



## PAUL ALLAN DOWDY

### License Number: ME72924

Data As Of 9/1/2025

|                                                                                      |                                                                                                                                                               |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Profession                                                                           | Medical Doctor                                                                                                                                                |
| License                                                                              | ME72924                                                                                                                                                       |
| License Status                                                                       | Clear/Active                                                                                                                                                  |
| Qualifications                                                                       | Dispensing Practitioner                                                                                                                                       |
| License Expiration Date                                                              | 1/31/2027                                                                                                                                                     |
| License Original Issue Date                                                          | 04/30/1997                                                                                                                                                    |
| Address of Record                                                                    | This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595. |
| Address of Record                                                                    | NOT PRACTICING                                                                                                                                                |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-malignant Pain) | No                                                                                                                                                            |
| Discipline on File                                                                   | No                                                                                                                                                            |
| Public Complaint                                                                     | No                                                                                                                                                            |

### Secondary Locations

No secondary locations found.

### 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.

### Subordinate Practitioners

| Name                                     | Relationship | Profession                              | Effective License Date |
|------------------------------------------|--------------|-----------------------------------------|------------------------|
| CYPRESS ORTHOPEDICS & SPORTS MEDICINE P. | HCCE         | HEALTH CARE CLINIC ESTABLISHMENT PERMIT | 1/12/2009              |

| Name                                     | Relationship | Profession                              | Effective License | Date       |
|------------------------------------------|--------------|-----------------------------------------|-------------------|------------|
| CYPRESS ORTHOPEDICS AND SPORTS MEDICINE, | HCCE         | HEALTH CARE CLINIC ESTABLISHMENT PERMIT | 1433              | 12/29/2008 |

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

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