## MY COMMUNITY PHARMACY, LLC

#### License Number: PH24114

Data As Of 4/24/2025

Profession Pharmacy
License PH24114
License Status CLEAR/

Qualifications Schedule II & III

Community Pharmacy

License Expiration Date 2/28/2027

License Original Issue

06/12/2009

Date

Address of Record 2615 South State Road 7

SUITE B530

WELLINGTON, FL 33414

Discipline on File No
Public Complaint Yes

# **Secondary Locations**

No secondary locations found.

## Discipline/Admin Action

### **Emergency Actions**

No Emergency Actions Found

### **Discipline Cases**

No Discipline Found

## **Public Complaints**

| Name                          | License | Profession | City       | State | Case#     | Action Taken |
|-------------------------------|---------|------------|------------|-------|-----------|--------------|
| MY COMMUNITY<br>PHARMACY, LLC | 24114   | PHARMACY   | WELLINGTON | FL    | 202445470 | 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.

# **Supervising Practitioners**

| Name            | Relationship       | Profession | License | Effective Date |
|-----------------|--------------------|------------|---------|----------------|
| DAGAN, ORNA LEA | RX DPT MGR/COR/POR | PHARMACIST | 40102   | 10/16/2022     |

| Name              | Relationship       | Profession         | License | Effective Date |
|-------------------|--------------------|--------------------|---------|----------------|
| MEIER, JOHHNY H   | PHARMACY AFFILIATE | PHARMACY AFFILIATE |         | 06/20/2012     |
| PATEL, RAMKRISHNA | PHARMACY AFFILIATE | PHARMACY AFFILIATE |         | 06/20/2012     |
| RABIEIFAR, MEROEH | PHARMACY AFFILIATE | PHARMACY AFFILIATE |         | 06/20/2012     |

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

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