

## LEE ALAN CASSELS

## License Number: PA9113952

Data As Of 10/24/2025

Profession Physician Assistant

License PA9113952
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

License Expiration Date 1/31/2026 License Original Issue Date 01/12/2021

Address of Record 1690 N 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

3652 Mahan Dr

TALLAHASSEE, FL 32308

### Address

505 Appleyard Drive Patients First

TALLAHASSEE, FL 32304

### Address

1705 East Mahan Drive Patients First-Mahan

TALLAHASSEE, FL 32308

## Address

3258 North Monroe Street Patients First North Monroe

TALLAHASSEE, FL 32308

#### Address

1660 West Tennessee Street Patients First Tennessee Street

TALLAHASSEE, FL 32304

### Address

3446 Thomasville Rd Patients First Thomasville Road

TALLAHASSEE, FL 32309

## Address

2351 Crawfordville Hwy Patients First Crawfordville

CRAWFORDVILLE, FL 32327

# 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 DISPENSING PRACTITIONER	MEDICAL DOCTOR	46723	06/14/2022
GOFF, LEN HILLMAN MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	46723	03/10/2022

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

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