



## LEE ALAN CASSELS

### License Number: PA9113952

Data As Of 1/26/2026

Profession	Physician Assistant
License	PA9113952
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	01/12/2021
Address of Record	1690 N Monroe St TALLAHASSEE, FL 32303
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
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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