AC#

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
[redacted]	[redacted]	[redacted]

The [redacted]
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **JULY 31, 2014**

[redacted]

Rick Scott
GOVERNOR

[redacted]

STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC#

DATE	LICENSE NO.	CONTROL NO.
[redacted]	[redacted]	[redacted]

The **REGISTERED NURSE**
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: [redacted]

LICENSEE SIGNATURE

EXPIRATION DATE: **JULY 31, 2014**

Your license number is [redacted], 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 call (850) 488-0595.

Use this section to report name change. Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license, a divorce decree or a court order. **A driver's license or social security card is not considered legal documentation.**

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information.

1. Go to **www.flhealthsource.com**
2. Click on Licensee/Provider
3. Click on Practitioner Login
4. Select your profession
5. Enter the account ID and password here **(Account ID and Password are case sensitive)** Account ID: [redacted] Password: [redacted]
6. Click on Login

MAIL TO: **DEPARTMENT OF HEALTH**
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SUPPORT SERVICES UNIT
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320

☐ **NAME CHANGE (ATTACH LEGAL DOCUMENTATION)**

FROM: _____
LAST FIRST MIDDLE

TO: _____
LAST FIRST MIDDLE

DH 2103, 5/98