

AC# 3857362

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
04/01/2010	RN 9190223	1195006

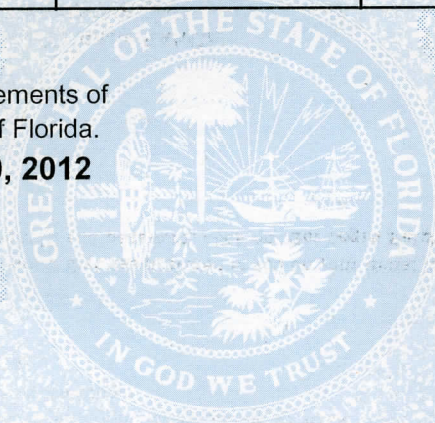
The **REGISTERED NURSE**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **APRIL 30, 2012**

ALLISON KATHLEEN PETERS

1600 SW ARCHER ROAD

GAINESVILLE, FL 32601



Charlie Crist
GOVERNOR

Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW