# MICHAEL THOMAS BRUCE

## License Number: PA9109680

Data As Of 6/12/2025

Profession Physician Assistant

License PA9109680
License Status CLEAR/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 07/27/2016

Address of Record Jacksonville Memorial Hospital

3625 University Blvd South JACKSONVILLE, FL 32216

Controlled Substance Prescriber No.

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# Secondary Locations

#### Address

200 AVENUE F. N.E WINTER HAVEN HOSPITAL

WINTER HAVEN, FL 33881

### Address

11190 HEALTH PARK BLVD. NCH NORTH NAPLES HOSPITAL

NAPLES, FL 34110

### Address

15420 COLLIER BLVD. NCH HEALTHCARE NORTHEAST

NAPLES, FL 34120

#### Address

8383 N. DAVIS HWY WEST FLORIDA HOSPITAL

PENSACOLA, FL 32514

#### Address

350 7TH ST. NORTH NCH BAKER HOSPITAL

NAPLES, FL 34102

### Address

40 S. HEATHWOOD DR. MARCO HEALTHCARE CENTER

MARCO ISLAND, FL 34145

### Address

2001 Kingsley Avenue Orange Park Medical Center

ORANGE PARK, FL 32073

### Address

6477 103RD ST Park West ER JACKSONVILLE, FL 32210-7129

#### Address

9400 W. Highway 98

PENSACOLA, FL 32506

#### Address

2674 Capital Circle SE Tallahassee Medical Center Southwood

TALLAHASSEE, FL 32311

# 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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