



Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

### Change of Address for Current Licensees

Profession and License Number:		
Name (as printed on license)		
<b>NEW</b> Mailing Address:		
City/State/Zip		
Country (other than US)		
<b>NEW</b> Practice Location Address:		
City/State/Zip		
Country (other than US)		
Telephone	<input type="checkbox"/> Home:	<input type="checkbox"/> Work:
E-Mail Address:		
Profession:		
Signature:		Date:

**Please include signature and mail to the following address:**

Department of Health  
 Medical Quality Assurance  
 Communication Services Unit  
 4052 Bald Cypress Way, Bin C01  
 Tallahassee, Florida 32399-3251

Telephone: (850) 488-0595 extension 3