



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INVNP - Not Operating**



File #
Insp #

NAME	PERMIT NUMBER	DATE OF INSPECTION	
DOING BUSINESS AS			
STREET ADDRESS		TELEPHONE #	EXT
CITY	COUNTY	STATE/ZIP	

Additional Information

Business Operation Hours

Saturday Hours	Sunday
Sunday Hours	M-T-W-TH-F
Weekly Hours	Monday
Monday Hours	Tuesday
Tuesday Hours	Wednesday
Wednesday Hours	Thursday
Thursday Hours	Friday
Friday Hours	Saturday

Registered Pharmacist / Intern / Tech

License #	Licensee Name
License Type	
License #	Licensee Name
License Type	

ACS Manager

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Optional Information

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Basic License Data - PSD

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License Relations

Pharmacy Affiliate

	License #
	License #

RX DPT MGR/COR/POR

	License #
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Licensee is currently not operating	
Pharmacy notified the Board of Pharmacy in writing within 14 days of receipt of license of election to delay commencement of operations. [64B1628.1081(1)(b) F.A.C.]	
Sign in block letters not less than one inch in height placed at the main entrance of the establishment stating that the pharmacy is not yet open for business and that medicinal drugs may not be dispensed or sold nor prescriptions filled or dispensed. [64B16-28.1081(1)(b) F.A.C.]	

Remarks:

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I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature:

Representative:

Date:

Date: