ADVANCED CARE PAIN RELIEF CENTER

Advanced care pain relief center

License Number: PMC542

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Data As Of 4/24/2025	
Profession	Pain Management Clinic
License	PMC542
License Status	CLEAR/
License Expiration Date	1/1/0001
License Original Issue Date	02/25/2010
Address of Record	2339 SOUTH US HIGHWAY 1 FORT PIERCE, FL 34982
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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
SHAH, DARSHA N	DESIGNATED PHYSICIAN	MEDICAL DOCTOR	47071	02/25/2010
SHAH, DARSHA N	PAIN MANAGEMENT CLINIC OWNER	MEDICAL DOCTOR	47071	02/25/2010

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

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Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.