JEFFREY ALAN BUBIS

License Number: OS9446

Data As Of 6/25/2025

Profession Osteopathic Physician

License Status Clear/Active
License Expiration Date 3/31/2026
License Original Issue Date 01/11/2005

Address of Record 4689 US Highway 17

Ste 2-5

FLEMING ISLAND, FL 32003

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

10232 SAN JOSE BLVD JACKSONVILLE, FL 32257

Address

105 Badger Park Dr # 1 - 4 SAINT JOHNS, FL 32259

Address

1658 St Vincents Way Ste 340 MIDDLEBURG, FL 32068

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
INTEGRATED COMMUNITY ONCOLOGY NETWORK LL	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3427	1/22/2010
THIBODEAU, LYNN RAE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107879	9/28/2018

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

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