Florida HEALTH Department of Health

MYRIAM VILLARD

License Number: PS27260

Data As Of 11/14/2026

Profession	Pharmacist
License	PS27260
License Status	Obligations/Active
Qualifications	Certified To Administer Immunizations Test and Treat Certification
License Expiration Date	9/30/2027
License Original Issue Date	12/17/1991
Address of Record	6558 lantana rd LAKE WORTH, FL 33467
Discipline on File	Yes
Public Complaint	Yes
Alerts	Enforcement Alert 3/8/2011 4:08:06 PM On 3/3/2011, Case # 201000770, placed the respondent's license on probation for one year.

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
VILLARD, MYRIAM	27260	PHARMACIST	LAKE WORTH	FL	200210695	OBLIGATIONS IMPOSED
VILLARD, MYRIAM	27260	PHARMACIST	LAKE WORTH	FL	200502615	SUSPENSION-PENALTY STAYED
VILLARD, MYRIAM	27260	PHARMACIST	LAKE WORTH	FL	200740535	OBLIGATION(S) SATISFIED
VILLARD, MYRIAM	27260	PHARMACIST	LAKE WORTH	FL	201000770	PROBATION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
VILLARD, MYRIAM	27260	PHARMACIST	LAKE WORTH	FL	200502615	AC FILED
VILLARD, MYRIAM	27260	PHARMACIST	LAKE WORTH	FL	200740535	AC FILED
VILLARD, MYRIAM	27260	PHARMACIST	LAKE WORTH	FL	201000770	AC FILED

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	07/27/2022

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	10169	3/1/2021

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
VILLARD, MYRIAM	27260	PHARMACIST	LAKE WORTH	FL	200210695	OBLIGATIONS IMPOSED
VILLARD, MYRIAM	27260	PHARMACIST	LAKE WORTH	FL	200502615	SUSPENSION-PENALTY STAYED
VILLARD, MYRIAM	27260	PHARMACIST	LAKE WORTH	FL	200740535	OBLIGATION(S) SATISFIED
VILLARD, MYRIAM	27260	PHARMACIST	LAKE WORTH	FL	201000770	PROBATION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
VILLARD, MYRIAM	27260	PHARMACIST	LAKE WORTH	FL	200502615	AC FILED
VILLARD, MYRIAM	27260	PHARMACIST	LAKE WORTH	FL	200740535	AC FILED
VILLARD, MYRIAM	27260	PHARMACIST	LAKE WORTH	FL	201000770	AC FILED

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	07/27/2022

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	10169	3/1/2021

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.