



## JACQUELINE ANN MARIE LEWIS

### License Number: PS47327

Data As Of 8/9/2025

Profession	Pharmacist
License	PS47327
License Status	Clear/Active
Qualifications	Certified To Administer Immunizations Test and Treat Certification
License Expiration Date	9/30/2027
License Original Issue Date	02/22/2011
Address of Record	4529 W Hillsboro Blvd COCONUT CREEK, FL 33073
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	TTC SUPERVISING PHYSICIAN	MEDICAL DOCTOR	108693	08/08/2023

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

### Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
WALGREEN CO.	PDM/CORSUBORDINATE	PHARMACY	19174	5/5/2015

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

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