



## REBECCA KAITLIN DOUGLAS

License Number: PA9116143

Data As Of 9/9/2025

Profession	Physician Assistant
License	PA9116143
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	07/05/2022
Address of Record	2615 N. Monroe Street Suite #1 TALLAHASSEE, FL 32303
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

1702 Ohio Ave. N  
LIVE OAK, FL 32064

### Address

5861 Dogwood Drive  
MILTON, FL 32570

### Address

14044 SE 48th Avenue  
STARKE, FL 32091

### Address

2261 Northwest 43rd Street  
GAINESVILLE, FL 32605

### Address

16314 Northwest US Highway 441  
ALACHUA, FL 32615

### Address

19545 S State Road 228  
MACCLENNY, FL 32063

### Address

542435 US Highway 1  
CALLAHAN, FL 32011

### Address

1730 Pat Thomas Parkway  
QUINCY, FL 32351-8681

### Address

16 Bahia Avenue Place  
OCALA, FL 34472

### Address

10251 Sorrento Rd  
PENSACOLA, FL 32507

## 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
LEE, MATTHEW CHRISTOPHER	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	112458	05/20/2024
LEE, MATTHEW CHRISTOPHER	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	112458	08/01/2022
PARK, THOMAS MATTHEW	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	85708	05/23/2024
PARK, THOMAS MATTHEW	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	85708	08/02/2022
PATEL, NICK ROHIT	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	113883	05/26/2025

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

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