MICHAEL ANTHONY MARSH

License Number: ME136521

Data As Of 9/10/2025

Profession Medical Doctor
License ME136521
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026 License Original Issue Date 05/18/2018

Address of Record CCF Pulmonary & Critical Care

Family Healthcare Center of Stuart 3801 S Kanner Highway, Suite 300

STUART, FL 34994

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

No secondary locations found.

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 |
|-------------------------|---------------------------------|---------------------|---------|----------------|
| JONES, NICOLE ELIZABETH | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107406 | 2/6/2020 |
| RAMOS, TIMOTHY | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9110352 | 8/13/2019 |

| Name | Relationship | Profession | License | Effective Date |
|-----------------------|---------------------------------|---------------------|---------|----------------|
| REAMES, AARON MICHAEL | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9110537 | 7/23/2019 |

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.