Florida HEALTH Department of Health

GERALD EDMUND GRUBBS MD

License Number: ME63973

Data As Of 11/20/2026

Profession	Medical Doctor
License	ME63973
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2029
License Original Issue Date	05/12/1993
Address of Record	647 N MacEwen Dr OSPREY, FL 34229
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Authorized to Order (Medical and Low-THC Cannabis)	Yes
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

647 N MacEwen Dr

OSPREY, FL 34229

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
GRUBBS, GERALD EDMUND	63973	MEDICAL DOCTOR	OSPREY	FL	200312232	OBLIGATION(S) SATISFIED
GRUBBS, GERALD EDMUND	63973	MEDICAL DOCTOR	OSPREY	FL	200401599	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
GRUBBS, GERALD EDMUND	63973	MEDICAL DOCTOR	OSPREY	FL	200312232	AC FILED
GRUBBS, GERALD EDMUND	63973	MEDICAL DOCTOR	OSPREY	FL	200401599	AC FILED

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
VASCULAR SPECIALIST OF VENICE AND SARASO	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3954	10/4/2010

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

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