SUN HEALTH AND WELLNESS, INC

FIRST CHOICE PHARMACY, ZOCALO PLAZA

License Number: PH26157

Data As Of 8/13/2025	
Profession	Pharmacy
License	PH26157
License Status	Clear/
Qualifications	Schedule II & III
	Community Pharmacy
License Expiration Date	2/28/2027
License Original Issue Date	05/18/2012
Address of Record	460 US HWY 17-92 N HAINES CITY, FL 33844
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

				Effective
Name	Relationship	Profession	License	Date
ANDERSON, LEWIS B	RX DPT MGR/COR/POR	PHARMACIST	29210	05/01/2022
KODE, BALA	PHARMACY AFFILIATE	PHARMACIST	35148	04/11/2019

Name	Relationship	Profession	Effective License Date
KODE, KRISHNA KUMARI	PHARMACY AFFILIATE	PHARMACY AFFILIATE	04/26/2012
SUN HEALTH AND WELLNESS INC.	PHARMACY CORPORATE ENTITY	PHARMACY ADMINISTRATOR ACCOUNT	05/31/2016

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

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