



LYSA THERESA DIGGINS

License Number: PA9111574

Data As Of 12/2/2024

Profession	Physician Assistant
License	PA9111574
License Status	CLEAR/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	09/12/2018
Address of Record	9035 Pines Blvd. Fastmed/ CareSpot Express Healthcare PEMBROKE PINES, FL 33024
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

1611 South Federal Hwy CareSpot Express Healthcare
POMPANO BEACH, FL 33062

[Address](#)

10251 West Commercial Blvd CareSpot Express Healthcare
SUNRISE, FL 33351

[Address](#)

784 SE Prima Vista Blvd CareSpot Express Healthcare
PORT SAINT LUCIE, FL 34952

[Address](#)

1820 58th Ave CareSpot Express Healthcare
VERO BEACH, FL 32966

[Address](#)

129 State Road 7 Suite 401 CareSpot Express HealthCare
ROYAL PLM BEACH, FL 33414

[Address](#)

18706 NW 67th Avenue CareSpot Express Healthcare
HIALEAH, FL 33015

[Address](#)

1205 North University Drive CareSpot Express Healthcare
CORAL SPRINGS, FL 33071

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
MCKREITH, TRACEY ALICIA	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	116119	11/25/2020

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

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