



## GILBERT N WEISE JR

### License Number: PS23567

Data As Of 7/7/2025

Profession Pharmacist  
License PS23567  
License Status DELINQUENT/  
License Expiration Date 9/30/2023  
License Original Issue Date 11/16/1987  
Address of Record 4343 COLONIAL AVE  
JACKSONVILLE, FL 32210  
Discipline on File Yes  
Public Complaint Yes  
Alerts Enforcement Alert  
2/16/2022 12:27:41 PM  
Emergency Suspension Order filed 02/16/2022.

### Secondary Locations

No secondary locations found.

### Discipline/Admin Action

#### Emergency Actions

| Name           | License | Profession | City         | County | State | Case #    | Action Taken | Action Date |
|----------------|---------|------------|--------------|--------|-------|-----------|--------------|-------------|
| WEISE, GILBERT | 23567   | PHARMACIST | JACKSONVILLE | DUVAL  | FL    | 202124547 | ESO ISSUED   | 02/16/2022  |

#### Discipline Cases

| Name             | License | Profession | City         | State | Case #    | Action Taken        |
|------------------|---------|------------|--------------|-------|-----------|---------------------|
| WEISE, GILBERT N | 23567   | PHARMACIST | JACKSONVILLE | FL    | 199800342 | FINE                |
| WEISE, GILBERT N | 23567   | PHARMACIST | JACKSONVILLE | FL    | 200326675 | OBLIGATIONS IMPOSED |

#### Public Complaints

| Name             | License | Profession | City         | State | Case #    | Action Taken |
|------------------|---------|------------|--------------|-------|-----------|--------------|
| WEISE, GILBERT N | 23567   | PHARMACIST | JACKSONVILLE | FL    | 200326675 | AC FILED     |
| WEISE, GILBERT N | 23567   | PHARMACIST | JACKSONVILLE | FL    | 202124547 | AC FILED     |

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.

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