



## LEANN LESSL FOX

### License Number: ME66278

Data As Of 6/21/2025

Profession	Medical Doctor
License	ME66278
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	05/23/1994
Address of Record	2 SHIRCLIFF WAY SUITE 800 JACKSONVILLE, FL 32204
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

1658 St Vincent's Way Suite 230  
MIDDLEBURG, FL 32068

#### Address

2370 Market Drive  
FLEMING ISLAND, FL 32003

#### Address

2 Shircliff Way Mary Virginia Terry Cancer Center  
JACKSONVILLE, FL 32204

#### Address

159 North 3rd Street Suite E  
MACCLENNY, FL 32063

#### Address

725 Skymarks Drive Suite 10-1  
JACKSONVILLE, FL 32218

### 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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
DODANI, NAIMISHA P	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102067	10/12/2017
DODANI, NAIMISHA P	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102067	10/2/2017

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

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