4084



STATE OF FLORIDA DEPARTMENT OF HEALTH INVESTIGATIVE SERVICES





IMMEDIATE RESPONSE REQUESTED

According to Agency records, you have registered with your licensing board as a DISPENSING PRACTITIONER. registered as:

Dr. Paul Michael Norris- ME 56314 1690 S Treasure Drive Miami Beach, FL 33141 (305) 868-4084

Chapter 465.0276, Florida Statutes, requires this Department inspect any practitioner who is dispensing. **Dispensing** defined as selling medicinal drugs to patients in the office. A practitioner who is only providing complimentary professional simples or who writes prescriptions for a patient to fill at another location is **NOT** dispensing and does not have to register as a dispensing practitioner.

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Please complete the <u>ONE</u> portion of this form that is applica possible.	ble, (A, B, or C) and return the entire form to the address below as soon as		
A. IF YOU ARE NOT DISPENSING AND W	/ISH TO BE REMOVED FROM THE LIST		
	ne removed from the Dispensing Practitioner Register as of the for a fee or remuneration of any kind at this time. My practice address is:		
Signature of Practitioner ONLY			
B. IF YOU ARE NOT DISPENSING	G, BUT WISH TO REMAIN ON THE LIST:		
-	To the Board: gs for a fee, but wish to remain on the dispensing list. My current practice		
	Signature of Practitioner ONLY		
C. BLUAT ROSES IF YOU AR LOCATION OF DISPENSING PRACTICE: LOCATION OF DI	E DISPENSING: OFFICE HOURS: Monday		
Florida Department of Health, MQA	Received		

Florida Department of Health, MQA 8350 NW 52nd Terrace, Ste. 400 Doral, FL 33166

Phone: (305)470-5800 Fax: (305) 499-2090 Received Investigative Services

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DOH/MQA Tallahassec HQ

254



STATE OF FLORIDA DEPARTMENT OF HEALTH INVESTIGATIVE SERVICES

4052 Bald Cypress Way, BIN # C70 • Tallahassee, FL 32399-3270



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	To the Board: ugs for a fee, but wish to remain on the dispensing list. My current practice Signature of Practitioner ONLY
	RE DISPENSING:
LOCATION OF DISPENSING PRACTICE: Tampa Womans Health Cit Print Practice Name 2010 & Fletcher Tampa 33612 Street Address 813-977-6176 Telephone I am currently dispensing medicinal drug	Wednesday Thursday Friday _ 9 - 3
Florida Department of Health MOA	ordinature of a tactificate. Olary

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#WWW.DOH.STATE.FL.US

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Date	
	the Board: for a fee, but wish to remain on the dispensing list. My current practice
	Signature of Practitioner ONLY
	DISPENSING:
LOCATION OF DISPENSING PRACTICE: ST DETC Womens Hath GT Print Practice Name 3101 66th St W ST Pate FL	OFFICE HOURS: Salady 9-12 Monday Tuesday
Street Address 23110	Wednesday Thursday Friday
I am currently dispensing medicinal drugs	Signature of Practitioner ONLY
Florida Department of Health, MQA	*

Florida Department of Health, MQA 8350 NW 52nd Terrace, Ste. 400 Doral, FL 33166

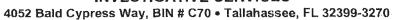
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Date To the Board: This is to advise you that I request to have my name removed from the Dispensing Practitioner Register as of the above date. I <u>DO NOT</u> dispense medicinal drugs for a fee or remuneration of any kind at this time. My practice address is:				
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Date This is to advise you that I <u>DO NOT</u> dispense me address is:			g list. My current practice	
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Print Practice Name 100 N Soin Wwy WPB Street Address 561 - 686 - 3859 Telephone I am currently dispensing med	Monday Tuesday Wednesday Thursday Friday		9-5 ECEIVED	
Florida Department of Health, MQA 8350 NW 52 nd Terrace, Ste. 400	Received		AUG 2 8 2012	

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