



HEIDI S LOHSE

License Number: PS34048

Data As Of 6/19/2025

Profession	Pharmacist
License	PS34048
License Status	Obligations/Active
Qualifications	Certified To Administer Immunizations
License Expiration Date	9/30/2025
License Original Issue Date	04/15/1999
Address of Record	1112 SW FOREST HILL COVE PORT ST LUCIE, FL 34986
Discipline on File	Yes
Public Complaint	Yes

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
LOHSE, HEIDI S	34048	PHARMACIST	PORT ST LUCIE	FL	202032173	SUSPENSION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
LOHSE, HEIDI S	34048	PHARMACIST	PORT ST LUCIE	FL	202032173	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.

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