



Rick Scott
Governor

H. Frank Farmer, Jr., M.D., Ph.D., FACP
State Surgeon General

PHYSICIAN DISPENSING REGISTRATION		OFFICE USE ONLY	
<p>NOTE: YOU MAY NOT DISPENSE UNTIL THIS REGISTRATION HAS BEEN APPROVED.</p> <p>Important – Complete one form per licensee.</p> <p><u>A dispensing practitioner shall not dispense a controlled substance listed in Schedule II or III as provided in Section 893.03, F.S. unless exempted from this section by s. 465.0276, F.S.</u></p> <p>Dispensing – is defined as selling medicinal drugs to patients in the office. A practitioner who writes prescriptions or provides complimentary professional samples is not a “dispensing practitioner,” and therefore does not need to register with the department.</p> <p>Dispensing fee – The fee for registration as a dispensing practitioner is \$100.00 over and above the required license renewal fee. An annual inspection of your dispensing records will be conducted.</p> <p>Dispensing Approval – You cannot begin dispensing until you are registered</p>		<p>11/26/2013 100.00</p> <p>ID: 95536 Type: F</p> <p>BT: 3010326</p> <p>VL: 913028288</p> <p>1501 L-98053</p>	
PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION			
Name & license No:	Jeffrey Michael Good 98053 ME	2013 NOV 21	
Facility Name:	Martin County Health Center	AM 9:39	
Practice Location:	1322 NW. Federal Highway one		
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Street name and number Zip Stuart, FL 34994	State	
Facility Name:	West Palm Beach Health Center		
Satellite Location:	931 Village Blvd Suite 904		
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Street name and number Zip West Palm Beach FL 33409	City State	

BOARD OF MEDICINE

Signature of Physician

11/18/13
Date of signature

PLEASE CANCEL MY DISPENSING STATUS EFFECTIVE _____ Effective Date

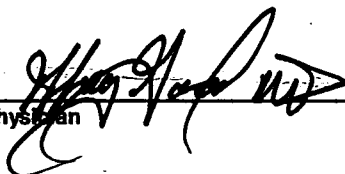
ADDING / DELETING DISPENSING LOCATIONS

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION	
Name & License No:	Jeffrey Michael Good 98053 ME
Facility Name:	Miami (Joan Shehan) Health Center
Practice Location:	3119 A Coral Way
<input type="checkbox"/> Add <input type="checkbox"/> Delete	<small>Street name and number</small> <small>City</small> Miami FL <small>State</small> 33145 <small>Zip</small>
Facility Name:	Liberty City Health Center
Satellite Location:	7900 N.W. 27 th Ave # E240
<input type="checkbox"/> Add <input type="checkbox"/> Delete	<small>Street name and number</small> <small>City</small> Miami FL <small>State</small> 33147 <small>Zip</small>
Facility Name:	Rendall Health Center
Satellite Location:	11440 SW 88 th St # 109
<input type="checkbox"/> Add <input type="checkbox"/> Delete	<small>Street name and number</small> <small>City</small> Miami FL <small>State</small> 33176 <small>Zip</small>
Facility Name:	
Satellite Location:	
<input type="checkbox"/> Add <input type="checkbox"/> Delete	<small>Street name and number</small> <small>City</small> <small>State</small> <small>Zip</small>

Please submit this request form to:

Department of Health
Board of Medicine
 4052 Bald Cypress Way, Bin # C-03
 Tallahassee, FL. 32399-3253
 Fax: (850) 488-0596

Signature of Physician



Date of signature

11/18/13

PLEASE CANCEL MY DISPENSING STATUS EFFECTIVE _____ Effective Date

To cancel dispensing practitioner status from your medical license, the licensee must submit a signed request to the Board office to the address listed above.

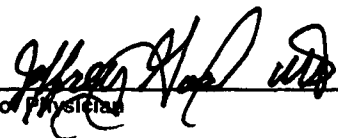
ADDING / DELETING DISPENSING LOCATIONS

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION			
Name & license No:	Jeffrey Michael Good	943053	ME
Facility Name:	Wellington Health Center		
Practice Location:	10111 Forest Hill Blvd Suite 340		
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Street name and number Zip	City	State
	Wellington FL	33414	
Facility Name:	Boca Raton Health Center		
Satellite Location:	8177 Glades Rd Bay 25		
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Street name and number Zip	City	State
	Boca Raton FL	33434	
Facility Name:	Pembroke Pines Health Center		
Satellite Location:	263 W. University Dr		
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Street name and number Zip	City	State
	Pembroke Pines FL	33024	
Facility Name:	North Miami Health Center		
Satellite Location:	681 NE. 125th St		
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Street name and number Zip	City	State
	No. Miami FL	33161	

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Signature of Physician



Date of signature

11/08/13

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~~Jeffrey Good, M.D.~~

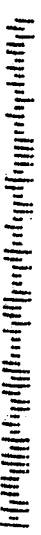
20557 LINKSVIEW CIRCLE
BOCA RATON, FL 33434

WEST PALM BEACH, FL 33411



Dept of Health
Board of Medicine
4052 Bald Cypress Way
Tallahassee, FL 32399 - 3253
BIM # C-03

92999325398



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Batch Cover Sheet



3010326

DOE# 2228984

Additional Location Regarding Dispensing License

Jeffrey M Good M.D.

License # ME98053

DOB 6/29/1947

Last four of Social# [REDACTED]

Additional Location: Jacksonville Health Center

5978 Powers Avenue

Jacksonville, FL 32205

RECEIVED
SEP 18 2014
Licensing and
Auditing Services

RECEIVED

SEP 19 2014

Licensing and
Auditing Services

F 95536

2021144



MEDICINE BOARD

Rick Scott
Governor

14 FEB -6 AM 10:46

ADDING / DELETING DISPENSING LOCATIONS

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION	
Name & License No:	Jeffrey Michael Good ME 98053
Facility Name:	Planned Parenthood of South Florida + Treasure Coast
Practice Location:	931 Village Blvd Suite 909 WPB FL 35409
<input checked="" type="checkbox"/> Add	Street name and number City State Zip
<input checked="" type="checkbox"/> Delete	
Facility Name:	Planned Parenthood of South Florida + Treasure Coast
Satellite Location:	7900 NW 27th Ave G240 Miami FL 33147
<input type="checkbox"/> Add	Street name and number City State Zip
<input checked="" type="checkbox"/> Delete	
Facility Name:	Planned Parenthood of South Florida + Treasure Coast
Satellite Location:	11400 SW 88th St # 109 Miami FL 33176
<input type="checkbox"/> Add	Street name and number City State Zip
<input checked="" type="checkbox"/> Delete	
Facility Name:	
Satellite Location:	
<input type="checkbox"/> Add	Street name and number City State Zip
<input type="checkbox"/> Delete	

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Tallahassee, FL 32399-3253
Fax: (850) 498-0596

Jeffrey Michael Good
Signature Physician

2/6/14
Date of signature

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ADDING / DELETING DISPENSING LOCATIONS

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION	
Name & license No:	JEFFREY MICHAEL GOOD ME 98053
Facility Name:	Planned Parenthood of South Florida + The Treasure Coast
Practice Location:	8177 Glades Rd Bg 15 Boca Raton FL 33434
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Street name and number City State Zip
Facility Name:	Planned Parenthood of South Florida + The Treasure Coast
Satellite Location:	1011 Forest Hill Blvd Suite 340 Wellington FL 33414
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Street name and number City State Zip
Facility Name:	Planned Parenthood of South Florida + The Treasure Coast
Satellite Location:	263 N. University Dr. Pembroke Pines FL 33024
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Street name and number City State Zip
Facility Name:	
Satellite Location:	
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Street name and number City State Zip

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