Florida HEALTH Department of Health

SHARON MELINDA BRUCE

License Number: PA9102165

Data As Of 10/29/2026

Profession	Physician Assistant
License	PA9102165
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	09/16/2002
Address of Record	16314 NW US Highway 441 ALACHUA, FL 32615
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
542435 US Highway 1
CALLAHAN, FL 32011

Address
2264 NW 43rd Street
GAINESVILLE, FL 32605

Address
1702 Ohio Ave. N
LIVE OAK, FL 32064

Address
9545 S State Road 228
MACCLENNY, FL 32063

Address
5861 Dogwood Drive
MILTON, FL 32570

Address
16 Bahia Avenue Place
OCALA, FL 34472

Address
10251 Sorrento Rd
PENSACOLA, FL 32507

Address
1730 Pat Thomas Parkway
QUINCY, FL 32351

Address
14044 SE 48th Avenue
STARKE, FL 32091

Address
2615 N Monroe St. Suite #1
TALLAHASSEE, FL 32303

Address
524 N. Tyndall Pkwy
CALLAWAY, FL 32404

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	License	Effective Date
CRUZ, VICTOR DAMASO	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	117105	12/18/2024

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

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