

RYNE LEAST

License Number: PA9111471

Data As Of 10/24/2025

Profession Physician Assistant

License PA9111471
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 08/20/2018

Address of Record 1690 Noth Monroe st TALLAHASSEE, FL 32303

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

1660 West Tennessee Street TALLAHASSEE, FL 32308

Address

1705 East Mahan Drive TALLAHASSEE, FL 32308

Address

3401 Capital Circle NE TALLAHASSEE, FL 32308

Address

1160 Apalachee Parkway TALLAHASSEE, FL 32301

Address

2907 Kerry Forest Parkway TALLAHASSEE, FL 32309

Address

505 Appleyard Drive TALLAHASSEE, FL 32304

Address

3258 North Monroe Street TALLAHASSEE, FL 32303

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
GOFF, LEN HILLMAN MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	46723	03/03/2022

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

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