Florida HEALTH Department of Health

KANDICE T SEAY

License Number: MA46596

Data As Of 11/4/2026

Profession	Massage Therapist
License	MA46596
License Status	Obligations/Active
License Expiration Date	8/31/2027
License Original Issue Date	03/30/2006
Address of Record	500 Main St Suite H SAFETY HARBOR, FL 34695
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
SEAY, KANDICE T	46596	MASSAGE THERAPI	SAFETY HARBOR	FL	201505478	OBLIGATION(S) SATISFIED
SEAY, KANDICE T	46596	MASSAGE THERAPI	SAFETY HARBOR	FL	201715841	OBLIGATION(S) SATISFIED
SEAY, KANDICE T	46596	MASSAGE THERAPI	SAFETY HARBOR	FL	201929693	SUSPENSION SATISFIED
SEAY, KANDICE T	46596	MASSAGE THERAPI	SAFETY HARBOR	FL	202503898	OBLIGATIONS IMPOSED
SEAY, KANDICE T	46596	MASSAGE THERAPI	SAFETY HARBOR	FL	202518679	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
SEAY, KANDICE T	46596	MASSAGE THERAPIST	SAFETY HARBOR	FL	202503898	AC FILED
SEAY, KANDICE T	46596	MASSAGE THERAPIST	SAFETY HARBOR	FL	201715841	AC FILED
SEAY, KANDICE T	46596	MASSAGE THERAPIST	SAFETY HARBOR	FL	202518679	AC FILED
SEAY, KANDICE T	46596	MASSAGE THERAPIST	SAFETY HARBOR	FL	201505478	AC FILED
SEAY, KANDICE T	46596	MASSAGE THERAPIST	SAFETY HARBOR	FL	201929693	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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
REJUVENATE SALON AND SPAS, INC - REGENCY	ESTABLISHMENT	MASSAGE ESTABLISHMENT	43908	11/14/2025

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.

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