



## KIMBERLY FRANCES MIRE

License Number: PS24967

Data As Of 4/21/2026

Profession	Pharmacist
License	PS24967
License Status	Clear/Active
Qualifications	Certified To Administer Immunizations Collaborative Practice Certification Test and Treat Certification
License Expiration Date	9/30/2027
License Original Issue Date	08/28/1989
Address of Record	8337 Southpark circle ORLANDO, FL 32819
Discipline on File	Yes
Public Complaint	No

### Secondary Locations

No secondary locations found.

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
MIRE, KIMBERLY F	24967	PHARMACIST	ORLANDO	FL	200315920	OBLIGATIONS IMPOSED

#### 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
MIRE, KIMBERLY	PHARMACISTSUBORDINATE	CONSULTANT PHARMACIST	8288	11/1/2018

Name	Relationship	Profession	License	Effective Date
WAL-MART STORES EAST LP	PDM/CORSUBORDINATE	PHARMACY	25699	1/30/2013

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

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