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he information I have provided regarding this physical examination force and complete. A eport form, MCSA-5875, with any attachments, embrylies my finding completely and corre IEDICAL EXAMINER INFORM	Medical Examiner's Tolephone Number Data Marittante 2005
Armando Perez, MD	305-882-1100 IP C C // •MD OPtysician Assistant O Advanced Practice Nurse •D0 •Chiropractor •Other Practitioner (specify)
odicel Examiner's State License, Certificate, or Registration Number ME-91655	Issuing State National Registry Number FL 4272389252
HV DRIVER INFORMATION VIZGO	100

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