Florida HEALTH Department of Health

REBECCA ANN CAPLES

License Number: PA9120546

Data As Of 10/31/2026

Profession	Physician Assistant
License	PA9120546
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	08/08/2025
Address of Record	19985 S Tamiami Trl ESTERO, FL 33928
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
2609 Santa Barbara Blvd
CAPE CORAL, FL 33914

Address
2200 Tamiami Trail
PORT CHARLOTTE, FL 33948

Address
5616 Tuscola Blvd
NORTH PORT, FL 34287

Address
1120 Homestead Road N
LEHIGH ACRES, FL 33936

Address
13005 Collier Blvd
GOLDEN GATE, FL 34116

Address
12375 S Cleveland Ave
FORT MYERS, FL 33907

Address
313 SW Pine Island Rd
CAPE CORAL, FL 33991

Address
15165 McGregor Blvd
FORT MYERS, FL 33908

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
LINZER, HOWARD	SUPERVISING DISPENSING PRACTITIONER	OSTEOPATHIC PHYSICIAN	7727	05/06/2026
LINZER, HOWARD	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	7727	05/06/2026
STROK, BRANKO MD	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	109549	10/01/2025
STROK, BRANKO MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	109549	08/21/2025

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
2609 Santa Barbara Blvd
CAPE CORAL, FL 33914
Address
2200 Tamiami Trail
PORT CHARLOTTE, FL 33948
Address
5616 Tuscola Blvd
NORTH PORT, FL 34287
Address
1120 Homestead Road N
LEHIGH ACRES, FL 33936
Address
13005 Collier Blvd
GOLDEN GATE, FL 34116
Address
12375 S Cleveland Ave
FORT MYERS, FL 33907
Address
313 SW Pine Island Rd
CAPE CORAL, FL 33991
Address
15165 McGregor Blvd
FORT MYERS, FL 33908

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
LINZER, HOWARD	SUPERVISING DISPENSING PRACTITIONER	OSTEOPATHIC PHYSICIAN	7727	05/06/2026
LINZER, HOWARD	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	7727	05/06/2026
STROK, BRANKO MD	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	109549	10/01/2025
STROK, BRANKO MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	109549	08/21/2025

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.