### **BRETT CHRISTOPHER PUCKETT**

## License Number: ME91111

Data As Of 11/6/2025

Profession Medical Doctor
License ME91111
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026 License Original Issue Date 07/30/2004

Address of Record 2627 RIVERSIDE AVENUE

# 300

Yes

JACKSONVILLE, FL 32204

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# Secondary Locations

#### Address

10475 CENTURION PARKWAY N. Suite 220 JACKSONVILLE, FL 32216

### Address

232 PONTE VEDRA PARK DRIVE PONTE VEDRA, FL 32082

### Address

4565 US Highway 17 Ste 200 FLEMING ISLAND, FL 32003

#### Address

15255 MAX LEGGETT PRKWY Suite 5300 JACKSONVILLE. FL 32218

# 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.

# **Supervising Practitioners**

Name	Relationship	Profession	License	Effective Date
REDMOND, JOHN MICHAEL	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	117442	09/30/2025

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

## **Subordinate Practitioners**

Name	Relationship	Profession	License	Effective Date
HAKIM, FARID ANTOINE	SUBORDINATE	MEDICAL DOCTOR	69963	8/24/2020

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.