



## BEATRIZ REYES

License Number: PS63342

Data As Of 12/23/2024

Profession	Pharmacist
License	PS63342
License Status	CLEAR/Active
Qualifications	Certified To Administer Immunizations Test and Treat Certification
License Expiration Date	9/30/2025
License Original Issue Date	10/01/2021
Address of Record	4770 Colonial Blvd FORT MYERS, FL 33966
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	06/16/2024

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

### Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
WAL-MART STORES EAST, LP	PDM/CORSUBORDINATE	PHARMACY	19251	10/17/2023

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

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