Rick Scott
Governor

John H. Armstrong, MD
State Surgeon General

Change of Address for Current Licensees

*Profession and License 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
Licensure Support Services
4052 Bald Cypress Way, Bin C-10
Tallahassee, Florida 32399-3260

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