Florida HEALTH Department of Health

DESTINY K SMELLIE

License Number: CNA379262

Data As Of 11/8/2026

Profession	Certified Nursing Assistant
License	CNA379262
License Status	DELINQUENT/
License Expiration Date	5/31/2026
License Original Issue Date	06/28/2019
Address of Record	815 Douglas St LEESBURG, FL 34748
Discipline on File	No
Public Complaint	No
Alerts	Enforcement Alert 11/3/2026 9:44:49 AM 11.3.2026 -Received Order of Emergency Suspension.

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

Name	License	Profession	City	County	State	Case #	Action Taken	Action Date
SMELLIE, DESTINY	379262	CERTIFIED NURSING ASSISTANT	LEESBURG	LAKE	FL	202627320	ESO ISSUED	11/03/2026

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.

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.

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