MOSES DESMOND DEGRAFT-JOHNSON

License Number: ME106359

Data As Of 7/11/2025

Profession Medical Doctor
License ME106359
License Status Disc Relinquish/
License Expiration Date 1/31/2022
License Original Issue Date 02/16/2010

Address of Record If further information is needed, please contact the Department of Health at (850) 488-

0595. No

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint Yes

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case# | Action Taken |
|-----------------------------------|---------|-------------------|-------------|-------|-----------|------------------------|
| DEGRAFT-JOHNSON, MOSES DESMOND | 106359 | MEDICAL DOCTOR | TALLAHASSEE | FL | 202006071 | VOLUNTARY SURRENDER |
| DEGRAFT-JOHNSON, MOSES DESMOND | 106359 | MEDICAL DOCTOR | TALLAHASSEE | FL | 202023493 | VOLUNTARY SURRENDER |

Public Complaints

| Name | License | Profession | City | State | Case# | Action Taken |
|-----------------------------------|---------|-------------------|-------------|-------|-----------|--------------|
| DEGRAFT-JOHNSON, MOSES DESMOND | 106359 | MEDICAL DOCTOR | TALLAHASSEE | FL | 202006071 | AC FILED |
| DEGRAFT-JOHNSON, MOSES DESMOND | 106359 | MEDICAL DOCTOR | TALLAHASSEE | FL | 202023493 | 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:

- ${\it 1. Full name and license number of the practitioner};\\$
- 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.

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