



## REKHA ISSAR

### License Number: ME86633

Data As Of 12/2/2024

Profession	Medical Doctor
License	ME86633
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	12/13/2002
Address of Record	3810 SOUTH FLORIDA AVE. Suite 120 LAKELAND, FL 33813
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Authorized to Order (Medical and Low-THC Cannabis)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

4435 US HWY 98 N  
LAKELAND, FL 33809

### 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.

### Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
JEAN, WILLIAMSON	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113379	8/10/2023
JEAN, WILLIAMSON	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113379	8/10/2023

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

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