Medical Examiner's Certificate

Last Name: Vergara-Trujillo First Name: Denis

In accordance with (please check only one):

☐ Medical Examiner's Certificate Expiration Date: 09-24-2025

Medical Examiner's Telephone Number: 606 - 330 - 0333

Date Certificate Signed: 09-24-2023

LINDSEY MILLS MSN APRN NRCME

○ MD ○ Physician Assistant ● Advanced Practice Nurse

○ DO ○ Chiropractor ○ Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number: 3013437

Issuing State: KY

National Registry Number: 7212708143

Driver's Signature

Driver's Address: 6604 Lakeshore Dr. City: Lutz State/Province: FL Zip Code: 33558

Issuing State/Province: FL

CLINICAL Applicant/Mobile

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