



MELISSA M ARMSTRONG

License Number: PA9110073

Data As Of 1/26/2026

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| Professional | Physician Assistant |
| License | PA9110073 |
| License Status | Clear/Active |
| Qualifications | Prescribing Dispensing Practitioner |
| License Expiration Date | 1/31/2026 |
| 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

5616 Tuscola Blvd
NORTH PORT, FL 34287

Address

2200 Tamiami Trail
PORT CHARLOTTE, FL 33948

Address

313 SW Pine Island Rd
CAPE CORAL, FL 33991

Address

15165 McGregor Blvd
FORT MYERS, FL 33908

Address

12375 S Cleveland Ave
FORT MYERS, FL 33907

Address

19985 S Tamiami Trail
ESTERO, FL 33928

Address

13005 Collier Blvd
NAPLES, FL 34116

Address

2609 Santa Barbara Blvd
CAPE CORAL, FL 33914

Address

1120 Homestead Rd N
LEHIGH ACRES, FL 33936

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

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