

AC# 8079502

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

| DATE | LICENSE NO. | CONTROL NO. |
|------------|-------------|-------------|
| 12/06/2017 | ME 35640 | 597146 |

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

Expiration Date: **JANUARY 31, 2020**

DOUGLAS GEORGE STEIN
3000 E FLETCHER AVE #330
TAMPA, FL 33613-4645



Rick Scott
GOVERNOR

Celeste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

Douglas G. Stein, MD
STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 16th day of February, 2018, by Douglas G. Stein, MD, who is personally known to me or produced _____ as identification.

Notary Public



JANA L. BEARRY
MY COMMISSION # FF 245863
EXPIRES: June 30, 2019
Bonded Thru Budget Notary Services