



## BRETT CHRISTOPHER PUCKETT

### License Number: ME91111

Data As Of 1/11/2026

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|--|--|
| 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<br># 300<br>JACKSONVILLE, FL 32204 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-<br>malignant Pain) | Yes  |
| 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, Box 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      |

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