



NORTH FLORIDA PHARMACY OF CHIEFLAND, INC.

License Number: PH18651

Data As Of 1/11/2026

Profession	Pharmacy
License	PH18651
License Status	Clear/
Qualifications	Community Pharmacy Schedule II & III
License Expiration Date	2/28/2027
License Original Issue Date	07/12/2002
Address of Record	1100 N YOUNG BLVD CHIEFLAND, FL 32626
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

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	Effective License Date
KATWARU, RAMPRATAP	RX DPT MGR/COR/POR	PHARMACIST	50262 08/01/2025
MIDDLETON, JAMES SCOTT	PHARMACY AFFILIATE	PHARMACY AFFILIATE	03/08/2012
NORTH FLORIDA PHARMACY, INC	PHARMACY CORPORATE ENTITY	PHARMACY ADMINISTRATOR ACCOUNT	02/29/2012

Name	Relationship	Profession	Effective License Date
ROSENFELD, JOEL ERIC	PHARMACY AFFILIATE	PHARMACY AFFILIATE	03/08/2012

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

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