



MELISSA NOELLE MARCHAND

License Number: PA9104896

Data As Of 4/20/2026

Profession	Physician Assistant
License	PA9104896
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	01/06/2009
Address of Record	5850 CORAL RIDGE DRIVE SUITE 106 CORAL SPRINGS, FL 33076
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

8393 W Oakland Park Blvd
SUNRISE, FL 33351

Address

1801 W Sample Road Suite 202
DEERFIELD BEACH, FL 33064

Address

9970 N Central Park Blvd Suite 402
BOCA RATON, FL 33428

Address

990 North Federal Highway
POMPANO BEACH, FL 33062

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
ZAHALSKY, MICHAEL PRESTON	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	93599	06/11/2024

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

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