TAMIM GHITH

License Number: ME102890

| Data As Of 8/8/2025 | |
|------------------------------------|----------------------|
| Profession | Medical Doctor |
| License | ME102890 |
| License Status | Clear/Active |
| License Expiration Date | 1/31/2027 |
| License Original Issue Date | 09/24/2008 |
| Address of Record | 7981 GLADIOLUS DRIVE |
| | FORT MYERS, FL 33908 |
| Controlled Substance Prescriber | Yes |
| (for the Treatment of Chronic Non- | |
| malignant Pain) | |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

2814 LEE BLVD LEHIGH ACRES, FL 33971 Address 16101 N CLEVELAND AVE N FT MYERS, FL 33903 Address 3046 DEL PRADO BLVD. S. CAPE CORAL, FL 33904 Address 3046 DEL PRADO BLVD S CAPE CORAL, FL 33904 Address 850 GLADIOLUS DR FORT MYERS, FL 33908 Address 9134 BONITA BEACH RD SE BONITA SPRINGS, FL 34135 Address 1315 SE 8TH TERRACE CAPE CORAL, FL 33990 Address 4220 EXECUTIVE CIRCLE FORT MYERS, FL 33916 Address 3637 DEL PRADO BLVD. S. CAPE CORAL, FL 33904 Address 5340 USEPPA DR AVE MARIA, FL 34142 Address 5705 LEE BLVD LEHIGH ACRES, FL 33971 Address 1320 SE 8TH ST.

CAPE CORAL, FL 33990

Address

9400 GLADIOLUS DR SUITE 200

FORT MYERS, FL 33908

Address

16151 SLATER RD NORTH FORT MYERS, FL 33917

Address

3400 Lee Blvd #112

LEHIGH ACRES, FL 33970

Address

12670 New Brittany Blvd #102/103 FORT MYERS, FL 33907

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.

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