# ALPESHKUMAR B PATEL

### License Number: PS42206

Data As Of 8/4/2025		
Profession	Pharmacist	
License	PS42206	
License Status	Clear/Active	
Qualifications	Certified To Administer Immunizations	
License Expiration Date	9/30/2025	
License Original Issue	04/12/2007	
Date	01112/2001	
Address of Record	1765 N broadway ave	
	BARTOW, FL 33830	
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
ILYASOV, EDUARD ROBERTOVICH	PHARMACISTINTERN	PHARMACIST INTERN	42705	03/03/2021

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

# Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BROADWAY DISCOUNT PHARMACY LLC	PDM/CORSUBORDINATE	PHARMACY	31216	5/25/2019

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

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