

**Medical Examiner's Signature**  
 Garcia Pablo

I certify that I have examined \_\_\_\_\_ and have found him/her to be in compliance with Federal Aviation Regulations.

☒ I am a Federal Aviation Medical Examiner (FAA ME) and, with knowledge of the strong points of this person's qualifications and, if applicable, only when I am a member of the FAA ME Panel.

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The information furnished regarding the physical examination is true and complete. I complete Medical Examination Report Form, ME-307, with any attachments indicating my findings and recommendations, and I file it in my office.

**Medical Examiner's Signature**  
 Armando Perez

**Medical Examiner's Name (please print or type)**  
 Armando Perez

**Medical Examiner's State License Certificate, or Registration Number**  
 ME 91655

**Medical Examiner's Address (please print or type)**  
 2520 W. W. 7th St. #116 N. Miami, FL 33142

**Medical Examiner's Phone Number**  
 407-238-2552

**Medical Examiner's License Number**  
 12-23-24

**Medical Examiner's License Expiration Date**  
 12-23-22

**Medical Examiner's License Category**  
☒ ME ☐ Flight Instructor ☐ Advanced Flight Instructor ☐ Other (please specify)

**Medical Examiner's License Class**  
☐ ME ☐ Flight Instructor ☐ Other (please specify)

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# FMCSA

Federal Motor Carrier Safety Administration

**NATIONAL  
REGISTRY**  
OF CERTIFIED  
MEDICAL EXAMINERS



## Search Medical Examiners

National Registry Number

Business Name

4272389252

First Name

Last Name

Basic Search

Search

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**Dr. Armando Perez (Medical Doctor)**

**ARMANDO PEREZ, M.D.**

2412 NW 87 PL DORAL, FL 33176

(786) 232-5294

N/A [Directions](#)

**Dr. Armando Perez (Medical Doctor)**

**Armando Perez, MD PA**

4701 W 4 Ave HIALEAH, FL 33012

(786) 232-5294

N/A [Directions](#)

