



## KRISTINE A RYNN

### License Number: PA9101505

Data As Of 1/12/2026

Profession	Physician Assistant
License	PA9101505
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	01/16/2001
Address of Record	100 Arricola Avenue ST. AUGUSTINE, FL 32080
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

1542 Kingsley Ave ste. 146  
ORANGE PARK, FL 32073

#### Address

810 NW 16th Ave  
GAINESVILLE, FL 32601

#### Address

700 Sterthaus Drive  
ORMOND BEACH, FL 32174

#### Address

467 North Street Ste A&B  
GREEN COVE SPRINGS, FL 32043

#### Address

925 N. Stone Street  
DELAND, FL 32720

#### Address

461 E. Ten Mile Rd  
PENSACOLA, FL 32534

#### Address

729 Beville Rd  
S DAYTONA, FL 32119

#### Address

2984 S. Ridgewood Ave Ste. 5  
EDGEWATER, FL 32141

#### Address

308 N. 2nd Street  
FLAGLER BEACH, FL 32136

#### Address

7109 NW 11th Place Ste. D  
GAINESVILLE, FL 32605

#### Address

3232 15th Street East  
PANAMA CITY, FL 32405

#### Address

747 Fawn Ridge Dr. Ste. 200  
ORANGE CITY, FL 32763

[Address](#)

406-B Palmetto Street  
NEW SMYRNA BEACH, FL 32168

[Address](#)

8011 Merrill Rd Ste 10  
JACKSONVILLE, FL 32277

[Address](#)

245 N. Causeway  
NEW SMYRNA BEACH, FL 32169

[Address](#)

1375 Cassat Ave  
JACKSONVILLE, FL 32205

[Address](#)

1737 N. Clyde Morris Blvd Ste 150  
DAYTONA BEACH, FL 32117

[Address](#)

1114 SR 20 #300  
JACKSONVILLE, FL 32210

[Address](#)

167 Palencia Village Dr. Ste 101  
SAINT AUGUSTINE, FL 32095

[Address](#)

4542 Alba Street  
PACE, FL 32571

[Address](#)

1500 Beville Rd Ste 105  
DAYTONA BEACH, FL 32114

[Address](#)

7109 NW 11th Place Ste E  
GAINESVILLE, FL 32605

[Address](#)

106 N Old Kings Rd Ste B  
ORMOND BEACH, FL 32174

[Address](#)

2 McCormick Drive  
PALM COAST, FL 32137

[Address](#)

200 Mission Rd Ste 101  
PALATKA, FL 32177

[Address](#)

811 N. Summit Street  
CRESCENT CITY, FL 32112

[Address](#)

21 Hospital Dr. Ste 240  
PALM COAST, FL 32164

[Address](#)

927 N. Spring Garden Ave  
DELAND, FL 32720

[Address](#)

1037 W. US Hwy 90 Ste 130  
LAKE CITY, FL 32055

[Address](#)

410 Jacksonville Drive  
JACKSONVILLE, FL 32250

[Address](#)

507 N. Navy Blvd

PENSACOLA, FL 32507

[Address](#)

2101 Northside Dr. Ste. 601

PANAMA CITY, FL 32405

[Address](#)

1301 Plantation Island Dr. Ste. 106A

SAINT AUGUSTINE, FL 32080

[Address](#)

11565 N. Main Street ste. 228

JACKSONVILLE, FL 32218

[Address](#)

100 Arricola Avenue

SAINT AUGUSTINE, FL 32080

[Address](#)

264-A Palm Coast Pkwy NE Island Doctors

PALM COAST, FL 32137

[Address](#)

407 N. Street Island Doctors

GREEN COVE SPRINGS, FL 32043

[Address](#)

2460 Old Moultrie Rd. Island Doctors

ST AUGUSTINE, FL 32086

[Address](#)

199 U.S. Hwy 17 South Island Doctors

EAST PALATKA, FL 32131

[Address](#)

1114 S.R. 20 Ste 300 Island Doctors

INTERLACHEN, FL 32148

[Address](#)

921 North Summit Street Island Doctors

CRESCENT CITY, FL 32112

[Address](#)

9965 San Jose Blvd Ste. 22

JACKSONVILLE, FL 32257

## 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
SEGAL, RADU ADRIAN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	124277	11/12/2025

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

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