## **TUCKER GREENE MD**

## License Number: ME76719

Data As Of 10/23/2025

Profession Medical Doctor
License ME76719
License Status Clear/Active
License Expiration Date 1/31/2026
License Original Issue Date 09/09/1998

Address of Record 21298 OLEAN BLVD

PORT CHARLOTTE, FL 33952

No

Yes

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Authorized to Order (Medical and

Low-THC Cannabis)

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

# Discipline/Admin Action

## **Emergency Actions**

No Emergency Actions Found

## **Discipline Cases**

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

## **Public Complaints**

Name	License	Profession	City	State	Case#	Action Taken
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:

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

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.