



MARY MAGNO MOURACADE

License Number: ME65887

Data As Of 7/22/2025

Profession	Medical Doctor
License	ME65887
License Status	Clear/Active
License Expiration Date	1/31/2027
License Original Issue Date	03/11/1994
Address of Record	7981 Gladiolus Drive 7981 GLADIOLUS DRIVE FORT MYERS, FL 33908
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

9400 GLADIOLUS DR STE 200
FT MYERS, FL 33908

[Address](#)

16151 SLATER RD
N FT MYERS, FL 33917

[Address](#)

5340 USEPPA DR
AVE MARIA, FL 34142

[Address](#)

2814 LEE BLVD
LEHIGH ACRES, FL 33971

[Address](#)

16101 N CLEVELAND AVE
N FT MYERS, FL 33903

[Address](#)

5705 LEE BLVD
LEHIGH ACRES, FL 33971

[Address](#)

9134 BONITA BEACH RD SE
BONITA SPRINGS, FL 34135

[Address](#)

4220 EXECUTIVE CIRCLE
FT MYERS, FL 33916

[Address](#)

3046 DEL PRADO BLVD S
CAPE CORAL, FL 33904

[Address](#)

3046 DELPRADO BLVD S
CAPE CORAL, FL 33904

[Address](#)

850 GLADIOLUS DR
FT MYERS, FL 33908

[Address](#)

1315 SE 8TH TERRACE
CAPE CORAL, FL 33990

[Address](#)

3637 DEL PRADO BLVD S
CAPE CORAL, FL 33904

[Address](#)

1320 SE 8TH ST
CAPE CORAL, FL 33990

[Address](#)

6290 Corporate Court #C201
FORT MYERS, FL 33919

[Address](#)

3400 Lee Blvd #112
LEHIGH ACRES, FL 33970

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
ASSOCIATES IN NEPHROLOGY, BUTCHER, CAANT	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	1256	12/29/2008

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

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