



PAUL MARSDEN MURRY MD

License Number: ME66803

Data As Of 8/16/2025

Profession	Medical Doctor
License	ME66803
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	08/02/1994
Address of Record	7100 W CAMINO REAL SUITE 200 BOCA RATON, FL 33433
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	Yes
Public Complaint	No

Secondary Locations

Address

2007 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33409

Address

4570 LANTANA ROAD
LAKE WORTH, FL 33463

Address

11551 SOUTHERN BLVD SUITE 4
ROYAL PALM BEACH, FL 33411

Address

7035 BERACASA WAY
BOCA RATON, FL 33433

Address

9060 N MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

Address

2272 N CONGRESS AVENUE
BOYNTON BEACH, FL 33426

Address

6240 CORAL RIDGE DRIVE SUITE 105
CORAL SPRINGS, FL 33076

Address

4036 HILLSBORO BLVD
DEERFIELD BEACH, FL 33442

Address

9650 PINES BLVD
PEMBROKE PINES, FL 33024

Address

2502 N FEDERAL HWY
LIGHTHOUSE POINT, FL 33064

Address

3470 NW 62ND AVE
MARGATE, FL 33063

Address

6300 N ANDREWS AVE
FT LAUDERDALE, FL 33309

Address

12555 -C BISSCAYNE BLVD
NORTH MIAMI, FL 33181

Address

601 LINTON BLVD
DELRAY BEACH, FL 33444

Address

6868 FOREST HILL BLVD
GREEN ACRES, FL 33413

Address

1770 NE MIAMI GARDENS DR UNIT 1
NORTH MIAMI BEACH, FL 33179

Address

7007 W BROWARD BLVD
PLANTATION, FL 33317

Address

10081 W OAKLAND PARK BLVD
SUNRISE, FL 33351

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
MURRY, PAUL MARSDEN	66803	MEDICAL DOCTOR	BOCA RATON	FL	200110534	PROBATION

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.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.