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11/01/2011 100.00
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 BT: 3007140
 VL: 911026559

DISPENSING PRACTITIONER REGISTRATION	OFFICE USE ONLY
<p>Important – Complete one form per licensee.</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>	

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Name & license No:	Robert Jay Pearl 1901	ME0510079
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Facility Name:	Planned Parenthood - West Palm Beach	
Practice Location:	931 Village Blvd #904, West Palm Beach, FL 33409	
<input checked="" type="checkbox"/> Add	Street name and number	City State Zip
<input type="checkbox"/> Delete		

Facility Name:	Planned Parenthood - Lake Worth	
Satellite Location:	4889 Lake Worth Rd #109, Lake Worth, FL 33463	
<input checked="" type="checkbox"/> Add	Street name and number	City State Zip
<input type="checkbox"/> Delete		

Facility Name:	Planned Parenthood - Boca Raton	
Satellite Location:	8177 W Glades Rd, Boca Raton, FL 33431	
<input checked="" type="checkbox"/> Add	Street name and number	City State Zip
<input type="checkbox"/> Delete		

Facility Name:	Planned Parenthood - Pembroke Pines	
Satellite Location:	263 N. University Dr, Pembroke Pines, FL 33024	
<input checked="" type="checkbox"/> Add	Street name and number	City State Zip
<input type="checkbox"/> Delete		

T. G. ...
10/1/2011
 Signature of Physician Date of signature

PLEASE CANCEL MY DISPENSING STATUS EFFECTIVE _____

1/2



Rick Scott
Governor

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

DISPENSING PRACTITIONER REGISTRATION	OFFICE USE ONLY
<p>Important – Complete one form per licensee.</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>	

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Name & license No:	Robert Jay Pearl	MEDS10079
--------------------	------------------	-----------

Facility Name:	Planned Parenthood - Miami		
Practice Location:	Satellite 3119A Coral Way #A, Coral Gables, FL 33145		
<input checked="" type="checkbox"/> Add	Street name and number	City	State Zip
<input type="checkbox"/> Delete			

Facility Name:			
Satellite Location:			
<input type="checkbox"/> Add	Street name and number	City	State Zip
<input type="checkbox"/> Delete			

Facility Name:			
Satellite Location:			
<input type="checkbox"/> Add	Street name and number	City	State Zip
<input type="checkbox"/> Delete			

Facility Name:			
Satellite Location:			
<input type="checkbox"/> Add	Street name and number	City	State Zip
<input type="checkbox"/> Delete			

Signature of Physician	Date of signature
	10/1/2011

PLEASE CANCEL MY DISPENSING STATUS EFFECTIVE _____

2/2

2093375
Osleo



MEDICINE BOARD

Rick Scott
Governor

13 JAN 30 PH 2:41

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

PHYSICIAN DISPENSING REGISTRATION

OFFICE USE ONLY

NOTE: YOU MAY NOT DISPENSE UNTIL THIS REGISTRATION HAS BEEN APPROVED.

Important - Complete one form per licensee.

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, FS.

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.

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.
Dispensing Approval - You cannot begin dispensing until you are registered

13 FEB -6 PM 3:25

OSTEOPATHIC

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Name & license No: Robert J. Pearl, D.O. OS 10079 ME

Facility Name:

Practice Location: 8177 Glades Rd, Bay 87

Add Street name and number City State
 Delete Zip Boca Raton FL 33434

Facility Name:

Satellite Location: 263 N University Dr

Add Street name and number City State
 Delete Zip Pembroke Pines FL 33024

Robert J. Pearl
Signature of Physician

01-28-73
Date of signature

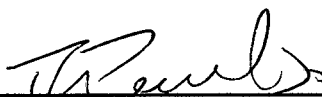
PLEASE CANCEL MY DISPENSING STATUS EFFECTIVE _____ Effective Date

ADDING / DELETING DISPENSING LOCATIONS

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION			
Name & license No:	Robert J. Pearl, D.O.	OS 10079	ME
Facility Name:			
Practice Location:	4889 Lake Worth Rd, #109		
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Street name and number Zip	City	State
	Lake Worth	FL	33463
Facility Name:			
Satellite Location:	931 Village Blvd, Suite 904		
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Street name and number Zip	City	State
	West Palm Beach	FL	33409
Facility Name:			
Satellite Location:	1322 NW Federal Hwy		
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Street name and number Zip	City	State
	Stuart	FL	34994
Facility Name:			
Satellite Location:	3106 20th St		
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Street name and number Zip	City	State
	Vero Beach	FL	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 Physician

01-28-73
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 10079	ME
Facility Name:			
Practice Location:	6122 NW 7th Ave		
<input checked="" type="checkbox"/> Add	Street name and number	City	State
<input type="checkbox"/> Delete	Zip Miami	FL	33127
Facility Name:			
Satellite Location:	11440 SW 88th St, Suite 109		
<input checked="" type="checkbox"/> Add	Street name and number	City	State
<input type="checkbox"/> Delete	Zip Miami	FL	33176
Facility Name:			
Satellite Location:	681 NE 125th St		
<input checked="" type="checkbox"/> Add	Street name and number	City	State
<input type="checkbox"/> Delete	Zip Miami	FL	33161
Facility Name:			
Satellite Location:	3119 Coral Way		
<input checked="" type="checkbox"/> Add	Street name and number	City	State
<input type="checkbox"/> Delete	Zip Miami	FL	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**


Signature of Physician

01-28-13
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.

2092917
Oster

MEDICINE BOARD

OCCEUPATHIC UNIT

13 JAN 15 PM 1:23

13 JAN 16 PM 2:22

ADDING / DELETING DISPENSING LOCATIONS

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION			
Name & license No:	Robert J. Pearl, D.O.	OS 10079	ME
Facility Name:	Planned Parenthood		
Practice Location:	8177 Glades Rd, Bay 87		
<input type="checkbox"/> Add <input checked="" type="checkbox"/> Delete	Street name and number Zip	City FL	State 33434
Facility Name:	Planned Parenthood		
Satellite Location:	263 N University Dr		
<input type="checkbox"/> Add <input checked="" type="checkbox"/> Delete	Street name and number Zip	City FL	State 33024
Facility Name:	Planned Parenthood		
Satellite Location:	3119 - A Coral Way #A		
<input type="checkbox"/> Add <input checked="" type="checkbox"/> Delete	Street name and number Zip	City FL	State 33145
Facility Name:	Planned Parenthood		
Satellite Location:	10111 Forest Hills Blvd, Suite 340		
<input type="checkbox"/> Add <input checked="" type="checkbox"/> Delete	Street name and number Zip	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 Physician

01-10-13

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.



STANDARD FORM NO. 100
12 AUG 29 PM 12:37

Oster
Rick Scott
Governor

ADDING / DELETING DISPENSING LOCATIONS

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION			
Name & license No:	Robert J Pearl, D.O.		ME 05 10079
Facility Name:	Planned Parenthood of South Florida and the Treasure Coast		
Practice Location:	1011 Forest Hill Blvd suite 340		
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Street name and number	City	State Zip
	Wellington, FL	33414	
Facility Name:	Planned Parenthood of South Florida + The Treasure Coast		
Satellite Location:	4889 Lake Worth Rd suite 109		
<input type="checkbox"/> Add <input checked="" type="checkbox"/> Delete	Street name and number	City	State Zip
	Lake Worth, FL	33463	
Facility Name:			
Satellite Location:			
<input 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

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]
Signature of Physician

08-22-12
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.

2095987

Ostelo



CONCENTRATING UNIT

Rick Scott Governor

ADDING / DELETING DISPENSING LOCATIONS

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION			
Name & License No:	Robert J Pearl, D.O.		ME 05 10079
Facility Name:	Planned Parenthood of South Florida and the Treasure Coast		
Practice Location:	1011 Forest Hill Blvd suite 340		
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Street name and number	City	State Zip
	Wellington,	FL	33414
Facility Name:	Planned Parenthood of South Florida & The Treasure Coast		
Satellite Location:	4889 Lake Worth Rd suite 109		
<input type="checkbox"/> Add <input checked="" type="checkbox"/> Delete	Street name and number	City	State Zip
	Lake Worth,	FL	33463
Facility Name:			
Satellite Location:			
<input 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

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]

Signature of Physician

08-22-12

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.

1901-9397 Osteo

3068745



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 Pearl ME05 10079
Facility Name:	Planned Parenthood of South East & North Florida
Practice Location:	10111 Forest Hill Blvd Suite 340
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Street name and number City State Zip Wellington FL 33414
Facility Name:	Planned Parenthood of South East & North Florida
Satellite Location:	4889 Lake Worth Rd #109
<input type="checkbox"/> Add <input checked="" type="checkbox"/> Delete	Street name and number City State Zip Lake Worth FL 33463
Facility Name:	Planned Parenthood of South, East & North Florida
Satellite Location:	3106 30th St.
<input type="checkbox"/> Add <input checked="" type="checkbox"/> Delete	Street name and number City State Zip Vero Beach FL 32960
Facility Name:	Planned Parenthood of South East & North Florida
Satellite Location:	931 Village Blvd Suite 904
<input type="checkbox"/> Add <input checked="" type="checkbox"/> Delete	Street name and number City State Zip West Palm Beach FL 33409

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

10-19-16
Date of signature

PLEASE CANCEL MY DISPENSING STATUS EFFECTIVE

09/24/2016
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.

RECEIVED
OCT 24 2016
OSCEOLA UNIT

7

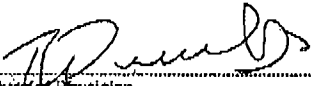
ADDING / DELETING DISPENSING LOCATIONS

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Name & license No:	Robert Pearl OS10079		
Facility Name:	Planned Parenthood of South, East & North Florida		
Practice Location:	681 NE 125 th St		
<input type="checkbox"/> Add	Street name and number		
<input checked="" type="checkbox"/> Delete	Zip	City	State
	Miami, FL	33161	
Facility Name:	Planned Parenthood of South, East & North Florida		
Satellite Location:	1140 SW 88 th St #109		
<input type="checkbox"/> Add	Street name and number		
<input checked="" type="checkbox"/> Delete	Zip	City	State
	Miami, FL	33176	
Facility Name:	Planned Parenthood of South, East & North Florida		
Satellite Location:	6122 NW 7 th Ave		
<input type="checkbox"/> Add	Street name and number		
<input checked="" type="checkbox"/> Delete	Zip	City	State
	Miami, FL	33127	
Facility Name:	XXXXXXXXXXXXXXXXXXXX		
Satellite Location:	XXXXXXXXXXXXXXXXXXXX		
<input type="checkbox"/> Add	Street name and number		
<input type="checkbox"/> Delete	Zip	City	State
	XXXXXXXXXX	XXXXXX	XXXXXX

Please submit this request form to:

Department of Health
 Board of Medicine
 4052 Bald Cypress Way, Bin # C-03
 Tallahassee, FL 32309-3253
 Fax: (850) 488-0586


 Signature of Physician

10-19-16
 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.