



## DALE D TUCKER MD

### License Number: ME76518

Data As Of 1/12/2026

|                                                                                          |                                                     |
|------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Profession                                                                               | Medical Doctor                                      |
| License                                                                                  | ME76518                                             |
| License Status                                                                           | Clear/Active                                        |
| Qualifications                                                                           | Dispensing Practitioner                             |
| License Expiration Date                                                                  | 1/31/2027                                           |
| License Original Issue Date                                                              | 08/18/1998                                          |
| Address of Record                                                                        | 6488 103rd street suite A<br>JACKSONVILLE, FL 32210 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-<br>malignant Pain) | Yes                                                 |
| Discipline on File                                                                       | No                                                  |
| Public Complaint                                                                         | No                                                  |

### Secondary Locations

#### Address

2001 County Road 210  
SAINT JOHNS, FL 32259

#### Address

10503 San Jose Blvd  
JACKSONVILLE, FL 32257

#### Address

858 Monument Road  
JACKSONVILLE, FL 32225

#### Address

6699 Gate Parkway  
JACKSONVILLE, FL 32256

#### Address

7963 Normandy Blvd  
JACKSONVILLE, FL 32221

### 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

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 |
|--------------------------|---------------------------------|---------------------|---------|----------------|
| AMARILLO, SARAH MICHELLE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116772 | 1/19/2023      |

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.