



## MELISSA M ARMSTRONG

License Number: PA9110073

Data As Of 5/2/2026

Profession	Physician Assistant
License	PA9110073
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	12/14/2016
Address of Record	8065 Marsh Cir LABELLE, FL 34135
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

[Address](#)

1120 Homestead Rd N  
LEHIGH ACRES, FL 33936

[Address](#)

2609 Santa Barbara Blvd  
CAPE CORAL, FL 33914

[Address](#)

13005 Collier Blvd  
NAPLES, FL 34116

[Address](#)

19985 S Tamiami Trail  
ESTERO, FL 33928

[Address](#)

12375 S Cleveland Ave  
FORT MYERS, FL 33907

[Address](#)

15165 McGregor Blvd  
FORT MYERS, FL 33908

[Address](#)

313 SW Pine Island Rd  
CAPE CORAL, FL 33991

[Address](#)

2200 Tamiami Trail  
PORT CHARLOTTE, FL 33948

[Address](#)

5616 Tuscola Blvd  
NORTH PORT, FL 34287

### 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.

## Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
ALI, KHAMEINEI	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	161972	03/22/2024
BARCLAY-SHELL, FAYE DARLENE	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	106372	09/06/2025
BARCLAY-SHELL, FAYE DARLENE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	106372	05/20/2025

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

### Address

1120 Homestead Rd N  
LEHIGH ACRES, FL 33936

### Address

2609 Santa Barbara Blvd  
CAPE CORAL, FL 33914

### Address

13005 Collier Blvd  
NAPLES, FL 34116

### Address

19985 S Tamiami Trail  
ESTERO, FL 33928

### Address

12375 S Cleveland Ave  
FORT MYERS, FL 33907

### Address

15165 McGregor Blvd  
FORT MYERS, FL 33908

### Address

313 SW Pine Island Rd  
CAPE CORAL, FL 33991

### Address

2200 Tamiami Trail  
PORT CHARLOTTE, FL 33948

### Address

5616 Tuscola Blvd

## 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.

## Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
ALI, KHAMEINEI	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	161972	03/22/2024
BARCLAY-SHELL, FAYE DARLENE	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	106372	09/06/2025
BARCLAY-SHELL, FAYE DARLENE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	106372	05/20/2025

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.