#### **FELICE R VARGAS**

#### License Number: PS32919

Data As Of 11/21/2025

Profession Pharmacist License PS32919 License Status Clear/Active

Qualifications **Test and Treat Certification** 

Certified To Administer Immunizations

License Expiration Date 9/30/2027

License Original Issue

Date

08/26/1997

Address of Record **Encompass Health** 

> 1201 Oakbridge Parkway LAKELAND, FL 33803

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
DAVIS II, CEDRIC EMDEN	TTC SUPERVISING PHYSICIAN	MEDICAL DOCTOR	108693	12/27/2023

# **Subordinate Practitioners**

Name	Relationship	Profession	License	Effective Date
VARGAS, FELICE	PHARMACISTSUBORDINATE	CONSULTANT PHARMACIST	5238	3/9/2000

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

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