

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
JULY 4, 2023	PS 15418	371806

**THE PHARMACIST**

NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA.

EXPIRATION DATE: **SEPTEMBER 30, 2025**

**MARK JAMES HAUMSCHILD**  
**12494 104TH TER**  
**SEMINOLE, FL - 33778**



Ron DeSantis  
GOVERNOR



Joseph A. Ladapo, MD, PhD  
STATE SURGEON GENERAL

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License Authentication

DISPLAY IF REQUIRED BY LAW





**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE**

DATE	LICENSE NO.	CONTROL NO.
<b>AUGUST 4, 2023</b>	<b>PS 58350</b>	<b>381841</b>

**THE PHARMACIST**

NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA.

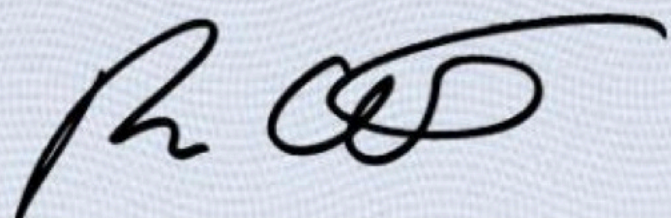
EXPIRATION DATE: **SEPTEMBER 30, 2025**

**AUSTIN RANDELL STEWART, JR.**

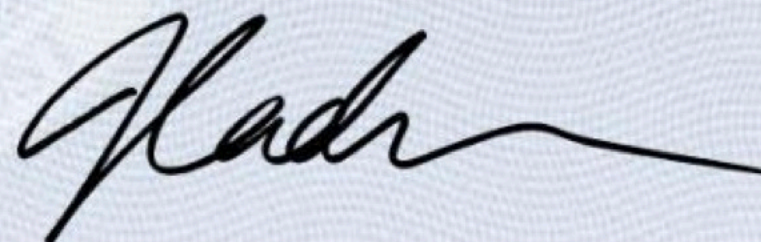
**10810 BOYETTE ROAD**

**#3031**

**RIVERVIEW, FL - 33569**



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GOVERNOR



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Your license number is PS 58369.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit [www.FLHealthSource.gov](http://www.FLHealthSource.gov) and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.




**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE**


DATE	LICENSE NO.	CONTROL NO.
AUGUST 4, 2023	PS 58369	381804

**THE PHARMACIST**  
NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA.

EXPIRATION DATE: **SEPTEMBER 30, 2025**

**JAMEKIA SHONTA STEWART**  
10810 BOYETTE ROAD  
#3031  
RIVERVIEW, FL - 33569

  
Ron DeSantis  
GOVERNOR

  
Joseph A. Ladapo, MD, PhD  
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STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
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DATE	LICENSE NO.	CONTROL NO.
AUGUST 4, 2023	PS 58369	381804

**THE PHARMACIST**  
NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA.

**JAMEKIA SHONTA STEWART**  
Expiration Date: **SEPTEMBER 30, 2025**

LICENSEE SIGNATURE

