

**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:	56314
Application:	Renew My Medical Doctor License
Application Date:	01/22/2019

### Suitability Question(s)

Have you reviewed and confirmed your profile?	Yes
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### Personal Detail

Title:	DR
First Name:	PAUL
Middle/Second Name:	MICHAEL
Last Name/Surname:	NORRIS

### Addresses

#### Mailing Address

Address:	400 ARTHUR GODFREY RD, Suite 508
	MIAMI-DADE
	MIAMI BEACH, FL
	33140
	US

Phone Number:	(786) 216-7803
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Extension:	
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E-mail Address:	maria.norris@floridawomancare.com
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Home	
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#### Place of Practice

Address: 400 ARTHUR GODFREY RD, suite 508  
MIAMI-DADE  
MIAMI BEACH, FL  
33140  
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Phone Number: (786) 216-7803

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**E-Mail Address**

Address: 400 ARTHUR GODFREY RD, suite 508  
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MIAMI BEACH, FL  
33140  
US

E-mail Address: maria.norris@floridawomancare.com

**E-Mail Address**

Name: DR NORRIS, PAUL MICHAEL

Address: 400 ARTHUR GODFREY RD, Suite 508  
MIAMI-DADE  
MIAMI BEACH, FL  
33140  
US

E-mail Address: MIAMIBEACHOBYN@GMAIL.COM

**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 **4. LIABILITY NOT LESS THAN \$250,000**

**Fees**

FDLE Background Chec	<b>\$24.00</b>
Active Renewal	<b>\$350.00</b>
Unlicensed Activity	<b>\$5.00</b>
Dispensing	<b>\$100.00</b>
Total Amount Due:	<b>\$479.00</b>

**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