



LAURA BETH POLINSKY

License Number: PS37067

Data As Of 4/20/2026

Profession	Pharmacist
License	PS37067
License Status	Clear/Active
License Expiration Date	9/30/2027
License Original Issue Date	09/13/2002
Address of Record	8001 BELFORT PARKWAY SUITE 160 JACKSONVILLE, FL 32256
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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
GUARDIAN PHARMACY OF JACKSONVILLE, LLC	PDM/CORSUBORDINATE	PHARMACY	21100	1/1/2026
GUARDIAN PHARMACY OF JACKSONVILLE, LLC	PDM/CORSUBORDINATE	PHARMACY	34759	1/1/2026

Name	Relationship	Profession	License	Effective Date
GUARDIAN PHARMACY OF JACKSONVILLE, LLC	PHARMACY	PHARMACY	21100	6/21/2016
GUARDIAN PHARMACY OF JACKSONVILLE, LLC	PHARMACY	PHARMACY	27877	6/21/2016
POLINSKY, LAURA BETH	PHARMACISTSUBORDINATE	CONSULTANT PHARMACIST	7233	4/1/2013

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

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