JOSETTE ANN GRICE

License Number: ME89287

Data As Of 8/15/2025	
Profession	Medical Doctor
License	ME89287
License Status	Clear/Active
License Expiration Date	1/31/2026
License Original Issue Date	12/16/2003
Address of Record	11505 RANGE LAND PARKWAY
	LAKEWOOD RANCH, FL 34211
Controlled Substance Prescriber	Yes
(for the Treatment of Chronic Non-	
malignant Pain)	
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
GREENFIELD, KATHLEEN ALISON	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	2662	6/20/2023
HUBER, AMY CHRISTINE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103707	10/25/2021

				Effective
Name	Relationship	Profession	License	Date
INTERCOASTAL MEDICAL GROUP, INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3895	9/29/2010

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

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