



TRANIECE YVETTE FULLWOOD

License Number: PS59921

Data As Of 3/14/2026

Profession	Pharmacist
License	PS59921
License Status	Obligations/Active
Qualifications	Certified To Administer Immunizations
License Expiration Date	9/30/2027
License Original Issue Date	09/03/2019
Address of Record	CVS Pharmacy 16550 ne 6th ave NORTH MIAMI, FL 33162
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
FULLWOOD, TRANIECE YVETTE	59921	PHARMACIST	NORTH MIAMI	FL	202440420	OBLIGATIONS IMPOSED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
FULLWOOD, TRANIECE YVETTE	59921	PHARMACIST	NORTH MIAMI	FL	202440420	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
HOLIDAY CVS, L.L.C.	PDM/CORSUBORDINATE	PHARMACY	21046	3/29/2021

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

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