# Sewall's Point Pharmacy, Inc

## Sewall's Point Pharmacy

## License Number: PH32759

Data As Of 4/9/2025

Profession Pharmacy
License PH32759
License Status CLEAR/
Qualifications Schedule I

Schedule II & III
Community Pharmacy

License Expiration Date 2/28/2027

License Original Issue

Date 06/03/2020

Address of Record 3754-B SE OCEAN BLVD

Stuart

STUART, FL 34996

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
TOTTERMAN, CRISTAL MARIE	PHARMACY AFFILIATE	PHARMACIST	46419	04/21/2020
TOTTERMAN, CRISTAL MARIE	RX DPT MGR/COR/POR	PHARMACIST	46419	04/20/2020

Name	Relationship	Profession	License	Effective Date
TOTTERMAN, LARS	PHARMACY AFFILIATE	PHARMACY AFFILIATE		04/20/2020

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

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