Florida HEALTH Department of Health

TRACY LEE HALME

License Number: ME80174

Data As Of 10/30/2026

Profession	Medical Doctor
License	ME80174
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	04/12/2000
Address of Record	4516 N ARMENIA AVE TAMPA, FL 33603
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

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
MARTIN, MARK E	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	2946	10/19/2026
STEFFEN, DIANA MARIE	RADIOLOGIST ASSISTANT	RADIOLOGIST ASSISTANT	33	2/18/2010

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

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Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

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