



JOSEPH PAUL KARRAM

License Number: PA9111981

Data As Of 12/2/2024

Profession	Physician Assistant
License	PA9111981
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	01/17/2019
Address of Record	5301 S Congress Ave. ATLANTIS, FL 33462
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

3405 NW Federal Hwy
JENSEN BEACH, FL 34957

[Address](#)

305 NE Park St
OKEECHOBEE, FL 34972

[Address](#)

413 Clematis St
WEST PALM BEACH, FL 33401

[Address](#)

7600 W Camino Real MD Now Medical Centers, Inc
BOCA RATON, FL 33433

[Address](#)

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

[Address](#)

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

[Address](#)

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

[Address](#)

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

[Address](#)

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

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
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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