



## Holiday CVS, L.L.C.

### CVS PHARMACY #05116

#### License Number: PH20399

Data As Of 4/20/2026

Profession	Pharmacy
License	PH20399
License Status	Clear/
Qualifications	Community Pharmacy Schedule II & III
License Expiration Date	2/28/2027
License Original Issue Date	07/30/2004
Address of Record	16961 Alico Mission Way FORT MYERS, FL 33908
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

16961 Alico Mission Way  
FORT MYERS, FL 33908

### 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
CIMBRON, LINDA M	PHARMACY AFFILIATE	PHARMACY AFFILIATE	01/30/2012
DENALE, CAROL A	PHARMACY AFFILIATE	PHARMACY AFFILIATE	01/30/2012

Name	Relationship	Profession	License	Effective Date
DICRISTOFALO, PAMELA A	RX DPT MGR/COR/POR	PHARMACIST	32700	03/08/2026
HOLIDAY CVS, LLC	PHARMACY CORPORATE ENTITY	PHARMACY ADMINISTRATOR ACCOUNT		01/30/2012
MOFFATT, THOMAS S	PHARMACY AFFILIATE	PHARMACY AFFILIATE		01/30/2012
NULMAN, MICHAEL B	PHARMACY AFFILIATE	PHARMACY AFFILIATE		01/30/2012
ST ANGELO, MELANIE K	PHARMACY AFFILIATE	PHARMACY AFFILIATE		01/30/2012

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

## Secondary Locations

### Address

16961 Alico Mission Way  
FORT MYERS, FL 33908

## 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
CIMBRON, LINDA M	PHARMACY AFFILIATE	PHARMACY AFFILIATE		01/30/2012
DENALE, CAROL A	PHARMACY AFFILIATE	PHARMACY AFFILIATE		01/30/2012
DICRISTOFALO, PAMELA A	RX DPT MGR/COR/POR	PHARMACIST	32700	03/08/2026
HOLIDAY CVS, LLC	PHARMACY CORPORATE ENTITY	PHARMACY ADMINISTRATOR ACCOUNT		01/30/2012
MOFFATT, THOMAS S	PHARMACY AFFILIATE	PHARMACY AFFILIATE		01/30/2012
NULMAN, MICHAEL B	PHARMACY AFFILIATE	PHARMACY AFFILIATE		01/30/2012
ST ANGELO, MELANIE K	PHARMACY AFFILIATE	PHARMACY AFFILIATE		01/30/2012

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

