



KATIA VANNESSA MURPHY-BLOUNT PA-C

License Number: PA9107952

Data As Of 9/5/2025

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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