



REBECCA KAITLIN DOUGLAS

License Number: PA9116143

Data As Of 1/10/2026

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| Professional | Physician Assistant |
| License | PA9116143 |
| License Status | Clear/Active |
| Qualifications | Prescribing Dispensing Practitioner |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 07/05/2022 |
| Address of Record | 2615 N. Monroe Street Suite #1 TALLAHASSEE, FL 32303 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | Yes |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

1702 Ohio Ave. N
LIVE OAK, FL 32064

Address

5861 Dogwood Drive
MILTON, FL 32570

Address

14044 SE 48th Avenue
STARKE, FL 32091

Address

2261 Northwest 43rd Street
GAINESVILLE, FL 32605

Address

16314 Northwest US Highway 441
ALACHUA, FL 32615

Address

19545 S State Road 228
MACCLENNY, FL 32063

Address

542435 US Highway 1
CALLAHAN, FL 32011

Address

1730 Pat Thomas Parkway
QUINCY, FL 32351-8681

Address

16 Bahia Avenue Place
OCALA, FL 34472

Address

10251 Sorrento Rd
PENSACOLA, FL 32507

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 |
|--------------------------|--------------------------------------|----------------|---------|----------------|
| LEE, MATTHEW CHRISTOPHER | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 112458 | 05/20/2024 |
| LEE, MATTHEW CHRISTOPHER | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 112458 | 08/01/2022 |
| PARK, THOMAS MATTHEW | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 85708 | 05/23/2024 |
| PARK, THOMAS MATTHEW | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 85708 | 08/02/2022 |
| PATEL, NICK ROHIT | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 113883 | 05/26/2025 |

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

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