



## GARY MICHAEL RICHMAN

### License Number: ME68652

Data As Of 1/26/2026

Profession	Medical Doctor
License	ME68652
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	06/28/1995
Address of Record	180 JOHN F KENNEDY DRIVE SUITE 100 ATLANTIS, FL 33462
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

### Secondary Locations

#### Address

4705 N. Federal Hwy  
BOCA RATON, FL 33431

#### Address

1905 Clint Moore Rd. #214  
BOCA RATON, FL 33496

#### Address

1221 S. State Road 7 Suite 200  
WELLINGTON, FL 33414

#### Address

10275 Hagen Ranch Road Suite 200  
BOYNTON BEACH, FL 33437

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
RICHMAN, GARY MICHAEL	68652	MEDICAL DOCTOR	ATLANTIS	FL	202234726	OBLIGATION(S) SATISFIED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
RICHMAN, GARY MICHAEL	68652	MEDICAL DOCTOR	ATLANTIS	FL	202234726	AC FILED

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.

## Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
GONDEK, DAVID M PA-C	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	1860	3/22/2019

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

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