#### SHANNON CHRISTY ANN SCHREINER

### License Number: PS59625

Data As Of 8/6/2025

Profession Pharmacist
License PS59625
License Status Clear/Active

Qualifications Collaborative Practice Certification
Certified To Administer Immunizations

License Expiration Date 9/30/2027

License Original Issue

Date 08/02/2019

Address of Record 2553 E Silver Springs Blvd

OCALA, FL 34470

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
HEART OF FLORIDA HEALTH CENTER	PHARMACY	PHARMACY	33396	5/20/2021

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

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