

STATE OF FLORIDA

AC#

7435498

DEPARTMENT OF HEALTH

DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/18/2016	ME 109860	552049

The MEDICAL DOCTOR

named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2019**

TRACEY L LEWIS



LICENSEE SIGNATURE