

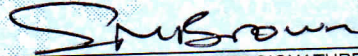
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC# **4626490**

DATE	LICENSE NO.	CONTROL NO.
10/18/2011	RN 9184305	1444850

The **REGISTERED NURSE**
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **APRIL 30, 2013**

SUSAN MUTUA BROWN



LICENSEE SIGNATURE