



### EARL NORMAN MILLER III

License Number: PA9100657

Data As Of 5/2/2026

Profession	Physician Assistant
License	PA9100657
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	12/14/1998
Address of Record	SOUTHEAST ORTHOPEDIC SPECIALIS 6800 Southpoint Pkwy Ste. 300 JACKSONVILLE, FL 32216
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

[Address](#)

4268 Oldfield Crossing Drive Southeast Orthopedic Specialists Ste. 201  
JACKSONVILLE, FL 32223

[Address](#)

15255 MAX LEGGET PKWY 5TH Southeast Orthopedic Specialists  
JACKSONVILLE, FL 32218

[Address](#)

232 Ponte Verda Park Dr. Southeast Orthopedic Specialists  
PNTA VDRA BCH, FL 32082

[Address](#)

2627 Riverside Ave 3rd Floor Southeast Orthopedic Specialists  
JACKSONVILLE, FL 32204

[Address](#)

4565 US HWY 17 Southeast Orthopedic Specialists  
FLEMING ISLAND, FL 32003

[Address](#)

10475 Centurion Parkway Southeast Orthopedic Specialists Suite 220  
JACKSONVILLE, FL 32256

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

No Discipline Found

#### Public Complaints

No Public Complaint Found

## [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
DUFFY, GAVAN PATRICK MD	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	80485	09/27/2010

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

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.

## Secondary Locations

### [Address](#)

4268 Oldfield Crossing Drive Southeast Orthopedic Specialists Ste. 201  
JACKSONVILLE, FL 32223

### [Address](#)

15255 MAX LEGGET PKWY 5TH Southeast Orthopedic Specialists  
JACKSONVILLE, FL 32218

### [Address](#)

232 Ponte Verda Park Dr. Southeast Orthopedic Specialists  
PNTE VDRA BCH, FL 32082

### [Address](#)

2627 Riverside Ave 3rd Floor Southeast Orthopedic Specialists  
JACKSONVILLE, FL 32204

### [Address](#)

4565 US HWY 17 Southeast Orthopedic Specialists  
FLEMING ISLAND, FL 32003

### [Address](#)

10475 Centurion Parkway Southeast Orthopedic Specialists Suite 220  
JACKSONVILLE, FL 32256

## 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
DUFFY, GAVAN PATRICK MD	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	80485	09/27/2010

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

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.