



## NEAL SHAH

### License Number: ME121272

Data As Of 9/10/2025

|  |   |
|--|---|
| Profession   | Medical Doctor                          |
| License  | ME121272                                |
| License Status   | Clear/Active                            |
| Qualifications   | Dispensing Practitioner                 |
| License Expiration Date  | 1/31/2027                               |
| License Original Issue Date  | 08/12/2014                              |
| Address of Record  | 414 W ROBERTSON ST<br>BRANDON, FL 33511 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-<br>malignant Pain) | Yes                                     |
| Discipline on File   | No                                      |
| Public Complaint   | No                                      |

### Secondary Locations

#### Address

26851 Tanic drive suite 102  
WESLEY CHAPEL, FL 33544

#### Address

620 s Macdill ave Suite B  
TAMPA, FL 33609

#### Address

414 W Robertson Street  
BRANDON, FL 33511

#### Address

400 Avenue K  
WINTER HAVEN, FL 33880

#### Address

Suite 201 1417 lakeland  
LAKELAND, FL 33805

#### Address

771 Cypress Village Blvd Sun City Center  
SUN CITY CENTER, FL 33573

### 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.

Subordinate Practitioners

| Name                   | Relationship | Profession                  | License | Effective Date |
|------------------------|--------------|-----------------------------|---------|----------------|
| HISGHMAN, KALEY BROOKE | AA           | ANESTHESIOLOGIST ASSISTANTS | 176     | 10/3/2022      |
| HISGHMAN, KALEY BROOKE | SUBORDINATE  | ANESTHESIOLOGIST ASSISTANTS | 176     | 10/3/2022      |
| MILLER, MELISSA DYANN  | AA           | ANESTHESIOLOGIST ASSISTANTS | 147     | 9/24/2012      |

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

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