EDWARD W BRAUN MD

License Number: ME51080

Data As Of 7/17/2025

Profession Medical Doctor
License ME51080
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027 License Original Issue Date 08/07/1987

Address of Record 2105 N. NEBRASKA AVE

TAMPA, FL 33602

Yes

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint Yes

Secondary Locations

Address

1825 Hurlburt Rd Suite 14 FT WALTON BEACH, FL 32547

Address

8390 N Palafox St. PENSACOLA, FL 32534

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case# | Action Taken |
|-----------------|---------|-------------------|-------|-------|-----------|------------------------|
| BRAUN, EDWARD W | 51080 | MEDICAL DOCTOR | TAMPA | FL | 200802929 | PROBATION SATISFIED |
| BRAUN, EDWARD W | 51080 | MEDICAL DOCTOR | TAMPA | FL | 200809278 | PROBATION SATISFIED |

Public Complaints

| Name | License | Profession | City | State | Case# | Action Taken |
|-----------------|---------|-------------------|-------|-------|-----------|--------------|
| BRAUN, EDWARD W | 51080 | MEDICAL DOCTOR | TAMPA | FL | 200809278 | AC FILED |
| BRAUN, EDWARD W | 51080 | MEDICAL DOCTOR | TAMPA | FL | 200802929 | 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

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 |
|---------------------------|---------------------------------|---------------------|---------|----------------|
| EICKELMAN, KELSEY | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9113250 | 2/13/2023 |
| PUKISH, NICK ALEXANDER JR | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9100880 | 12/31/2023 |

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.