## JEFFREY LAWRENCE KUGLER MD

# License Number: ME64441

Data As Of 8/16/2025

Profession Medical Doctor
License ME64441
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027 License Original Issue Date 07/08/1993

Address of Record 2571 West Eau Gallie Blvd.

Suite 1.

No

MELBOURNE, FL 32935

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

1500 Lakeland Hills Blvd Suite 6 LAKELAND, FL 33805

### Address

1420 St. Lucie West Blvd. PORT SAINT LUCIE, FL 34986

### Address

2965 SE 3rd Court OCALA, FL 34471

## Address

814 N. John Young Parkway KISSIMMEE. FL 34741

## Address

6919 N. Dale Mabry Hwy Suite 325

TAMPA, FL 33614

#### Address

2111 Glenwood Drive WINTER PARK, FL 32792

#### Address

308 Kingsley Lake Drive #802 ST AUGUSTINE, FL 32092

## Address

2047 Palm Beach Lakes Blvd WEST PALM BCH, FL 33409

# Discipline/Admin Action

# **Emergency Actions**

No Emergency Actions Found

## **Discipline Cases**

No Discipline Found

## **Public Complaints**

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
JEFFREY L. KUGLER MD PA	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	695	12/30/2008
KORDBACHEH, JASMINE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109934	9/20/2017

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

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