

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

AC#

10879500

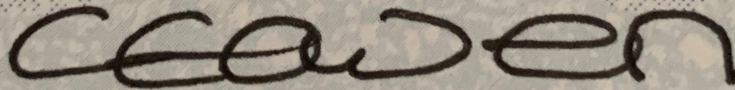
DATE	LICENSE NO.	CONTROL NO.
03/30/2022	RN 2772622	3365839

THE REGISTERED NURSE

NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date : **APRIL 30, 2024**

CLARE ELLEN OWEN



LICENSEE SIGNATURE