



## VIJAY B PATEL

### License Number: PS34212

Data As Of 12/24/2024

Profession	Pharmacist
License	PS34212
License Status	CLEAR/Active
Qualifications	Certified To Administer Immunizations
License Expiration Date	9/30/2025
License Original Issue Date	07/19/1999
Address of Record	6132 MERRILL RD SUITE 12 JACKSONVILLE, FL 32277
Discipline on File	Yes
Public Complaint	No

### 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
PATEL, VIJAY B	34212	PHARMACIST	JACKSONVILLE	FL	200119881	OBLIGATIONS IMPOSED-OTHR PENAL

#### 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.

### Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BENZER FL6 LLC	PDM/CORSUBORDINATE	PHARMACY	29350	1/15/2018

Name	Relationship	Profession	License	Effective Date
BENZER FL6 LLC	PHARMACY	PHARMACY	29350	3/20/2018
PATEL, VIJAY B	PHARMACISTSUBORDINATE	CONSULTANT PHARMACIST	6211	9/26/2007

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

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