## **MYRIAM VILLARD**

#### License Number: PS27260

Data As Of 11/21/2025

Profession Pharmacist License PS27260

License Status Obligations/Active

Qualifications Test and Treat Certification

Certified To Administer Immunizations

License Expiration Date 9/30/2027
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

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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