



RYNE LEAST

License Number: PA9111471

Data As Of 4/12/2025

Profession	Physician Assistant
License	PA9111471
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	08/20/2018
Address of Record	1690 Noth Monroe st TALLAHASSEE, FL 32303
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1660 West Tennessee Street
TALLAHASSEE, FL 32308

Address

1705 East Mahan Drive
TALLAHASSEE, FL 32308

Address

3401 Capital Circle NE
TALLAHASSEE, FL 32308

Address

1160 Apalachee Parkway
TALLAHASSEE, FL 32301

Address

2907 Kerry Forest Parkway
TALLAHASSEE, FL 32309

Address

505 Appleyard Drive
TALLAHASSEE, FL 32304

Address

3258 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:
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
GOFF, LEN HILLMAN MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	46723	03/03/2022

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.