



## GOVERDHAN LLC

### Jackson Pharmacy

License Number: PH28265

Data As Of 2/8/2025

Profession	Pharmacy
License	PH28265
License Status	CLEAR/
Qualifications	Community Pharmacy Schedule II & III
License Expiration Date	2/28/2027
License Original Issue Date	06/27/2014
Address of Record	4347-3 UNIVERSITY BLVD S. JACKSONVILLE, FL 32216
Discipline on File	No
Public Complaint	No

### Secondary Locations

No secondary locations found.

### 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
DESAI, PINKY KIRTIKUMAR	RX DPT MGR/COR/POR	PHARMACIST	47101	06/03/2016
PATEL, BRIJNANDAN	PHARMACY AFFILIATE	PHARMACY AFFILIATE		08/27/2014
SHAN, DIPA K	PHARMACY AFFILIATE	PHARMACY AFFILIATE		05/29/2014

Name	Relationship	Profession	License	Effective Date
SHAN, KALPESH	PHARMACY AFFILIATE	PHARMACY AFFILIATE		05/29/2014

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

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