



## TUCKER GREENE MD

### License Number: ME76719

Data As Of 8/24/2025

Profession	Medical Doctor
License	ME76719
License Status	Clear/Active
License Expiration Date	1/31/2026
License Original Issue Date	09/09/1998
Address of Record	21298 OLEAN BLVD PORT CHARLOTTE, FL 33952
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Authorized to Order (Medical and Low-THC Cannabis)	Yes
Discipline on File	Yes
Public Complaint	Yes

### Secondary Locations

#### Address

1260 NE 8TH ST #110  
CAPE CORAL, FL 33909

#### Address

11300 LINDBERGH BLVD SUITE 115  
FORT MYERS, FL 33928

#### Address

3524 TAMiami TR SUITE 105  
PORT CHARLOTTE, FL 33952

#### Address

6101 PINE RIDGE RD  
NAPLES, FL 34119

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
GREENE, TUCKER	76719	MEDICAL DOCTOR	PORT CHARLOTTE	FL	200325629	RESTRICTION SATISFIED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
GREENE, TUCKER	76719	MEDICAL DOCTOR	PORT CHARLOTTE	FL	200325629	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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
LASER LOUNGE SPA	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1567	9/15/2023
LILLE, KEVIN DOUGLAS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101308	6/25/2019
PUELL, JOSE DAVID MD	SUBORDINATE	MEDICAL DOCTOR	111013	4/1/2018

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

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