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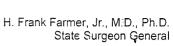
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i	DISPENSING PRACTITIONER REGISTRATION	OFFICE USE ONLY
Important – C	omplete one form per licensee.	•
practitioner whis not a "disperdepartment. Dispensing fe	is defined as selling medicinal drugs to patients in the office. A no writes prescriptions or provides complimentary professional samples using practitioner," and therefore does not need to register with the ee – The fee for registration as a dispensing practitioner is \$100.00 over required license renewal fee. An annual inspection of your dispensing conducted.	
	PLEASE PRINT OR TYPE THE FOLLOWING INFORM	ATION
Name & license No:	Robert Tay Pear 1 1901	(ME-0510079)
Facility Name:	Dlanned Parentheral - West Falm	20011
Practice Location:	931 Village Blvd #904 West &	Palm Blach, FL 33409
☐ Delete		
Facility Name:	Dla I De M	274h
Satellite Logation:	4999 Lake Worth Rd 4 109 12	r. Woods & =334/2
Add Delete	Street name and number City	State Zip
		- Per visit in a real and a real and
Facility Name:	Planned Parenthood - Boca	Paton 3
Satellite Location:	8177 W Gladge Od Breaker	to P1 32/12/
Add Delete	Street name and number Bay 25	State Zip
Facility Name:	Planned Parenthood - Denoh	Ne Phes
Satellite Location:	263 N. University Dr. Pembrok	7
Add .	Street name and number City	State Zip
Delete		
Ci	(y/eers	10/1/2011
Signature of Ph	ysician	Date of signature
_ PLEASE	CANCEL MY DISPENSING STATUS EFFECTIVE	





	•	•
	DISPENSING PRACTITIONER REGISTRATION	OFFICE USE ONLY
Important – C	omplete one form per licensee.	•
practitioner wh is not a "disper department. Dispensing fe	is defined as selling medicinal drugs to patients in the office. A o writes prescriptions or provides complimentary professional samples using practitioner," and therefore does not need to register with the e—The fee for registration as a dispensing practitioner is \$100.00 over required license renewal fee. An annual inspection of your dispensing conducted.	
	PLEASE PRINT OR TYPE THE FOLLOWING INFORM	IATION
Name & license No:	Robert Jay Pearl	ME0510079
Facility Name:	Planned Parenthood - Hiami	<u> </u>
Location:	Street name and number Coval Way #A Cov	al Clabes Fc 3314
Delete		
Facility Name: SateNite		ero (), ekker og komor officiel i Afrik til Miller vidt i Aerola
Location: Add Delete	Street name and number City	State Zip
Facility Name:		
Satellite Location:		
☐ Add ☐ Delete	Street name and number City	State Zip
Facility Name:		
Satellite Location:		
☐ Add ☐ Delete	Street name and number City	State Zip
	Treuls	17/1/2011
Signature of Phy	ysician	Date of signature
_ PLEASE	CANCEL MY DISPENSING STATUS EFFECTIVE	· · · · · · · · · · · · · · · · · · ·
	•	•



HEDICINE BOARD

Rick Scott Governor

13 JAN 30 PM 2: 4 H. Frank Farmer, Jr., M.D., Ph.D., FACP State Surgeon General

PHYS	ICIAN DISPENSING REGIS	TRATION	OFFICE US	SE ONLY	هند
NOTE: YOU HAS BEEN A	MAY NOT DISPENSE UNTIL THIS F PPROVED.	REGISTRATION			3 FEB -
Important - C	omplete one form per licensee.				-6
Schedule II or	nactitioner shall not dispense a controlle III as provided in Section 893.03, F.S. u.s. 465.0276, FS.				Pn 3: 2:
A practitioner v	is defined as selling medicinal drugs to p who writes prescriptions or provides com amples is not a "dispensing practitioner," gister with the department.	plimentary			
\$100.00 over a inspection of ye	e – The fee for registration as a dispension above the required license renewal for the dispensing records will be conducted proval – You cannot begin dispensing un	ee. An annual I.			
Ž	PLEASE PRINT OR TYPE THE I	FOLLOWING INF	ORMATION		
Name & license No:	Robert J. Pearl, D.O.		OS 10079	ME	
Facility Name:					
Practice Location:	8177 Glades Rd, Bay 87				
Add Delete	Street name and number Zip Boca Raton	City FL	33434	State	
Facility Name:					
Satellite Location:	263 N University Dr				
☑ Add ☐ Delete	Street name and number Zip Pembroke Pines	City FL	33024	State	
	7 1		dentaliana de la composición del composición de la composición de		
1/1	ew 5		01-2	873	
Signature of Ph	ysician		Date of	f signatur	e
_ PLEASE	CANCEL MY DISPENSING STA	TUS EFFECTIVE		ective Da	- te

ADDING / DELETING DISPENSING LOCATIONS

	PLEASE PRINT OR TYPE THE F	OLLOWING INF	ORMATION		
Name & license No:	Robert J. Pearl, D.O.		OS 10079 ME		
Facility Name:	10.000				
Practice Location:	4889 Lake Worth Rd, #109				
Add Delete	Street name and number Zip Lake Worth	City FL	State 33463		
Facility Name:					
Satellite Location:	931 Village Blvd, Suite 904	4			
Add Delete	Street name and number Zip West Palm Beach	FL City	33409 State		
Facility Name:					
Satellite Location:	1322 NW Federal Hwy				
Add Delete	Street name and number Zip Stuart	FL City	34994 State		
Facility Name:					
Satellite Location:	3106 20th St				
Add Delete	Street name and number Zip Vero Beach	City FL	State 32960		
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 Ph	nysician		O1 - L8 73 Date of signature		
☐ 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:	Robert J. Pearl, D.O.		OS 10	079	ME
Facility Name:					
Practice Location:	6122 NW 7th Ave				
Add	Street name and number		City		State
Delete	^{Zip} Miami	FL		33127	
Facility Name:					
Satellite Location:	11440 SW 88th St, Suite	109			
Add	Street name and number Zip Microsi		City	00470	State
Delete	Zip Miami	FL		33176	
Facility Name:					
Satellite Location:	681 NE 125th St				
Add	Street name and number		City		State
□ Delete	^{zip} Miami	FL		33161	
Facility Name:					
Satellite Location:	3119 Coral Way				
Add	Street name and number Zip Ra::		City		State
Delete	^{zip} Miami	<u>FL</u>		33145	
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					
10 mm 01-28-13					
Signature of Physician Date of signature					
Na.					
PLEASE CANCEL MY DISPENSING STATUS EFFECTIVE					
	v.			L -1	

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.

MEDICINE BOARD

OSTEUPATHIC UNIT

13 JAN 15 PM 1:23

PM 1: 23 ADDING / DELETING DISPERSING LOCATIONS

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION						
Name & license No:	Robert J. Pearl, D.O.		OS 1007			
Facility Name:	Planned Po	arenthool				
Practice Location:	8177 Glades Rd, Bay 87					
Add Delete	Street name and number Zip Boca Raton	City FL	State 33434			
Facility Name:	Planned 1	Brenthool				
Satellite Location:	263 N University Dr					
☐ Add ☐ Delete	Street name and number Zip Pembroke Pines	City FL	State 33024			
Facility Name:	Planned T	Darenthool				
Satellite Location:	3119 - A Coral Way #					
☐ Add ☐ Delete	Street name and number Zip Coral Gables	City FL	State 33145			
Facility Name:	Planel	Parentho	s)			
Satellite Location:	10111 Forest Hills Blvd	I, Suite 340				
☐ Add ☐ Delete	Street name and number Zip Wellington	City FL	State 33414			
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 Ph	O lew) vyšician		Ol - 10 - 13 Date of signature			
_ PLEASE	PLEASE CANCEL MY DISPENSING STATUS EFFECTIVE					
To cancel dis	pensing practitioner status from yo	our medical license, the lic	censee must submit a			

DH-MQA 1070, Rules 64B8-4.029 and 1.007, FAC, Revised 7/2011

signed request to the Board office to the address listed above.



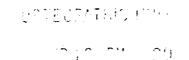


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ADDING / DELETING DISPENSING LOCATIONS

	PLEASE PRINT OR	TYPE THE FOLLOWING INFOR	RMATION		
Name & license No:	Robert J 1	Pearl, D.V.	ME OS	10077	
Facility Name:	Planned Pare	othered of South	h Florida o	on the	
Practice Location: Add	OII FORST HILL	Black scribe 340	State	Zip CC	
Delete	L Welli	m + c = 3	3414		
Facility Name:	Planned Parenth	nood of South For	ida 4 The	MOSURE OUT	
Satellite Location:	4889 Lake W	17th Rd Scrite 10	State	Zip	
☐ Add ☑ Delete	Street name and number	Loke Cor		3463	
Facility Name:				The state of the s	
Satellite Location:				·	
Add Delete	Street name and number	City	State	Zip	
Facility Name:			♥ <u>====================================</u>		
Satellite Location:					
Add Delete	Street name and number	Clty	State	Zip	
Please submit this request form to: Department of Health Board of Medicine 4052 Bald Cypress Way, Bin # C-03					
	$\rho_{\Lambda} = \rho_{\Lambda}$	Tallahassee, FL. 32399-3 Fax: (850) 488-0596		1 ~	
Signature of Ph	ysician		Date of signatu		
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 & Ilcense No:	Robert J	Pearl,	D.J.	ME DS	10077
Facility Name: Practice	Planned Pox	sophoed .	of South	n Florido	onthe
Location: Add Delete	Street name and number	<u>Islas sa</u> Iiratao	110 340 E/ 3	3411	Zip
Facility Name:	Planned Parent	mod Of 8	iauth For	ida 4 The	Treasure
Satellite Location:	4889 Lake W	arth Rol	Suite 10	State	Zip
☑ Delete			olie (2014	h, FC	33463
Facility Name:					
Satellite Location:					
Add Delete	Street name and number		City	State	Zlp
Facility					
Name:					
Satellite					
Location:					
☐ Add ☐ Delete	Street name and number		City	State	Zlp
Please submit	t this request form to:	Departme Board of	ent of Health Medicine		
4052 Bald Cypress Way, Bin # C-03 Tallahassee, FL. 32399-3253					
-1/1/		Fax: (850)	488-0596	08-22	74
Signature of Phy	/sician			Date of signa	
PLEASE CANCEL MY DISPENSING STATUS EFFECTIVE					
	Effective Date			e 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.					

1901-9397

MEDICINE BOARD

16 OCT 21 AM 8: 08

Rick Scott Governor

ADDING / DELETING DISPENSING LOCATIONS

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION					
Name & license No:	Robert Pear	L	MEOS (C)C	79	
Facility Namer	Planned Parentin	od of Bosto Eas	t-4North Acr	ide	
Practice Location:	1011 Forest H	ill Blod Soile	.340		
Add Delete	Street name and number	FL Cly	3 그 나 나	lp	
Facility Name:	Planned Parenth	add Saxh Fash	a Norwhan	ida	
Satellite Location:	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	whiled #109			
Add Delete	Street name and number	FI 3346	3 State Z	lp	
Facility Name:	Panned Parex	Wood of South	Uncoller ten3,	n Floride	
Satellite Location:	3106 30° 5	st.		,	
Add Delete	Street name and number VEVO SCOOK	\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> 32960</u>	Zip .	
Facility Name:	Panned Pare	nthood of Soul	h Eastanord	un flatice	
Satellite Location:	931 Village	God Sork	904		
Add Delete	Street name and number	Spach City	State 2	Žip i	
Please submi	t this request form to:	Department of Health Board of Medicine	•		
•		4052 Bald Cypress Wa Tallahassee, FL. 32399			
161	Zewel 15	Fax: (850) 488-0596	1-3233 15-19-16	r)	
Signature of Ph	ysician		Dale of signature		
PLEASE CANCEL MY DISPENSING STATUS EFFECTIVE O					
To cancel dispensing practitioner status from your medical license, the licensee must submit a storted request to the Board office to the address listed above. DH -MQA 1070 Revised 8/09 4052 Bald Cypross Way, Bin #C03, Tallahassee, FL 32399,3253					
DH -MQA 1070	Revised 8/09 4052 Bald C	ypcess Way, Bin #C03, Tullahassee, Fl	32399,3253	CUN	
			THE OF	グ	

ADDING / DELETING DISPENSING LOCATIONS

	PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION	
Name & ticense No:	Robert Paul OS10079	
Facility Name: Practica	Honned Parenthoodox South East-aborder	brida
Location:	681.08 1254 St	
Madd Malegie	State 12 State State	·
Facility Name:	Planned Ranerthood of South Restalland	- Planida
Satisfites	1440 SLD 8840 St + 109	
Aida Mieleie	Micenni 41 33176 City	;
Facility Name:	Plenned Peventrood of South, Easternal	hAdrida
Satulita Location:	6122 Nin 720 Ave	·
Add Delete	Many Blow Story 23197	
Facility Name:	A Company of the Comp	
Satellite Location		
Add Delete	Surfa comb and worker (City)	
Piassa submit	this request form to: Department of Health Board of Medicine	
	4052 Bald Cypress Way, film # C-03 Tallahassee, FL 37390-3253	
10	Ture (850) 488-0596	<i>(</i>
Sign shirts of the		>
["] PLEASE	CANCEL MY DISPENSING STATUS EPFECTIVE	
hazzi - caprie 1 - A	Elicativa Date	

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