

RYAN THOMAS HEBDA

License Number: PA9112651

Data As Of 6/9/2025

Profession Physician Assistant

License PA9112651
License Status CLEAR/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 10/01/2019

Address of Record 1250 Pine Ridge Road

Suite 202

NAPLES, FL 34108

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

850 111th Avenue North Physicians Day Surgery

NAPLES, FL 34108

Address

1285 Creekside Blvd Landmark Hospital

NAPLES, FL 34109

Address

8300 Collier Blvd Physicians Regional Medical Center

NAPLES, FL 34114

Address

11161 Health Park Blvd North Collier Hospital

NAPLES, FL 34110

Address

877 11th Avenue North suite 1

NAPLES, FL 34108

Address

850 11th Avenue North

NAPLES, FL 34108

Address

6101 Pine Ridge Road Suite 101

NAPLES, FL 34119

Address

8300 Collier Blvd

NAPLES, FL 34114

Address

1285 Creekside Blvd E

NAPLES, FL 34109

Address

350 7th Street North

NAPLES, FL 34102

Address

11190 Health Park Blvd

NAPLES, FL 34110

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
JOYNER, PATRICK WAKEFIELD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	113882	11/05/2019

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

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