GENOA HEALTHCARE LLC.

GENOA HEALTHCARE, LLC

License Number: PH29213

Data As Of 5/10/2025

Profession Pharmacy
License PH29213
License Status CLEAR/

Qualifications Community Pharmacy

Schedule II & III

License Expiration Date 2/28/2027

License Original Issue

07/01/2015

Date
Address of Record

4300 SW 13TH STREET

Room 27

NOUIII 21

GAINESVILLE, FL 32608

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	License	Effective Date
FENWICK, SARAH	PHARMACY AFFILIATE	PHARMACY AFFILIATE		05/05/2017
FIGUEROA, JOHN	PHARMACY AFFILIATE	PHARMACY AFFILIATE		03/13/2015

Name	Relationship	Profession	License	Effective Date
SHOLOM, JACQUELINE ALINA	RX DPT MGR/COR/POR	PHARMACIST	55966	07/30/2024
VUCUREVICH, DAVID	PHARMACY AFFILIATE	PHARMACY AFFILIATE		03/13/2015

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

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