

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General & Secretary

Vision: To be the **Healthiest State** in the Nation

Application

Application Detail

License Type:	Medical Doctor
Profession Number:	1501 - Medical Doctor
License Number:	44414
Application:	Add/Change DEA Registration
Application Date:	01/17/2019

Add/Change DEA Registration

Are you registered with the DEA to prescribe controlled substances? **No**

If yes, please provided your DEA number: **N/A**

Attestation

I certify the information in this application is true and correct.

Attestation Answer: Yes

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Application

Application Detail

License Type:	Medical Doctor
Profession Number:	1501 - Medical Doctor
License Number:	44414
Application:	Renew My Medical Doctor License
Application Date:	11/28/2018

Suitability Question(s)

Have you reviewed and confirmed your profile?	Yes
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Personal Detail

Title:	Dr.
First Name:	RALPH
Middle/Second Name:	L
Last Name/Surname:	BUNDY
Suffix:	MD

Addresses

Mailing Address

Address:	15 Surfside Dr
	VOLUSIA
	ORMOND BEACH, FL
	32176
	US
Phone Number:	(386) 441-0141
Extension:	
E-mail Address:	rbundy@cfl.rr.com
Home	

Place of Practice

Address:

4131 University Blvd S #2

DUVAL

JACKSONVILLE, FL

32216

US

Phone Number:

904-448-8877

Extension:

Questions related to Section 456.0635(3), Florida Statutes

On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar offense(s) in another state or jurisdiction? **No**

On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? **No**

On or after July 1, 2009, have you been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? **No**

On or after July 1, 2009, have you been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? **No**

Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities? **No**

Availability for Disaster

Are you willing to provide health care services in special need shelters or to work with disaster medical teams during times of emergency or major disasters? **No**

Financial Responsibility/Exemption

Financial Responsibility **3. LIABILITY NOT LESS THAN \$100,000**

Fees

FDLE Background Chec **\$24.00**

Active Renewal	\$350.00
Unlicensed Activity	\$5.00
Total Amount Due:	\$379.00

Attestation

By submitting the appropriate renewal fees to the Department, I certify compliance with all requirements for renewal. I am responsible for knowing these requirements as set forth in the laws and rules that govern my profession.

Attestation Answer: Yes

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Application

Application Detail

License Type:	Medical Doctor
Profession Number:	1501 - Medical Doctor
License Number:	44414
Application:	Request Address Change
Application Date:	08/21/2018

Personal Detail

Title:	Dr.
First Name:	RALPH
Middle/Second Name:	L
Last Name/Surname:	BUNDY
Suffix:	MD
Birthdate:	01/25/1950
Gender:	Male

Addresses

Mailing Address

Address:	15 Surfside Dr
	VOLUSIA
	ORMOND BEACH, FL
	32176
	US
Phone Number:	(386) 441-0141
Extension:	
E-mail Address:	rbundy@cfl.rr.com
Home	

Fax

Place of Practice
Address:

4131 University Blvd S #2

DUVAL

JACKSONVILLE, FL

32216

US

Phone Number:

904-448-8877

Extension:

Attestation

I affirm that the provided address information is correct.

Attestation Answer: Yes