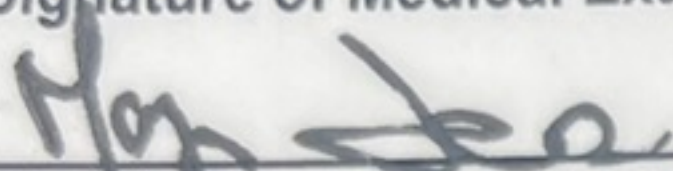


Signature of Medical Examiner 	M.E. Telephone NO. 863-293-0040	Date Signed 9/17/2023	
Medical Examiner's Name (print) Marilyn Frontera, D.C.	☐ MD ☒ Chiropractor ☐ DO ☐ APN Nurse ☐ Physician Assistant ☐ Other		
M.E. State License, Cert. or Regis. # CH11795	National Registry Number 4320039395		Issuing State Florida
Signature of Driver 	Driver's License NO. S655-164-2344-0		Issuing State FL
Address of Driver 1025 Coakbridge, Dr.	City Hissimmee	State FL	ZIP 34758
Medical Certificate Expiration Date 9/16/2025	CLP/CDL Applicant/Holder ☒ YES ☐ NO		