

KATIA VANNESSA MURPHY-BLOUNT PA-C

License Number: PA9107952

Data As Of 10/24/2025

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

Yes

FORT WALTON BEACH, FL 32547

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

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 |

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