SHARON MELVARITA MILLER

License Number: PS43880

Data As Of 8/7/2025

Profession Pharmacist
License PS43880
License Status Clear/Active

Qualifications Certified To Administer Immunizations

Test and Treat Certification

License Expiration Date

License Original Issue

Date

07/23/2008

9/30/2027

Address of Record

2000 State Road 60 E LAKE WALES, FL 33898

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	06/03/2025
DAVIS II, CEDRIC EMDEN	TTC SUPERVISING PHYSICIAN	MEDICAL DOCTOR	108693	05/22/2024

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
MILLER, SHARON MELVARITA	PHARMACISTSUBORDINATE	CONSULTANT PHARMACIST	7660	6/3/2015

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