



PAUL D STURNEY JR.

License Number: PA9108501

Data As Of 12/24/2024

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| Profession   | Physician Assistant  |
| License  | PA9108501  |
| License Status   | CLEAR/Active   |
| Qualifications   | Prescribing<br>Dispensing Practitioner                         |
| License Expiration Date  | 1/31/2026  |
| License Original Issue Date  | 01/15/2015   |
| Address of Record  | 10475 CENTURION PARKWAY<br>SUITE 220<br>JACKSONVILLE, FL 32256 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-malignant Pain) | Yes  |
| Discipline on File   | No   |
| Public Complaint   | No   |

Secondary Locations

Address

232 PONTE VEDRA DRIVE  
PONTE VEDRA BEACH, FL 32082

Address

2627 RIVERSIDE AVE, SUITE#300  
JACKSONVILLE, FL 32204

Address

10475 CENTURION PKWY N. SUITE#220  
JACKSONVILLE, FL 32256

Address

2300 PARK AVENUE, SUITE#203  
ORANGE PARK, FL 32073

Address

1658 ST. VINCENT'S WAY, SUITE#100  
MIDDLEBURG, FL 32068

Address

15255 MAX LEGGETT PKWY, STE#5300  
JACKSONVILLE, FL 32218

Address

2001 COUNTY ROAD 210, STE.  
SAINT JOHNS, FL 32259

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 |
|--------------------|--------------------------------------|----------------|---------|----------------|
| MURPHY, KEVIN PAUL | SUPERVISING DISPENSING PRACTITIONER  | MEDICAL DOCTOR | 65834   | 06/09/2022     |
| MURPHY, KEVIN PAUL | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 65834   | 01/01/2015     |

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

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