### MEDICA PHARMACY AND COMPOUNDING

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### License Number: PH28460

Data As Of 8/4/2025

Profession Pharmacy License PH28460

License Status Disc Relinquish/
Qualifications Community Pharmacy

License Expiration Date 2/28/2021 License Original Issue Date 08/27/2014

Address of Record If further information is needed, please contact the Department of Health at (850) 488-

0595.

Discipline on File Yes
Public Complaint Yes

# **Secondary Locations**

Address

645 W. Hallandale Beach Blvd. STE 107 HALLANDALE BEACH, FL 33009

## Discipline/Admin Action

### **Emergency Actions**

No Emergency Actions Found

### **Discipline Cases**

Name	License	Profession	City	State	Case#	Action Taken
MEDICA PHARMACY AND COMPOUNDING	28460	PHARMACY	HALLANDALE BEACH	FL	201824004	VOLUNTARY SURRENDER
MEDICA PHARMACY AND COMPOUNDING	28460	PHARMACY	HALLANDALE BEACH	FL	202008912	VOLUNTARY SURRENDER

### **Public Complaints**

Name	License	Profession	City	State	Case #	Action Taken
MEDICA PHARMACY AND COMPOUNDING	28460	PHARMACY	HALLANDALE BEACH	FL	201824004	AC FILED
MEDICA PHARMACY AND COMPOUNDING	28460	PHARMACY	HALLANDALE BEACH	FL	201824004	AC FILED
MEDICA PHARMACY AND COMPOUNDING	28460	PHARMACY	HALLANDALE BEACH	FL	202008912	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.

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.