# EUGENE DANIEL MAHANEY

# License Number: ME78073

Data As Of 9/17/2025		
Profession	Medical Doctor	
License	ME78073	
License Status	Clear/Active	
Qualifications	Dispensing Practitioner	
License Expiration Date	1/31/2026	
License Original Issue Date	05/20/1999	
Address of Record	7964 Summerlin Lakes Drive	
	FORT MYERS	
	FORT MYERS, FL 33907	
Controlled Substance Prescriber	Yes	
(for the Treatment of Chronic Non-		
malignant Pain)		
Discipline on File	No	
Public Complaint	No	

## Secondary Locations

Address 9400 Bonita Beach Road Suite 101 BONITA SPRINGS, FL 34135 Address 1031 SE 9TH Place Suite #5 CAPE CORAL, FL 33990

# **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	License	Effective Date
BROWN, MELYNDA S	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106141	7/21/2021
BROWN, MELYNDA S	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106141	5/21/2019
PAIN MANAGEMENT CONSULTANTS OF SW FLORID	F HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	948	1/5/2009
WITTER, KARLENE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110136	12/13/2021

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

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