



KRISTEN MARIE REITER

License Number: RN9316275

Data As Of 5/5/2026

Profession	Registered Nurse
License	RN9316275
License Status	Probation/Active
Qualifications	Single-state License
License Expiration Date	7/31/2026
License Original Issue Date	11/03/2010
Address of Record	4816 4816 knights landing PLANT CITY, FL 33565
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
REITER, KRISTEN MARIE	9316275	REGISTERED NURS	PLANT CITY	FL	202425151	PROBATION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
REITER, KRISTEN MARIE	9316275	REGISTERED NURSE	PLANT CITY	FL	202425151	AC FILED

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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