

John H. Armstrong, MD, FACS State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

Change of Address for Current Applicants

*Profession and File Number:			
*Name (as printed on			
license)			
*Date of Birth			
*Last Four Digits of Social Security Number			
NEW Mailing Address:			
City/State/Zip			
Country (other than US)			
NEW Practice Location			
Address:			
City/State/Zip			
Country (other than US)			
Telephone	□ Home:	□ Work:	
E-Mail Address:			
Profession:			
*Signature:		 	Date:

*Required field. For your protection, we ask for specific information to verify your identity. Incomplete requests will not be processed.

Department of Health Division of Medical Quality Assurance Florida Board of Optometry 4052 Bald Cypress Way, Bin C-07 Tallahassee, Florida 32399-3252

If you have any questions, please call our customer contact center at (850) 488-0595.