



SOPHIA SIMONA SALMON

License Number: ME85896

Data As Of 4/23/2026

Profession	Medical Doctor
License	ME85896
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	08/30/2002
Address of Record	12375 South Cleveland Ave MD NOW FORT MYERS, FL 33907
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

2609 Santa Barbara Blvd MDNow
CAPE CORAL, FL 33914

Address

19985 S Tamiami Trail MDNow
ESTERO, FL 33928

Address

313 SW Pine Island Rd MDNow
CAPE CORAL, FL 33991

Address

15165 McGregor Blvd MDNow
FORT MYERS, FL 33908

Address

1120 Homestead Road N MDNow
LEHIGH ACRES, FL 33936

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
HENDRIX, TIMOTHY WAYNE	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	65142	09/25/2021

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BRUNO, MICHAEL DOUGLAS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115793	3/13/2024
CHAN, TONY	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106860	8/13/2025
CHAN, TONY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106860	3/13/2024
CORPUS, DON LAWRENCE	SUBORDINATE	MEDICAL DOCTOR	94488	11/20/2020
CULLOTTA, ANNA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117769	6/19/2024
NEZOWITZ, GREGG DAVID	SUBORDINATE	MEDICAL DOCTOR	75671	6/16/2021
PLEASANTS, TOM ADAIR	SUBORDINATE	OSTEOPATHIC PHYSICIAN	5751	5/20/2021

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

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.

Secondary Locations

Address

2609 Santa Barbara Blvd MDNow
CAPE CORAL, FL 33914

Address

19985 S Tamiami Trail MDNow
ESTERO, FL 33928

Address

313 SW Pine Island Rd MDNow
CAPE CORAL, FL 33991

Address

15165 McGregor Blvd MDNow
FORT MYERS, FL 33908

Address

1120 Homestead Road N MDNow
LEHIGH ACRES, FL 33936

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
HENDRIX, TIMOTHY WAYNE	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	65142	09/25/2021

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BRUNO, MICHAEL DOUGLAS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115793	3/13/2024
CHAN, TONY	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106860	8/13/2025
CHAN, TONY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106860	3/13/2024
CORPUS, DON LAWRENCE	SUBORDINATE	MEDICAL DOCTOR	94488	11/20/2020
CULLOTTA, ANNA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117769	6/19/2024
NEZOWITZ, GREGG DAVID	SUBORDINATE	MEDICAL DOCTOR	75671	6/16/2021
PLEASANTS, TOM ADAIR	SUBORDINATE	OSTEOPATHIC PHYSICIAN	5751	5/20/2021

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

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.