

# **RYNE LEAST**

# License Number: PA9111471

Data As Of 11/27/2025

Profession Physician Assistant

License PA9111471
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 08/20/2018

Address of Record 1690 Noth Monroe st TALLAHASSEE, FL 32303

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

1660 West Tennessee Street TALLAHASSEE, FL 32308

### Address

1705 East Mahan Drive TALLAHASSEE, FL 32308

#### Address

3401 Capital Circle NE TALLAHASSEE, FL 32308

## Address

1160 Apalachee Parkway TALLAHASSEE, FL 32301

#### Address

2907 Kerry Forest Parkway TALLAHASSEE, FL 32309

## Address

505 Appleyard Drive TALLAHASSEE, FL 32304

## Address

3258 North Monroe Street TALLAHASSEE, FL 32303

# 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
GOFF, LEN HILLMAN MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	46723	03/03/2022

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

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