

AC# 6323019

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/07/2015	ME 63963	485030

The **MEDICAL DOCTOR** named below has met all requirements of the laws and rules of the state of Florida.  
Expiration Date: **JANUARY 31, 2017**  
**JENNY MENENDEZ**  
1600 S. ANDREWS AVE.  
FORT LAUDERDALE, FL 33316

**QUALIFICATION(S):**  
DISPENSING PRACTITIONER

STATE OF FLORIDA AC# 6323019  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

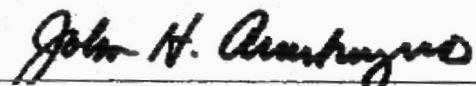
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**BENNY MENENDEZ**

LICENSEE SIGNATURE

  
Kirk Scott  
GOVERNOR

  
JOHN H. ARMSTRONG, MD, FACS  
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):  
Dispensing Practitioner