Florida HEALTH Department of Health

YOLANDA AMOR

License Number: PS30673

Data As Of 11/14/2026

Profession	Pharmacist
License	PS30673
License Status	Clear/Active
Qualifications	Certified To Administer Immunizations
License Expiration Date	9/30/2027
License Original Issue Date	08/21/1995
Address of Record	10900 South US Highway #1 PORT SAINT LUCIE, FL 34952
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	IA SUPERVISING PHYSICIAN	MEDICAL DOCTOR	108693	05/30/2025

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

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