



TUCKER GREENE MD

License Number: ME76719

Data As Of 4/24/2026

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|--|--|
| Profession | Medical Doctor |
| License | ME76719 |
| License Status | Clear/Active |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 09/09/1998 |
| Address of Record | 21298 OLEAN BLVD PORT CHARLOTTE, FL 33952 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Authorized to Order (Medical and Low-THC Cannabis) | Yes |
| Discipline on File | Yes |
| Public Complaint | Yes |

Secondary Locations

[Address](#)

1260 NE 8TH ST #110
CAPE CORAL, FL 33909

[Address](#)

11300 LINDBERGH BLVD SUITE 115
FORT MYERS, FL 33928

[Address](#)

3524 TAMiami TR SUITE 105
PORT CHARLOTTE, FL 33952

[Address](#)

6101 PINE RIDGE RD
NAPLES, FL 34119

[Address](#)

1495 N Park Dr
WESTON, FL 33326

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|----------------|---------|----------------|----------------|-------|-----------|-----------------------|
| GREENE, TUCKER | 76719 | MEDICAL DOCTOR | PORT CHARLOTTE | FL | 200325629 | RESTRICTION SATISFIED |

Public Complaints

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| GREENE, TUCKER | 76719 | MEDICAL DOCTOR | PORT CHARLOTTE | FL | 200325629 | AC FILED |

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 |
|-------------------------|---------------------------------|-----------------------|---------|----------------|
| GREENWALDT, JEWEL | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9118442 | 8/20/2025 |
| LASER LOUNGE SPA | ELECTROLYSIS FACILITIES | ELECTROLYSIS FACILITY | 1567 | 9/15/2023 |
| LILLE, KEVIN DOUGLAS | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9101308 | 6/25/2019 |
| MEDINILLA, OTTO RAUL JR | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106739 | 8/20/2025 |
| PUELL, JOSE DAVID MD | SUBORDINATE | MEDICAL DOCTOR | 111013 | 4/1/2018 |

Click on the License Number to view License Details for that Practitioner

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