



Charlie Crist  
Governor

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Secretary of Health / State Surgeon General

## Change of Address form

**F.S.456.035,(1) Address of record:** Each licensee of the department is solely responsible for notifying the department in writing of the licensee's current mailing address and place of practice as defined by rule of the board. Electronic notification shall be allowed by the department; however, it shall be the responsibility of the licensee to ensure that the electronic notification was received by the department. A licensee's failure to notify the department of a change of address constitutes a violation of this section, and the licensee may be disciplined by the board.

License Number	AA	
Name (as printed on license)		
<b>NEW</b> mailing address:		
City/State/Zip:		
Country (other than US)		
<b>NEW</b> practice location:		
City/State/Zip:		
Country (other than US)		
Telephone:	Home:	Work:
E-mail Address Optional:		
Signature:		Date:

**NOTE:** Only practice locations are published on the Internet. Failure to update any licensure information within 30 days of the occurrence can be disposed of by citation.

Telephone: (850) 245-4131, Fax: (850) 488-0596