Signature of Medical Examiner	M.E. Telephone NO.	Date Signed
Marilyn Frontera	863-293-0040	9/5/2023

Medical Examiner's Name (print)	☐ MD ■ Chiropractor ☐ DO ☐ APN Nurse ☐ Physician Assistant ☐ Other
Marilyn Frontera, D.C.	

M.E. State License, Cert. or Regis. #	National Registry Number	Issuing State
CH11795	4320039395	Florida

Signature of Driver	Driver's License NO.	Issuing State
	S655-161-92314-0	FL

Address of Driver	City	State	ZIP
1025 Coatbridge Dr.	Kissimmee	FL	34758

Medical Certificate Expiration Date	CLP/CDL Applicant/Holder
9/6/2025	☒ YES ☐ NO