

Florida Department of Health

Thank you for your payment!

Confirmation Number 0081342675

---

Patient ID	P8XH9448
Date of Birth	11/04/1996
Payment Date	July 29, 2024 11:42 AM EST
Payment Method	Visa **3524
Confirmation Email	carlosmasson96@gmail.com
Payment Amount	\$77.75

[Close](#)