



KELLY LYNN LARREA

License Number: PA2679

Data As Of 4/24/2026

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|--|---|
| Profession | Physician Assistant |
| License | PA2679 |
| License Status | Clear/Active |
| Qualifications | Prescribing |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 10/05/1993 |
| Address of Record | 160 Lake Howard Dr SW WINTER HAVEN, FL 33881 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| 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 |
|--------------------|---------|-----------------|--------------|-------|-----------|------------------------------|
| LARREA, KELLY LYNN | 2679 | PHYSICIAN ASSIS | WINTER HAVEN | FL | 199410847 | DISCIPLINARY CITATION ISSUED |
| LARREA, KELLY LYNN | 2679 | PHYSICIAN ASSIS | WINTER HAVEN | FL | 202118501 | OBLIGATION(S) SATISFIED |

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|--------------------|---------|---------------------|--------------|-------|-----------|--------------|
| LARREA, KELLY LYNN | 2679 | PHYSICIAN ASSISTANT | WINTER HAVEN | FL | 202118501 | 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.

Supervising Practitioners

| Name | Relationship | Profession | License | Effective Date |
|----------------------------|--------------------------------------|----------------|---------|----------------|
| BRADFIELD, JOSEPH JOHN | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 66438 | 07/24/2018 |
| BROOKER, CHARLES RONALD MD | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 75946 | 07/24/2018 |
| LYLE, GEORGE DEWEY DR | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 64521 | 07/24/2018 |
| MERRITT, ROBERT MARTIN MD | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 81383 | 07/24/2018 |
| STUART, MICHAEL M | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 112526 | 07/24/2018 |

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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