

## VERONICA TARAN

### License Number: PS39928

Data As Of 9/20/2026

|                             |                                                           |
|-----------------------------|-----------------------------------------------------------|
| Profession                  | Pharmacist                                                |
| License                     | PS39928                                                   |
| License Status              | Clear/Active                                              |
| License Expiration Date     | 9/30/2027                                                 |
| License Original Issue Date | 05/16/2005                                                |
| Address of Record           | 205 E.HALLANDALE BEACH BLVD<br>HALLANDALE BEACH, FL 33009 |
| 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        |
|-----------------|---------|------------|------------------|-------|-----------|---------------------|
| TARAN, VERONICA | 39928   | PHARMACIST | HALLANDALE BEACH | FL    | 201201731 | PROBATION SATISFIED |

#### Public Complaints

| Name            | License | Profession | City             | State | Case #    | Action Taken |
|-----------------|---------|------------|------------------|-------|-----------|--------------|
| TARAN, VERONICA | 39928   | PHARMACIST | HALLANDALE BEACH | FL    | 201201731 | AC FILED     |
| TARAN, VERONICA | 39928   | PHARMACIST | HALLANDALE BEACH | FL    | 201813110 | AC FILED     |
| TARAN, VERONICA | 39928   | PHARMACIST | HALLANDALE BEACH | FL    | 202141119 | 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.

## Subordinate Practitioners

| Name                              | Relationship       | Profession | License | Effective Date |
|-----------------------------------|--------------------|------------|---------|----------------|
| PHARMACY DOCTORS ENTERPRISES      | PDM/CORSUBORDINATE | PHARMACY   | 25562   | 5/25/2011      |
| PHARMACY DOCTORS ENTERPRISES      | PDM/CORSUBORDINATE | PHARMACY   | 27655   | 11/22/2016     |
| PHARMACY DOCTORS ENTERPRISES      | PDM/CORSUBORDINATE | PHARMACY   |         | 1/28/2015      |
| PHARMACY DOCTORS ENTERPRISES, INC | PDM/CORSUBORDINATE | PHARMACY   | 23558   | 5/27/2008      |

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

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