JOHN FRANK LOCHER RADSON

License Number: RN9432959

| Data As Of 7/7/2025 | |
|--------------------------------|---|
| Profession | Registered Nurse |
| License | RN9432959 |
| License Status | Emerg Suspens/ |
| Qualifications | Multistate Registered Nurse |
| License Expiration Date | 4/30/2026 |
| License Original Issue Date | 05/18/2016 |
| Address of Record | 1500 Lee Blvd |
| | LEHIGH ACRES, FL 33936 |
| Discipline on File | No |
| Public Complaint | Yes |
| Alerts | Enforcement Alert |
| | 4/26/2024 5:13:07 PM |
| | Order of Emergency Suspension of License was filed, 04/26/2024. |

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

| | | | | | | | Action | |
|---------------------------|---------|---------------------|-----------------|--------|-------|-----------|------------|-------------|
| Name | License | Profession | City | County | State | Case # | Taken | Action Date |
| LOCHER RADSON, JOHN | 9432959 | REGISTERED NURSE | LEHIGH ACRES | LEE | FL | 202402743 | ESO ISSUED | 04/26/2024 |

Discipline Cases

No Discipline Found

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|------------------------------|---------|---------------------|--------------|-------|-----------|--------------|
| LOCHER RADSON, JOHN FRANK | 9432959 | REGISTERED NURSE | LEHIGH ACRES | FL | 202402743 | 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.

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.