER DEE REGION OF SC 2004	STATE CONGRESS
LIPPINCOTT WILLIAMS AND WILKINS ORS RESIDENT AWARD 2002	SANOFI AVENTIS
INDEPENDANT MEDICAL RESEARCH AWARD	USC SCHOOL OF MEDICINE
FELLOW	HOWARD HUGHES RESEARCH INSTITUTE
FELLOW	AMERICAN ACADEMY OF COSMETIC SURGERY

Publications

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
GIANT CELL TUMOR AND THE SKELETALLY IMMATURE PATIENT	JOURNAL SURGICAL ORTHOPAEDIC ADVANCEMENT	09/07/1999
INCIDENCE OF HEPATITIS C AT OUR CONTRACT RESEARCH INSTITUTION	HTTP://WWW.NETJOURNALS.ORG/PDF/IRJMMS/2020/2/13-049.PDF DOI: 10.30918/IRJMMS.82.13.049	01/31/2014

Professional Web Page

This practitioner has not provided any professional web page information.

Languages Other Than English

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.
FRENCH

Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation
CENTER FOR CLINICAL SURGICAL RESEARCH
MORGAN ORTHOPAEDICS