

AC# 6255748

STATE OF FLORIDA

DEPARTMENT OF HEALTH

DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/25/2014	ME 71088	474526

THE MEDICAL DOCTOR

The named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2017**

PARIKSIITH SINGH

ATTN: JEANINE MARTIN

5350 SPRINGHILL DRIVE

SPRING HILL, FL 34606



Rick Scott
GOVERNOR

John H. Armstrong
John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: JANUARY 31, 2017

Your license number is ME 71088. please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0595.

Use this section to report name change. Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license, a divorce decree or a court order.

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information.

1. Go to www.FLHealthSource.gov
2. Click on "Provider Services"
3. Click on "Manage my License"
4. Select your profession
5. Enter the user ID and password that was provided to you on your initial license and click "Sign in using our secure server."
6. If you do not know your user ID and password, click on "Get Login Help?" or call our Customer Contact Center at (850) 488-0595 for assistance.

MAIL TO: DEPARTMENT OF HEALTH

DIVISION OF MEDICAL QUALITY ASSURANCE

LICENSURE SUPPORT SERVICES UNIT

P O BOX 6320

IMPORTANT ANNOUNCEMENT

THE DEPARTMENT OF HEALTH WILL NOW REVIEW
YOUR CONTINUING EDUCATION RECORDS AT

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LICENSEE SIGNATURE