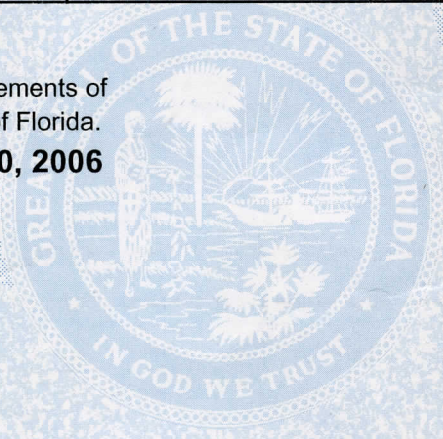


AC#1415448

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
04/10/2004	RN 9190223	445778



The **REGISTERED NURSE** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **APRIL 30, 2006**

**ALLISON MYER TEDESCHI**  
LAKE CITY MEDICAL CENTER  
1030 COMMERCE BLVD.  
LAKE CITY, FL 32055

Handwritten signature of Jeb Bush in black ink.

JEB BUSH  
GOVERNOR

Handwritten signature of John O. Agwunobi in black ink.

JOHN O. AGWUNOBI, M.D., M.B.A.  
SECRETARY

DISPLAY IF REQUIRED BY LAW