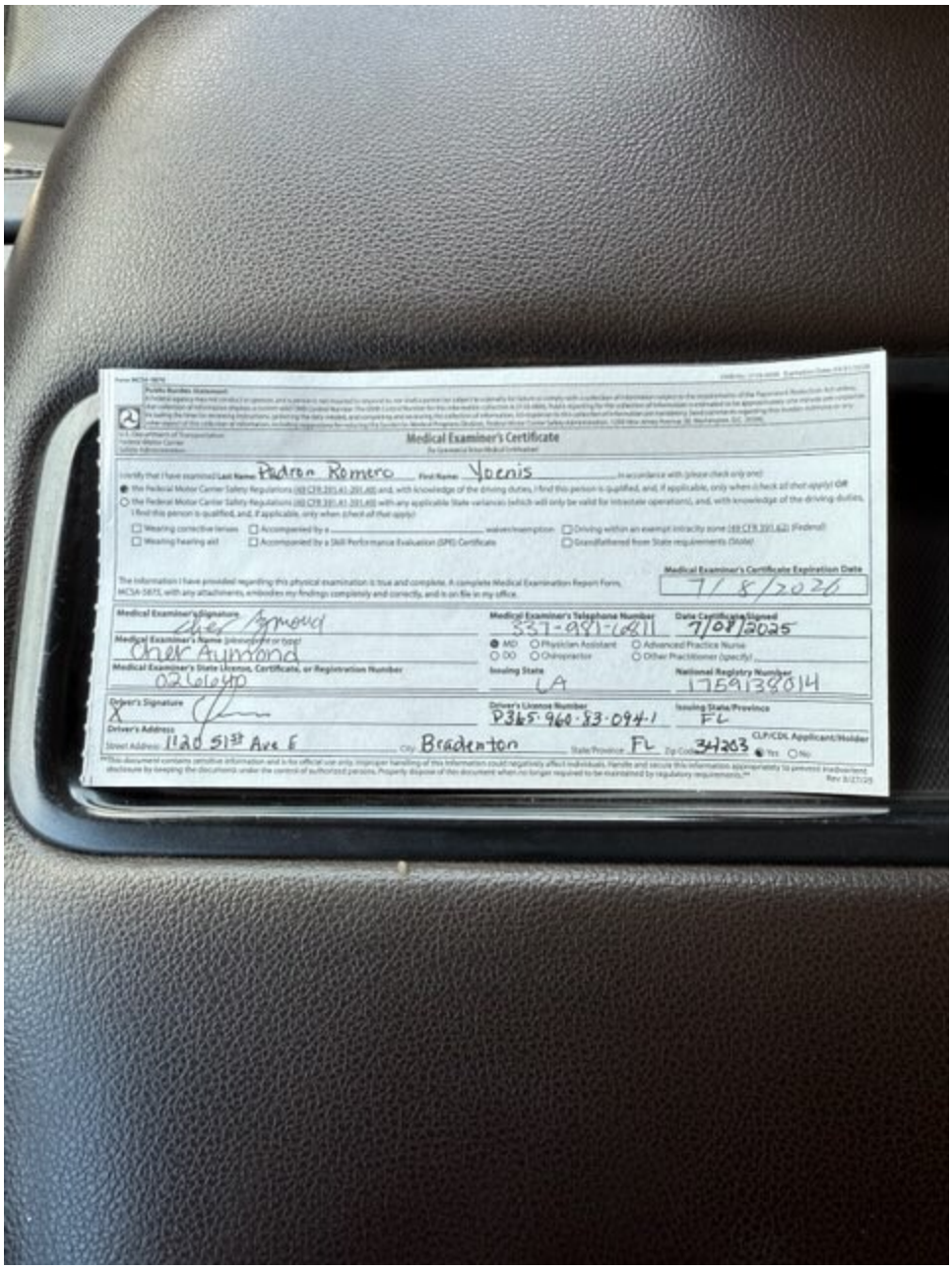

Medical Examiner's Certificate

I certify that I have examined Last Name: Pedroso Romero First Name: Yoenis 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: 7/8/2026

Medical Examiner's Signature: [signature]
Medical Examiner's Name (printed or typed): Cher Aumond
Medical Examiner's Telephone Number: 337-991-6811
Date Certificate Signed: 7/08/2025
(●) MD ( ) Physician Assistant ( ) Advanced Practice Nurse
( ) DO ( ) Chiropractor ( ) Other Practitioner (specify) _____
Medical Examiner's State License, Certificate, or Registration Number: 02L01490
Issuing State: LA
National Registry Number: 1759135014

Driver's Signature: X [signature]
Driver's License Number: P365-960-83-094-1
Issuing State/Province: FL
Driver's Address Street Address: 1120 51st Ave E City: Bradenton State/Province: FL Zip Code: 34203
CLP/CDL Applicant/Holder: (●) Yes ( ) No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Rev. 8/27/09