Florida HEALTH Department of Health

TAMPA FAMILY HEALTH CENTERS, INC.

Tampa Family HC Pharmacy-W. Waters

License Number: PH22619

Data As Of 10/29/2026

Profession	Pharmacy
License	PH22619
License Status	Clear/
Qualifications	Community Pharmacy Schedule II & III
License Expiration Date	2/28/2027
License Original Issue Date	03/21/2007
Address of Record	8213 W. WATERS AVENUE TAMPA, FL 33615
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

8213 W waters ave
TAMPA, FL 33615

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	License	Effective Date
BOTTOMS, CHARLES R	PHARMACY AFFILIATE	PHARMACY AFFILIATE		05/30/2012

Name	Relationship	Profession	License	Effective Date
OQUENDO, JUAN L MBA	RX DPT MGR/COR/POR	PHARMACIST	36173	05/18/2026
TAMPA FAMILY HEALTH CENTERS, INC.	PHARMACY CORPORATE ENTITY	PHARMACY ADMINISTRATOR ACCOUNT		05/16/2012

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

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