



BENJAMIN JOSEPH KRAVITZ

License Number: PA9107997

Data As Of 6/12/2025

Profession	Physician Assistant
License	PA9107997
License Status	DELINQUENT/
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2024
License Original Issue Date	06/23/2014
Address of Record	Patients First 3446 Thomasville Rd TALLAHASSEE, FL 32309
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1205 Patient First East Mahan Drive
TALLAHASSEE, FL 32308

Address

3258 North Monroe Street
TALLAHASSEE, FL 32303

Address

1660 W Tennessee St
TALLAHASSEE, FL 32304

Address

1690 North Monroe St
TALLAHASSEE, FL 32303

Address

2907 Kerry Forest Parkway
TALLAHASSEE, FL 32309

Address

505 Appleyard Drive
TALLAHASSEE, FL 32304

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

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.

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