



SHARON JEFFERSON BUTTS

License Number: PS33159

Data As Of 12/23/2024

Profession	Pharmacist
License	PS33159
License Status	CLEAR/Active
Qualifications	Certified To Administer Immunizations Test and Treat Certification
License Expiration Date	9/30/2025
License Original Issue Date	03/11/1998
Address of Record	1661 NW SAINT LUCIE WEST BLVD PORT SAINT LUCIE, FL 34986
Discipline on File	Yes
Public Complaint	Yes

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
BUTTS, SHARON JEFFERSON	33159	PHARMACIST	PORT SAINT LUCIE	FL	200736027	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
BUTTS, SHARON JEFFERSON	33159	PHARMACIST	PORT SAINT LUCIE	FL	200736027	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	08/14/2022

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

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