#### **BROOKS ANDERSON HIERS**

#### License Number: PS37079

Data As Of 7/17/2025

Profession Pharmacist
License PS37079
License Status Clear/Active

Qualifications Certified To Administer Immunizations

No

No

**Test and Treat Certification** 

License Expiration Date

9/30/2025

License Original Issue

Date

09/17/2002

Address of Record

WALGREENS PHARMACY 1841 EAST OLIVE ROAD PENSACOLA, FL 32514

Discipline on File
Public Complaint

## **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	08/26/2022

# **Subordinate Practitioners**

Name	Relationship	Profession	License	Effective Date
WALGREEN CO.	PDM/CORSUBORDINATE	PHARMACY	22189	5/28/2012

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

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