

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC#

8627222

| DATE | LICENSE NO. | CONTROL NO. |
|------------|-------------|-------------|
| 11/06/2018 | ME 109860 | 631666 |

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

Expiration Date: **JANUARY 31, 2021**

TRACEY L LEWIS



LICENSEE SIGNATURE