



STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES

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



WWW.DOH.STATE.FL.US

4 of 4

IMMEDIATE RESPONSE REQUESTED

According to Agency records, you have registered with your licensing board as a DISPENSING PRACTITIONER. You are currently 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 is defined as selling medicinal drugs to patients in the office. A practitioner who is only providing complimentary professional samples 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.

Please complete the ONE portion of this form that is applicable, (A, B, or C) and return the entire form to the address below as soon as possible.

A. IF YOU ARE NOT DISPENSING AND WISH TO BE REMOVED FROM THE LIST

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 DO NOT dispense medicinal drugs 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, BUT WISH TO REMAIN ON THE LIST:

Date _____

To the Board:

This is to advise you that I DO NOT dispense medicinal drugs for a fee, but wish to remain on the dispensing list. My current practice address is:

Signature of Practitioner ONLY

C. Bread + Roses IF YOU ARE DISPENSING:

LOCATION OF DISPENSING PRACTICE:

Indian Rocks Womens Health Ctr

Print Practice Name

1560 S. Highland Ave, Clearwater

Street Address

727-446-2690 33156

Telephone

OFFICE HOURS:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday 9-5

I am currently dispensing medicinal drugs

Signature of Practitioner ONLY

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

AUG 31

DOH/MQA
Tallahassee HQ



STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES

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



WWW.DOH.STATE.FL.US

2 of 4

12 SEP -4 PM 4:38
MEDICINE BOARD

IMMEDIATE RESPONSE REQUESTED

According to Agency records, you have registered with your licensing board as a DISPENSING PRACTITIONER. You are currently 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 is defined as selling medicinal drugs to patients in the office.** A practitioner who is only providing complimentary professional samples 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.

Please complete the ONE portion of this form that is applicable, (A, B, or C) and return the entire form to the address below as soon as possible.

A. IF YOU ARE NOT DISPENSING AND WISH TO BE REMOVED FROM THE LIST

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 DO NOT dispense medicinal drugs 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, BUT WISH TO REMAIN ON THE LIST:

Date _____

To the Board:

This is to advise you that I DO NOT dispense medicinal drugs for a fee, but wish to remain on the dispensing list. My current practice address is: _____

Signature of Practitioner ONLY

C. IF YOU ARE DISPENSING:

LOCATION OF DISPENSING PRACTICE:

Tampa Womens Health Ctr
Print Practice Name
2010 E Fletcher, Tampa 33612
Street Address
813-977-6176
Telephone

OFFICE HOURS:

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday 9-3

Saturday 9-3

I am currently dispensing medicinal drugs

Signature of Practitioner ONLY

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

AUG 31 /

DOH/MQA
Tallahassee HQ



STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES

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



WWW.DOH.STATE.FL.US

3 of 4

IMMEDIATE RESPONSE REQUESTED

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

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

12 SEP-4 PM 4:38
MEDICINE BOARD

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 samples 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.

Please complete the ONE portion of this form that is applicable, (A, B, or C) and return the entire form to the address below as soon as possible.

A. IF YOU ARE NOT DISPENSING AND WISH TO BE REMOVED FROM THE LIST

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 DO NOT dispense medicinal drugs 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, BUT WISH TO REMAIN ON THE LIST:

Date _____

To the Board:

This is to advise you that I DO NOT dispense medicinal drugs for a fee, but wish to remain on the dispensing list. My current practice address is: _____

Signature of Practitioner ONLY

C. IF YOU ARE DISPENSING:

LOCATION OF DISPENSING PRACTICE:

St Pete Womens Health Ctr

Print Practice Name

3101 66th St N, St Pete FL

Street Address

727-381-6620

Telephone

33710

OFFICE HOURS:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday 9-3

Saturday 9-12

I am currently dispensing medicinal drugs

Signature of Practitioner ONLY

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

AUG 31

DOH/MQA
Tallahassee HQ



STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES



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

WWW.DOH.STATE.FL.US

IMMEDIATE RESPONSE REQUESTED

12 SEP - 4 PM 4: 38
MEDICINE BOARD

According to Agency records, you have registered with your licensing board as a DISPENSING PRACTITIONER. You are currently 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 is defined as selling medicinal drugs to patients in the office.** A practitioner who is only providing complimentary professional samples 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.

Please complete the ONE portion of this form that is applicable, (A, B, or C) and return the entire form to the address below as soon as possible.

A. IF YOU ARE NOT DISPENSING AND WISH TO BE REMOVED FROM THE LIST

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 DO NOT dispense medicinal drugs 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, BUT WISH TO REMAIN ON THE LIST:

Date _____
To the Board:

This is to advise you that I DO NOT dispense medicinal drugs for a fee, but wish to remain on the dispensing list. My current practice address is:

Signature of Practitioner ONLY

C. IF YOU ARE DISPENSING:

LOCATION OF DISPENSING PRACTICE:
Residential Womens Center
Print Practice Name
100 N Palm Pkwy, WDBB 33407
Street Address
561-686-3859
Telephone

OFFICE HOURS: Saturday 9-5
Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

I am currently dispensing medicinal drugs

Signature of Practitioner ONLY

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

AUG 31 2012

DOH/MQA
Tallahassee HQ

RECEIVED
[Signature]

AUG 28 2012

DOH/MIAMI
INVESTIGATIVE SERVICES