



MICHELLE DIANE NICELY

License Number: PA9100658

Data As Of 7/6/2025

Profession	Physician Assistant
License	PA9100658
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	12/14/1998
Address of Record	TGH Urgent Care 5464 Lithia Pinecrest Rd LITHIA, FL 33547
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

TGH Urgent Care 3301 W. Gandy Blvd
TAMPA, FL 33611

Address

TGH URgent Care 5504 Gateway Blvd
WESLEY CHAPEL, FL 33544

Address

TGH URGENT CARE 11969 Sheldon Rd
TAMPA, FL 33626

Address

TGH URGENT CARE 4505 GUNN HWY
TAMPA, FL 33624

Address

TGH URGENT CARE 11406 US HWY 301 SOUTH
RIVERVIEW, FL 33578

Address

TGH URGENT CARE 303 W PALM AVE
TAMPA, FL 33602

Address

TGH URGENT CARE 7601 SEMINOLE BLVD
SEMINOLE, FL 33772

Address

TGH URGENT CARE 3251 66TH ST NORTH
SAINT PETERSBURG, FL 33710

Address

TGH URGENT CARE 799 W LUMSDEN RD
BRANDON, FL 33511

Address

TGH URGENT CARE 16521 US HWY 301 SOUTH
SUN CITY CENTER, FL 33573

Address

TGH URGENT CARE 564 CHANNELSIDE DR
TAMPA, FL 33602

Address

TGH URGENT CARE 40545 US HWY 19N UNIT A
TARPON SPRINGS, FL 34689

Address

TGH URGENT CARE 6182 N US HWY 41
APOLLO BEACH, FL 33572

Address

TGH URGENT CARE 4949 4TH ST NORTH
SAINT PETERSBURG, FL 33703

Address

TGH URGENT CARE 13531 STATE ROAD 54
ODESSA, FL 33556

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.

Supervising Practitioners

Name	Relationship	Profession	Effective	
			License	Date
DELIKAT, TERRENCE STANISLAUS	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	8368	05/28/2019

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