

CHRISTINE RENEE LYNCH

License Number: PA9115860

Data As Of 9/22/2026

Profession	Physician Assistant
License	PA9115860
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	04/07/2022
Address of Record	5000 OKEECHOBEE ROAD SUITE C FORT PIERCE, FL 34947
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1150 US Hwy 1
VERO BEACH, FL 32960

Address

640 21st Street
VERO BEACH, FL 32960

Address

10650 SW Tradition Pkwy
PORT SAINT LUCIE, FL 34987

Address

1801 NE Jensen Beach Blvd
JENSEN BEACH, FL 34957

Address

1730 SW Saint Lucie West Blvd
PORT SAINT LUCIE, FL 34986

Address

4007 SW Port St. Lucie Blvd
PORT SAINT LUCIE, FL 34953

Address

1900 SE Port St. Lucie Blvd
PORT SAINT LUCIE, FL 34952

Address

5550 South US Hwy 1
FORT PIERCE, FL 34982

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
RAKHMANINA, IRINA EDUARDOVNA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	157323	11/15/2023

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.

Secondary Locations

Address

1150 US Hwy 1
VERO BEACH, FL 32960

Address

640 21st Street
VERO BEACH, FL 32960

Address

10650 SW Tradition Pkwy
PORT SAINT LUCIE, FL 34987

Address

1801 NE Jensen Beach Blvd
JENSEN BEACH, FL 34957

Address

1730 SW Saint Lucie West Blvd
PORT SAINT LUCIE, FL 34986

Address

4007 SW Port St. Lucie Blvd
PORT SAINT LUCIE, FL 34953

Address

1900 SE Port St. Lucie Blvd
PORT SAINT LUCIE, FL 34952

Address

5550 South US Hwy 1
FORT PIERCE, FL 34982

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
RAKHMANINA, IRINA EDUARDOVNA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	157323	11/15/2023

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.