



## LEN HILLMAN GOFF MD

License Number: ME46723

Data As Of 8/25/2025

|  |   |
|--|---|
| Profession   | Medical Doctor  |
| License  | ME46723   |
| License Status   | Clear/Active  |
| License Expiration Date  | 1/31/2026   |
| License Original Issue Date  | 07/12/1985  |
| Address of Record  | 505 Appleyard Drive<br>PATIENT'S FIRST<br>TALLAHASSEE, FL 32304 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-malignant Pain) | Yes   |
| Discipline on File   | No  |
| Public Complaint   | No  |

## Secondary Locations

### Address

1660 W. TENNESSEE STREET PATIENT'S FIRST  
TALLAHASSEE, FL 32304

### Address

1705 EAST MAHAN DRIVE  
TALLAHASSEE, FL 32308

### Address

2907 KERRY FOREST PARKWAY PATIENT'S FIRST  
TALLAHASSEE, FL 32309

### Address

3401 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308

### Address

3258 NORTH MONROE STREET  
TALLAHASSEE, FL 32303

### Address

1690 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:

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.

Subordinate Practitioners

| Name                         | Relationship                    | Profession          | License | Effective Date |
|------------------------------|---------------------------------|---------------------|---------|----------------|
| CASELS, LEE ALAN             | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT | 9113952 | 6/14/2022      |
| CASELS, LEE ALAN             | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9113952 | 3/10/2022      |
| CRUNK III, WILLIAM           | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9114160 | 5/3/2023       |
| ELLIOTT, BRIANA FINNEY       | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT | 9116867 | 4/10/2023      |
| ELLIOTT, BRIANA FINNEY       | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116867 | 1/31/2023      |
| GUIDA, CATHERINE             | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9119719 | 2/18/2025      |
| KHAWAJA, NAWAL               | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116180 | 3/23/2023      |
| LEAST, RYNE                  | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9111471 | 3/3/2022       |
| PITTMAN, ANNA ELIZABETH CORY | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9108780 | 3/3/2022       |
| SAULTS, KAITLIN BROOKE       | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT | 9115494 | 4/10/2023      |
| SAULTS, KAITLIN BROOKE       | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9115494 | 4/10/2022      |
| WHITE, SAVANA H              | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT | 9115753 | 6/28/2023      |
| WHITE, SAVANA H              | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9115753 | 6/28/2023      |

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