



JEFFREY LAWRENCE KUGLER MD

License Number: ME64441

Data As Of 1/26/2026

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	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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