



HOLIDAY CVS, L.L.C.

CVS/PHARMACY #05227

License Number: PH20571

Data As Of 8/22/2025

Profession	Pharmacy
License	PH20571
License Status	Clear/
Qualifications	Community Pharmacy Schedule II & III
License Expiration Date	2/28/2027
License Original Issue Date	07/30/2004
Address of Record	14355 W NEWBERRY ROAD JONESVILLE, FL 32669-2848
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
CIMBRON, LINDA M	PHARMACY AFFILIATE	PHARMACY AFFILIATE	01/30/2012
DENALE, CAROL A	PHARMACY AFFILIATE	PHARMACY AFFILIATE	01/30/2012

Name	Relationship	Profession	Effective License	Date
HOLIDAY CVS, LLC	PHARMACY CORPORATE ENTITY	PHARMACY ADMINISTRATOR ACCOUNT		01/30/2012
MOFFATT, THOMAS S	PHARMACY AFFILIATE	PHARMACY AFFILIATE		01/30/2012
NULMAN, MICHAEL B	PHARMACY AFFILIATE	PHARMACY AFFILIATE		01/30/2012
SHERWOOD, MICHAEL ADAM	RX DPT MGR/COR/POR	PHARMACIST	53545	09/09/2024
ST ANGELO, MELANIE K	PHARMACY AFFILIATE	PHARMACY AFFILIATE		01/30/2012

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.