

AC# 8762267

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

| DATE | LICENSE NO. | CONTROL NO. |
|------------|-------------|-------------|
| 01/29/2019 | OPC 5126 | 36789 |

The **CERTIFIED OPTOMETRIST** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2021**

WHITNEY LUSTER
308 CARLISLE ROAD
LAKELAND, FL 33813



A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis
GOVERNOR

DISPLAY IF REQUIRED BY LAW