# SHERRY DENISE CHAPMAN

### License Number: PS37085

Data As Of 8/20/2025	
Profession	Pharmacist
License	PS37085
License Status	Clear/Active
Qualifications	Certified To Administer Immunizations
	Test and Treat Certification
License Expiration Date	9/30/2027
License Original Issue Date	09/18/2002
Address of Record	1120 E University Ave
	GAINESVILLE, FL 32641
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	08/15/2022

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

# Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
WALGREEN CO.	PDM/CORSUBORDINATE	PHARMACY	15667	10/31/2019

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

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