



MARK JAMES CUFFE

License Number: ME64345

Profession	Medical Doctor
License Status	DELINQUENT/
Year Began Practicing	07/13/1993
License Expiration Date	01/31/2025
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

MARK JAMES CUFFE
8243 PROCIDA ISLE LANE
WINDERMERE, FL 34786

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
HEALTH CENTRAL	OCOE	FLORIDA
FLORIDA HOSPITAL-CELEBRATION HEALTH	CELEBRATION	FLORIDA
FLORIDA HOSPITAL - ORLANDO	ORLANDO	FLORIDA

Email Address

Please contact at: mjcuffemd@aol.com

Other State Licenses

This practitioner has not indicated any additional state licensures.

Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has indicated that he/she has submitted payment of the assessment.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF FLORIDA	MD	9/1/1984 - 5/30/1987	05/30/1987

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
UNIVERSITY OF FLORIDA	GAINESVILLE	FLORIDA	09/01/1980	05/30/1984	BS - BACHELOR OF SCIENCE

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
UNIVERSITY OF ALABAMA HOSPITAL	INTERNSHIP	GS - SURGERY		BIRMINGHAM	ALABAMA	07/01/1987	06/30/1988
UNIVERSITY OF ALABAMA HOSPITAL	RESIDENCY	NS - NEUROLOGICAL SURGERY		BIRMINGHAM	ALABAMA	07/01/1988	06/30/1993

Academic Appointments

Graduate Medical Education

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
CLINICAL ASSISTANT PROFESSOR	FLORIDA STATE UNIVERSITY SCHOOL OF MEDICINE	TALLAHASSEE	FLORIDA

Specialty Certification

Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification	Date Certified
AMERICAN BOARD OF NEUROLOGICAL SURGERY	NS - NEUROLOGICAL SURGERY	05/29/1996

Financial Responsibility

Financial Responsibility

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), F.S.

Proceedings and Actions

Proceedings & Actions

Criminal Offenses

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

[View Board Actions](#)

Taken By		Date Of Action	Description of Disciplinary Action		Under Appeal
FLORIDA DEPARTMENT OF HEALTH		03/07/2025	SUSPENSION		NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
PRN EVALUATION	3/7/2025			\$ 0.00	\$ 0.00
BOARD RETAINS JURISDICTION	3/7/2025			\$ 0.00	\$ 0.00
COSTS	3/7/2025			\$ 6,943.80	\$ 0.00
REINSTATEMENT APPEARANCE	3/7/2025			\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has *NEVER* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

Liability Claims Exceeding \$100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click [here](#).

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:
Surgical Case Review , Tallahassee Memorial Hospital
TRAUMA CASE-TMH

Professional or Community Service Awards

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
ALPHA OMEGA ALPHA 1987	
PHI BETA KAPPA 1984	
JUNIOR HONORS MEDICAL PROGRAM APPOINTMENT 1982	
RESIDENT CLINICAL SCIENCE AWARD PAPER 1993	AUGUSTUS MCCRAVEY SOUTHERN NEUROLOGICAL SOCIETY

Publications

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
BOOK REVIEW OF MRI OF THE BRAIN AND SPINE	NEUROSURGERY	01/01/1992
CEREBELLOPONTINE ANGLE LIPOMA IN A TEENAGER	PEDIATRIC NEUROLOGY	01/01/1990
DIALYSIS-ASSOCIATED SPONDYLARTHROPATHY. REPORT OF ...	JOURNAL OF NEUROSURGERY	01/01/1994

Professional Web Page

WWW.NEUROSURGERYORLANDO.COM

Languages Other Than English

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.
SPANISH

Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN ASSOACATION OF NEUROLOGICAL SURGEONS
FLORIDA NEUROLOGICAL SOCIETY