JOSEPH PAUL KARRAM

License Number: PA9111981

Data As Of 12/10/2025

Profession Physician Assistant

License PA9111981
License Status Clear/Active

Qualifications Dispensing Practitioner

Prescribing

License Expiration Date 1/31/2028
License Original Issue Date 01/17/2019

Address of Record 5301 S Congress Ave.

ATLANTIS, FL 33462

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

6240 Coral Ridge Drive MD Now Medical Centers, Inc CORAL SPRINGS, FL 33076

Address

2007 Palm Beach Lakes Blvd MD Now Medical Centers, Inc WEST PALM BCH, FL 33409

Address

7035 Beracosa Way Suite105 MD Now Medical Centers, LLC BOCA RATON, FL 33433

Address

2181 N Federal Highway MD Now Medical Centers, Inc BOCA RATON, FL 33431

Address

6300 N Andrews Avenue MD Now Medical Centers, Inc FT LAUDERDALE, FL 33309

Address

7600 W Camino Real MD Now Medical Centers, Inc

Address

413 Clematis St

WEST PALM BEACH, FL 33401

Address

305 NE Park St

OKEECHOBEE, FL 34972

BOCA RATON, FL 33433

Address

1600 N Federal Hwy

POMPANO BEACH, FL 33062

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

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
PARIKH, SUNIL R	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	72266	01/26/2024

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

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