

BRIAN MICHAEL SMITH

License Number: ME122232

Data As Of 11/1/2026

Profession	Medical Doctor
License	ME122232
License Status	Clear/Active
License Expiration Date	1/31/2027
License Original Issue Date	11/20/2014
Address of Record	8340 Collier Blvd. SUITE 405 NAPLES, FL 34114
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

5650 Strand Ct.
NAPLES, FL 34110

Address

730 NW 107th Ave. Suite 100
MIAMI, FL 33172

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
GRANT, LORI C	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102171	10/23/2026
SKIN SOLUTIONS BY ISABELLA LLC	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1569	2/14/2025
SMITH, COURTNEY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110703	2/18/2024

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

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