## **SHARON JEFFERSON BUTTS**

## License Number: PS33159

Data As Of 6/13/2025

Profession Pharmacist
License PS33159
License Status CLEAR/Active

Qualifications Certified To Administer Immunizations

Test and Treat Certification

License Expiration Date

9/30/2025

License Original Issue

Address of Record

03/11/1998

Date

1661 NW SAINT LUCIE WEST BLVD

PORT SAINT LUCIE, FL 34986

Discipline on File Yes
Public Complaint Yes

# **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
BUTTS, SHARON JEFFERSON	33159	PHARMACIST	PORT SAINT LUCIE	FL	200736027	OBLIGATION(S) SATISFIED

## **Public Complaints**

Name	License	Profession	City	State	Case#	Action Taken
BUTTS, SHARON	33159	PHARMACIST	PORT SAINT LUCIE	FL	200736027	AC FILED
JEFFERSON						

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 Reld Correspondence Way Rin CO1

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.

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