WALGREEN CO.

Walgreens Specialty Pharmacy #21155

License Number: PH31474

Data As Of 8/21/2025

Profession Pharmacy
License PH31474
License Status Clear/

Qualifications Community Pharmacy

Schedule II & III

License Expiration Date 2/28/2027

License Original Issue

Date 06/13/2018

Address of Record 5966 S DIXIE HWY STE 103B

SOUTH MIAMI, FL 33143-5194

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 |
|------------------|--------------------|------------|---------|----------------|
| CIRES, ANA MARIA | RX DPT MGR/COR/POR | PHARMACIST | 55268 | 12/23/2023 |

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

| Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database. | |
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