



JEFFREY LAWRENCE KUGLER MD

License Number: ME64441

Data As Of 4/30/2026

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. MELBOURNE, FL 32935
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

2047 Palm Beach Lakes Blvd
WEST PALM BCH, FL 33409

[Address](#)

308 Kingsley Lake Drive #802
ST AUGUSTINE, FL 32092

[Address](#)

2111 Glenwood Drive
WINTER PARK, FL 32792

[Address](#)

6919 N. Dale Mabry Hwy Suite 325
TAMPA, FL 33614

[Address](#)

814 N. John Young Parkway
KISSIMMEE, FL 34741

[Address](#)

2965 SE 3rd Court
OCALA, FL 34471

[Address](#)

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

[Address](#)

1500 Lakeland Hills Blvd Suite 6
LAKELAND, FL 33805

[Address](#)

6816 Southpoint Pkwy
JACKSONVILLE, FL 32216

[Address](#)

557 Health Blvd. Suite 100
DAYTONA BEACH, FL 32114

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.

Subordinate Practitioners

Name	Relationship	Profession	Effective License	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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