JOSEPH O AFOLABI

License Number: PS34624

Data As Of 8/21/2025

Profession Pharmacist
License PS34624
License Status Clear/Active

Qualifications Test and Treat Certification

Certified To Administer Immunizations

License Expiration Date

License Original Issue

Dete

02/04/2000

9/30/2027

Address of Record 6210 WALGREENS PHARMACY

LAKELAND HIGHLANDS ROAD

LAKELAND, FL 33813

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 |
|-----------------|---------|------------|----------|-------|-----------|--------------|
| AFOLABI, JOSEPH | 34624 | PHARMACIST | LAKELAND | FL | 200556983 | OBLIGATIONS |
| OLADOKUN | | | | | | IMPOSED |

Public Complaints

| Name | License | Profession | City | State | Case# | Action Taken |
|-----------------------------|---------|------------|----------|-------|-----------|--------------|
| AFOLABI, JOSEPH OLADOKUN | 34624 | PHARMACIST | LAKELAND | FL | 200556983 | 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 |
|------------------------|---------------------------|-------------------|---------|----------------|
| DAVIS II, CEDRIC EMDEN | TTC SUPERVISING PHYSICIAN | MEDICAL DOCTOR | 108693 | 04/24/2023 |
| SHIBLY, NAMRAH | PHARMACISTINTERN | PHARMACIST INTERN | 45366 | 09/18/2023 |

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

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