



Rick Scott
Governor

Change of Address for Current Licensees

Profession and License Number:		
Name (as printed on license)		
NEW Mailing Address:		
City/State/Zip		
Country (other than US)		
NEW 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
Fax: (850) 487-9626