Florida HEALTH Department of Health

HOLIDAY CVS, L.L.C

CVS / PHARMACY # 1856

License Number: PH24472

Data As Of 11/14/2026

Profession	Pharmacy
License	PH24472
License Status	Clear/
Qualifications	Community Pharmacy Schedule II & III
License Expiration Date	2/28/2027
License Original Issue Date	02/18/2010
Address of Record	7430 SW ARCHER ROAD GAINESVILLE, FL 32608
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
CIMBRON, LINDA M	PHARMACY AFFILIATE	PHARMACY AFFILIATE		01/27/2012
DENALE, CAROL A	PHARMACY AFFILIATE	PHARMACY AFFILIATE		01/27/2012

Name	Relationship	Profession	License	Effective Date
HOLIDAY CVS, LLC	PHARMACY CORPORATE ENTITY	PHARMACY ADMINISTRATOR ACCOUNT		01/27/2012
MOFFATT, THOMAS S	PHARMACY AFFILIATE	PHARMACY AFFILIATE		01/27/2012
NULMAN, MICHAEL B	PHARMACY AFFILIATE	PHARMACY AFFILIATE		01/27/2012
SHERWOOD, MICHAEL ADAM	RX DPT MGR/COR/POR	PHARMACIST	53545	08/02/2026
ST ANGELO, MELANIE K	PHARMACY AFFILIATE	PHARMACY AFFILIATE		01/27/2012

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

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