

LYSA THERESA DIGGINS

License Number: PA9111574

Data As Of 10/30/2025

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)

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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