

Public Burden Statement

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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** FLORES CARRERA **First Name:** ERNESTO in accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**
- ☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- ☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

03/14/2026

Medical Examiner's Signature

Medical Examiner's Telephone Number

(305) 363-5573

Date Certificate Signed

03/14/2024

Medical Examiner's Name (please print or type)

Rosita Atilus

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

APRN 9200104

Issuing State

Florida

National Registry Number

4178085912

Driver's Signature

Driver's License Number

F462-200-73-084-0

Issuing State/Province

Florida

Driver's Address

Street Address: 2211 BAY BERRY LN

City: CLEARWATER

State/Province: FL

Zip Code: 33763

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Mrs. Rosita Atilus
(Advanced Practice Registered Nurse)

Email

Website

Practice Business Name

St.Charles Wellness Center

Address

311 NE 8th street Suite 109 Homestead, FL 33030

Hours of Operation

8:30 am - 5 pm monday -friday , saturday 9:00 am- 1:00 pm by appointment

National Registry Number

4178085912

Certification Date

07/01/2022

Distance

N/A

Business Phone

(305) 363-5573

Business Fax Number

7866221893

Business Email

ratilus@stcharleswellnesscenter.com

Business Website

stcharleswellnesscenter.com

