FAYE DARLENE BARCLAY-SHELL

License Number: ME106372

Data As Of 9/11/2025

Profession Medical Doctor
License ME106372
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 02/16/2010

Address of Record 12748 Cleveland Avenue FORT MYERS, FL 33907

Controlled Substance Prescriber Yes

(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
ARMSTRONG, MELISSA M	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110073	9/6/2025
ARMSTRONG, MELISSA M	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110073	5/20/2025
THOMAS, SHIRLETTE DEBRA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105819	11/3/2023

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

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