SHELLY ANNE BIRCH

License Number: ME141349

Data As Of 8/11/2025		
Profession	Medical Doctor	
License	ME141349	
License Status	Clear/Active	
License Expiration Date	1/31/2027	
License Original Issue Date	06/17/2019	
Address of Record	9580 W Colonial Drive	
	OCOEE, FL 34761	
Controlled Substance Prescriber	No	
(for the Treatment of Chronic Non-		
malignant Pain)		
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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
MARTIN, RICARDO	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106632	12/6/2019
MILLER, KERI LONG	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108344	9/12/2019

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.