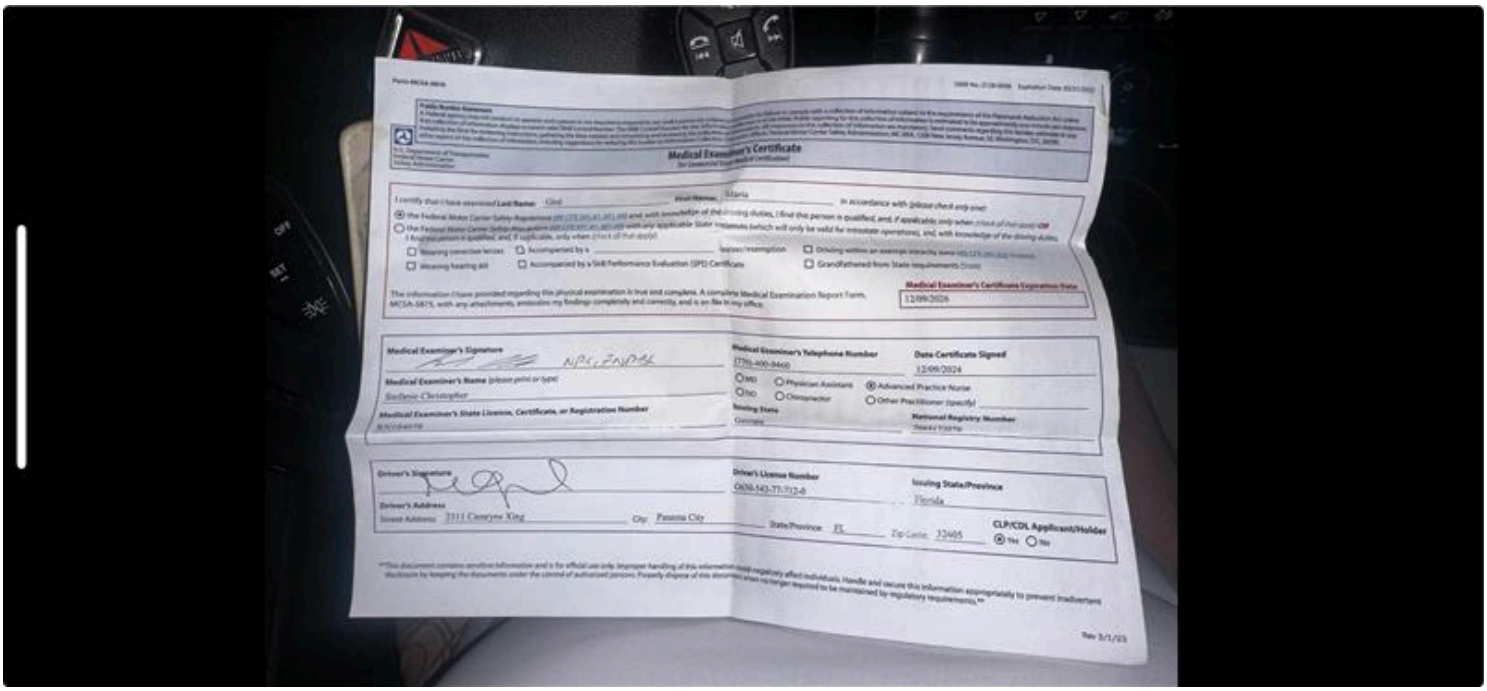
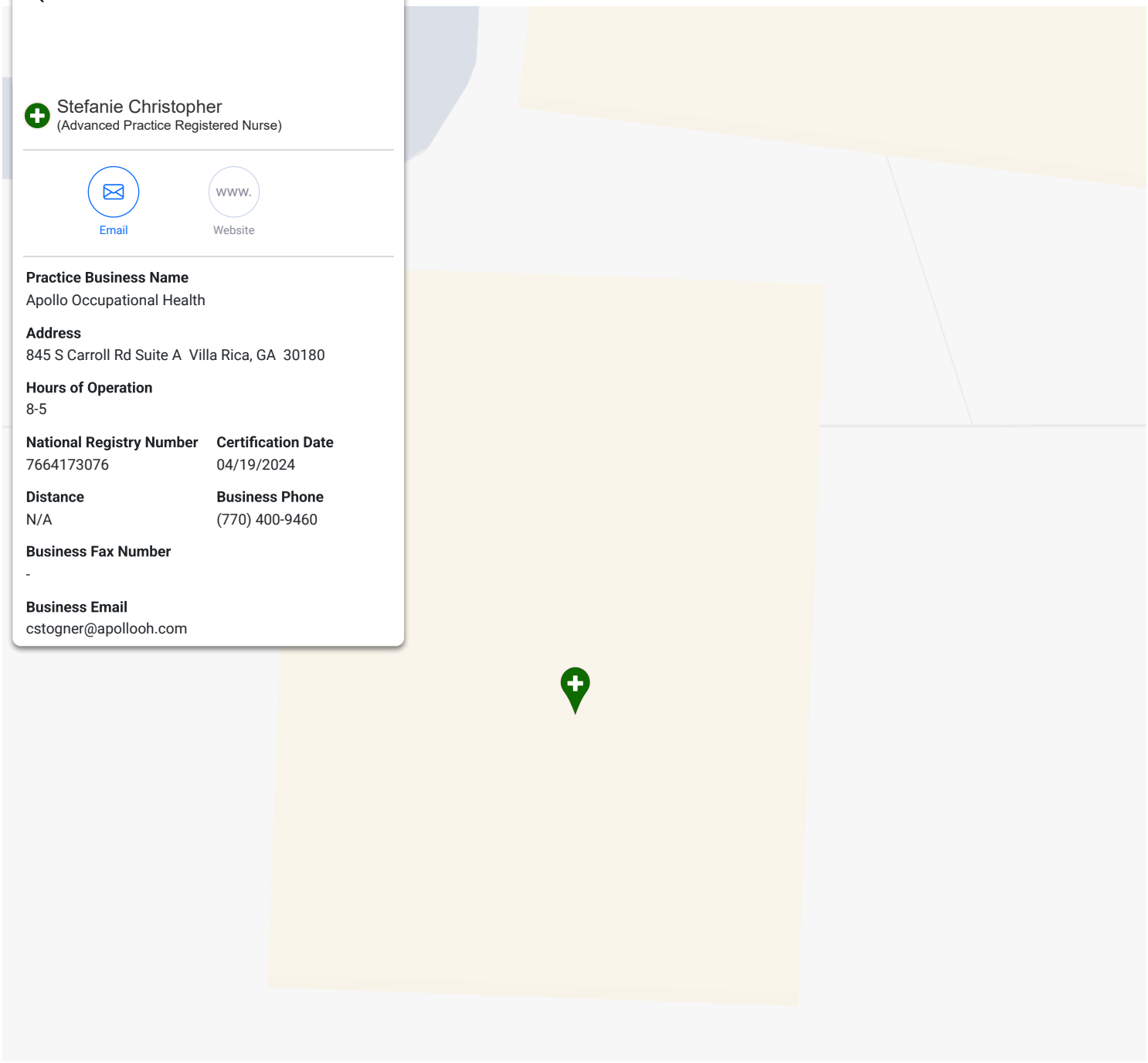

Medical Examiner's Certificate
Last Name: Gird
First Name: Maria
Medical Examiner's Signature
NP-C, FNP-BC
Medical Examiner's Name (please print or type)
Stefanie Christopher
Medical Examiner's Telephone Number
(770) 400-9460
Date Certificate Signed
12/09/2024
Advanced Practice Nurse
Medical Examiner's State License, Certificate, or Registration Number
Issuing State
Georgia
Driver's Signature
Driver's License Number
0658-140-77-712-8
Issuing State/Province
Florida
Driver's Address
Street Address: 2311 Cameron Xing
City: Panama City
State/Province: FL
Zip Code: 32405
CLP/CDL Applicant/Holder
Yes
No



Stefanie Christopher
(Advanced Practice Registered Nurse)

Email Website

Practice Business Name
Apollo Occupational Health

Address
845 S Carroll Rd Suite A Villa Rica, GA 30180

Hours of Operation
8-5

National Registry Number
7664173076

Certification Date
04/19/2024

Distance
N/A

Business Phone
(770) 400-9460

Business Fax Number
-

Business Email
cstogner@apollooh.com