



## RUIFEN REN

License Number: MA78856

Data As Of 2/5/2025

Profession: Massage Therapist  
 License: MA78856  
 License Status: EMERG SUSPENS/  
 License Expiration Date: 8/31/2025  
 License Original Issue Date: 04/30/2015  
 Address of Record: 1975 e edgewood dr  
 LAKELAND, FL 33803  
 Discipline on File: No  
 Public Complaint: Yes  
 Alerts: Enforcement Alert  
 1/7/2025 2:45:03 PM  
 Emergency Suspension Order filed 01/07/2025.

### Secondary Locations

No secondary locations found.

### Discipline/Admin Action

#### Emergency Actions

| Name        | License | Profession        | City     | County | State | Case #    | Action Taken | Action Date |
|-------------|---------|-------------------|----------|--------|-------|-----------|--------------|-------------|
| REN, RUIFEN | 78856   | MASSAGE THERAPIST | LAKELAND | POLK   | FL    | 202447149 | ESO ISSUED   | 01/07/2025  |

#### Discipline Cases

No Discipline Found

#### Public Complaints

| Name        | License | Profession        | City     | State | Case #    | Action Taken |
|-------------|---------|-------------------|----------|-------|-----------|--------------|
| REN, RUIFEN | 78856   | MASSAGE THERAPIST | LAKELAND | FL    | 202447149 | 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 |
|-----------------------|---------------|-----------------------|---------|----------------|
| TOP OASIS MASSAGE INC | ESTABLISHMENT | MASSAGE ESTABLISHMENT |         | 9/14/2024      |
| TOP OASIS SPA INC     | ESTABLISHMENT | MASSAGE ESTABLISHMENT | 43280   | 8/29/2022      |

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

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