Florida HEALTH Department of Health

# JUSTIN RAYNE CAPONE

## License Number: PN5186755

*Data As Of 11/8/2026*

| | |
|---|---|
| Profession | Licensed Practical Nurse |
| License | PN5186755 |
| License Status | DELINQUENT/ |
| Qualifications | Single-state License |
| License Expiration Date | 7/31/2025 |
| License Original Issue Date | 03/18/2009 |
| Address of Record | This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595. |
| Address of Record | NOT PRACTICING |
| Discipline on File | No |
| Public Complaint | No |
| Alerts | Enforcement Alert<br>10/27/2026 5:04:32 PM<br>Emergency Suspension Order filed 10/27/2026. |

## Secondary Locations

No secondary locations found.

## Discipline/Admin Action

### Emergency Actions

| Name | License | Profession | City | County | State | Case # | Action Taken | Action Date |
|---|---|---|---|---|---|---|---|---|
| CAPONE, JUSTIN | 5186755 | LICENSED PRACTICAL NURSE | UNKNOWN CITY | PASCO | | 202533823 | ESO ISSUED | 10/27/2026 |

### 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.

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.

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