



MYRIAM VILLARD

License Number: PS27260

Data As Of 4/5/2025

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|-----------------------------|---|
| Profession | Pharmacist |
| License | PS27260 |
| License Status | OBLIGATIONS/Active |
| Qualifications | Test and Treat Certification Certified To Administer Immunizations |
| License Expiration Date | 9/30/2025 |
| License Original Issue Date | 12/17/1991 |
| Address of Record | 6558 lantana rd LAKE WORTH, FL 33467 |
| Discipline on File | Yes |
| Public Complaint | Yes |
| Alerts | Enforcement Alert 3/8/2011 4:08:06 PM On 3/3/2011, Case # 201000770, placed the respondent's license on probation for one year. |

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 |
|-----------------|---------|------------|------------|-------|-----------|---------------------------|
| VILLARD, MYRIAM | 27260 | PHARMACIST | LAKE WORTH | FL | 200210695 | OBLIGATIONS IMPOSED |
| VILLARD, MYRIAM | 27260 | PHARMACIST | LAKE WORTH | FL | 200502615 | SUSPENSION-PENALTY STAYED |
| VILLARD, MYRIAM | 27260 | PHARMACIST | LAKE WORTH | FL | 200740535 | OBLIGATION(S) SATISFIED |
| VILLARD, MYRIAM | 27260 | PHARMACIST | LAKE WORTH | FL | 201000770 | PROBATION |

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|-----------------|---------|------------|------------|-------|-----------|--------------|
| VILLARD, MYRIAM | 27260 | PHARMACIST | LAKE WORTH | FL | 200502615 | AC FILED |
| VILLARD, MYRIAM | 27260 | PHARMACIST | LAKE WORTH | FL | 200740535 | AC FILED |
| VILLARD, MYRIAM | 27260 | PHARMACIST | LAKE WORTH | FL | 201000770 | 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.

Supervising Practitioners

| Name | Relationship | Profession | License | Effective Date |
|------------------------|---------------------------|----------------|---------|----------------|
| DAVIS II, CEDRIC EMDEN | TTC SUPERVISING PHYSICIAN | MEDICAL DOCTOR | 108693 | 07/27/2022 |

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

Subordinate Practitioners

| Name | Relationship | Profession | License | Effective Date |
|--------------|--------------------|------------|---------|----------------|
| WALGREEN CO. | PDM/CORSUBORDINATE | PHARMACY | 10169 | 3/1/2021 |

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

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