#### MICHAEL ELLIS PRIESTER

#### License Number: PS29956

Data As Of 12/18/2025

Profession Pharmacist
License PS29956
License Status Clear/Active

Qualifications Certified To Administer Immunizations

Test and Treat Certification

License Expiration Date 9/30/2027 License Original Issue Date 11/15/1994

Address of Record

This practitioner does not have an address of record on file with the department. If

you have any questions, please contact the department at (850) 488-0595.

Address of Record NOT PRACTICING

Discipline on File Yes
Public Complaint No

## **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                          |
|---------------------|---------|------------|------|-------|-----------|---------------------------------------|
| PRIESTER, MICHAEL E | 29956   | PHARMACIST |      |       | 199512339 | SUSPENSION-<br>STYD/PROB CNDTS<br>IMP |

#### **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  | 05/19/2024     |

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.