## EARL NORMAN MILLER III

## License Number: PA9100657

Data As Of 7/20/2025

Profession Physician Assistant

License PA9100657
License Status Clear/Active
Qualifications Prescribing

**Dispensing Practitioner** 

License Expiration Date 1/31/2026
License Original Issue Date 12/14/1998

Address of Record SOUTHEAST ORTHOPEDIC SPECIALIS

6800 Southpoint Pkwy

Ste. 300

JACKSONVILLE, FL 32216

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

10475 Centurion Parkway Southeast Orthopedic Specialists Suite 220

JACKSONVILLE, FL 32256

## Address

4565 US HWY 17 Southeast Orthopedic Specialists

FLEMING ISLAND, FL 32003

#### Address

2627 Riverside Ave 3rd Floor Southeast Orthopedic Specialists

JACKSONVILLE, FL 32204

#### Address

232 Ponte Verda Park Dr. Southeast Orthopedic Specialists

PNTE VDRA BCH, FL 32082

### Address

15255 MAX LEGGET PKWY 5TH Southeast Orthopedic Specialists

JACKSONVILLE, FL 32218

#### Address

4268 Oldfield Crossing Drive Southeast Orthopedic Specialists Ste. 201

JACKSONVILLE, FL 32223

## Discipline/Admin Action

## **Emergency Actions**

No Emergency Actions Found

### **Discipline Cases**

No Discipline Found

### **Public Complaints**

No Public Complaint Found

### 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
DUFFY, GAVAN PATRICK MD	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	80485	09/27/2010

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

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