



## LYSA THERESA DIGGINS

License Number: PA9111574

Data As Of 12/17/2025

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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