TIMOTHY DEVON REPLOGLE II

License Number: ME122640

Data As Of 11/3/2025

Profession Medical Doctor
License ME122640
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027 License Original Issue Date 01/13/2015

Address of Record 7964 Summerlin Lakes Drive FORT MYERS, FL 33907

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

9400 Bonita Beach Rd S #101 BONITA SPRINGS, FL 34135

Address

1031 SE 9th Place Unit 5 CAPE CORAL, FL 33990

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 Corress Way, Bin C01

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
BROWN, MELYNDA S	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106141	5/21/2019
WITTER, KARLENE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110136	12/13/2021

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

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