



## KATIA VANNESSA MURPHY-BLOUNT PA-C

License Number: PA9107952

Data As Of 8/21/2025

Profession	Physician Assistant
License	PA9107952
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	05/29/2014
Address of Record	1032 Mar-Walt Dr. Ste 230 FORT WALTON BEACH, FL 32547
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

2202 State Ave STE. 303  
PANAMA CITY, FL 32405

#### Address

1000 MAR-WALT DR. FORT WALTON BEACH MEDICAL CENTER  
FORT WALTON BEACH, FL 32547

#### Address

1500 N White Point Rd The Manor Nursing Home Rehab  
NICEVILLE, FL 32578

#### Address

369 MAIN ST. N.  
BAKER, FL 32531

#### Address

1950 BLUEWATER BLVD STE 100 DR. STEVEN S DONCHEY MD, PA  
NICEVILLE, FL 32578

#### Address

2190 HWY 85 NORTH TWIN CITIES HOSPITAL  
NICEVILLE, FL 32578

#### Address

1 SBJ SR. Dr FWB Rehab  
FT WALTON BEACH, FL 32547

#### Address

1118 Hospital Drive SGMC - Dr. Saintilus  
FORT WALTON BEACH, FL 32547

#### Address

870 Mack Bayou Rd  
SANTA ROSA BEACH, FL 32459

#### Address

369 Main St. N  
BAKER, FL 32531

#### Address

350 G Racetrack Rd., NW Homeport Neurosurgery - Dr. Critides  
FORT WALTON BEACH, FL 32547

## 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.

## Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
GALAT, JOHN ALAN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	64491	06/22/2016
GUTIERREZ, RAYMOND ELIAS	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	130720	04/29/2025
NEWMAN, JEFFREY HOWARD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	68593	06/22/2016
SANDWITH, ERIC LYLE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	90193	06/07/2016

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

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