

## **TONY CHAN**

# License Number: PA9106860

Data As Of 11/21/2025

Profession Physician Assistant

License PA9106860
License Status Clear/Active
Qualifications Prescribing

**Dispensing Practitioner** 

License Expiration Date 1/31/2026
License Original Issue Date 09/24/2012

Address of Record 1120 homestead rd n LEHIGH ACRES, FL 33936

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

2609 santa barbara blvd CAPE CORAL, FL 33914

### Address

313 SW Pine Island rd CAPE CORAL, FL 33991

#### Address

19985 S Tamiami Trail ESTERO, FL 33928

## Address

12375 S Cleveland Ave FORT MYERS, FL 33907

#### Address

13005 collier blvd NAPLES, FL 34116

### Address

5616 tuscola blvd

NORTH PORT, FL 34287

# Address

2200 tamiami trail

PORT CHARLOTTE, FL 33948

### Address

960 W sugarland Hwy CLEWISTON, FL 33440

# Discipline/Admin Action

## **Emergency Actions**

No Emergency Actions Found

# **Discipline Cases**

No Discipline Found

# **Public Complaints**

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
BOONE, RICHARD	SUPERVISING DISPENSING PRACTITIONER	OSTEOPATHIC PHYSICIAN	14398	07/16/2021
SALMON, SOPHIA SIMONA	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	85896	08/13/2025
SALMON, SOPHIA SIMONA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	85896	03/13/2024

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

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