## **CODY FAY BALLANCE**

## License Number: PS46832

Data As Of 8/9/2025

Profession Pharmacist
License PS46832
License Status Clear/Active

Qualifications Certified To Administer Immunizations

**Test and Treat Certification** 

License Expiration Date

License Original Issue

Date

08/23/2010

9/30/2027

Address of Record

8061 22nd Ave North

SAINT PETERSBURG, FL 33710

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               |
|--------------------|---------|------------|---------------------|-------|-----------|----------------------------|
| BALLANCE, CODY FAY | 46832   | PHARMACIST | SAINT<br>PETERSBURG | FL    | 201216677 | OBLIGATION(S)<br>SATISFIED |

### **Public Complaints**

| Name               | License | Profession | City       | State | Case #    | Action Taken |
|--------------------|---------|------------|------------|-------|-----------|--------------|
| BALLANCE, CODY FAY | 46832   | PHARMACIST | SAINT      | FL    | 201216677 | AC FILED     |
|                    |         |            | PETERSBURG |       |           |              |

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

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  | 06/16/2023     |

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

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