



## MICHAEL ANTHONY MELONI JR

### License Number: ME30755

Data As Of 4/21/2026

Profession	Medical Doctor
License	ME30755
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	08/01/1977
Address of Record	Sun City Center Emergency Dept 16504 US 301 WIMAUMA, FL 33598
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

### Secondary Locations

No secondary locations found.

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
MELONI, MICHAEL ANTHONY	30755	MEDICAL DOCTOR	WIMAUMA	FL	199002009	FINE
MELONI, MICHAEL ANTHONY	30755	MEDICAL DOCTOR	WIMAUMA	FL	202011137	OBLIGATION(S) SATISFIED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
MELONI, MICHAEL ANTHONY	30755	MEDICAL DOCTOR	WIMAUMA	FL	202011137	AC FILED

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
GAMBINO, THOMAS PAUL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101287	8/1/2021
JOHNSON, IAN JAMES	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110730	8/1/2021
LEBLANC, JILL ELIZABETH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114533	10/6/2021
MURRAY, INGRID RAFAELA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101723	8/1/2021
NOTMAN, BRITTANY RENEE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107171	9/21/2021
WILSON, JAMES EDWARD PA-C	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102360	7/21/2021

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

No secondary locations found.

## Discipline/Admin Action

### Emergency Actions

No Emergency Actions Found

### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
MELONI, MICHAEL ANTHONY	30755	MEDICAL DOCTOR	WIMAUMA	FL	199002009	FINE
MELONI, MICHAEL ANTHONY	30755	MEDICAL DOCTOR	WIMAUMA	FL	202011137	OBLIGATION(S) SATISFIED

### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
MELONI, MICHAEL ANTHONY	30755	MEDICAL DOCTOR	WIMAUMA	FL	202011137	AC FILED

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
GAMBINO, THOMAS PAUL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101287	8/1/2021

Name	Relationship	Profession	License	Effective Date
JOHNSON, IAN JAMES	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110730	8/1/2021
LEBLANC, JILL ELIZABETH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114533	10/6/2021
MURRAY, INGRID RAFAELA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101723	8/1/2021
NOTMAN, BRITTANY RENEE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107171	9/21/2021
WILSON, JAMES EDWARD PA-C	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102360	7/21/2021

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.