



## 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	Effective License	Date
JEFFREY L. KUGLER MD	HCCE PA	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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.