SHARIE MONIQUE MYRICK

License Number: PS42907

Data As Of 8/4/2025			
Profession	Pharmacist		
License	PS42907		
License Status	Clear/Active		
Qualifications	Certified To Administer Immunizations		
License Expiration Date	9/30/2025		
License Original Issue	08/24/2007		
Date	00/24/2007		
Address of Record	9727 Touchton Road Unit 1703		
	JACKSONVILLE, FL 32246		
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
REMMER, DAVID JOHN	TTC SUPERVISING PHYSICIAN	MEDICAL DOCTOR	86328	08/30/2023

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

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