PAM Rehabilitation Hospital of Jupiter LLC

PAM Health Rehabilitation Hospital of Jupiter

License Number: PH34496

Data As Of 12/13/2025

Profession Pharmacy
License PH34496
License Status Clear/

Qualifications Institutional Class III

License Expiration Date 2/28/2027

License Original Issue

03/31/2023

Date

Address of Record 5075 Innovation Way

JUPITER, FL 33458

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
ANDERSON, APRIL N	RX DPT MGR/COR/POR	CONSULTANT PHARMACIST	6585	06/06/2023
JONES, CLAYTON LEE	PHARMACY AFFILIATE	CONSULTANT PHARMACIST	9349	12/07/2022

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
PAM REHABILITATION HOSPITAL OF JUPITER L	STERILE COMPOUNDING	PHARMACY	34498	1/4/2023

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

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