## JOHN AYOTUNDE KEHINDE

### License Number: PS63153

Data As Of 7/7/2025			
Profession	Pharmacist		
License	PS63153		
License Status	Emerg Suspens/		
Qualifications	Certified To Administer Immunizations		
License Expiration Date	9/30/2025		
License Original Issue	09/02/2021		
Date	09/02/2021		
Address of Record	18540 N Dale Mabry		
	LUTZ, FL 33548		
Discipline on File	No		
Public Complaint	Yes		
Alerts	Enforcement Alert		
	2/2/2024 5:02:31 PM		
	Order of Emergency Suspension of License filed, 02/02/2024.		

# Secondary Locations

No secondary locations found.

## Discipline/Admin Action

#### **Emergency Actions**

				Action
Name	License	Profession City	County State	Case # Taken Action Date
KEHINDE, JOHN	63153	PHARMACIST LUTZ	HILLSBOROUGH FL	202320666 ESO ISSUED 02/02/2024

### **Discipline Cases**

No Discipline Found

#### **Public Complaints**

Name	License	Profession	City	State	Case #	Action Taken
KEHINDE, JOHN AYOTUNDE	63153	PHARMACIST	LUTZ	FL	202320666	AC FILED
KEHINDE, JOHN AYOTUNDE	63153	PHARMACIST	LUTZ	FL	202320666	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.

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