



STATE OF VERMONT
 BOARD OF MEDICAL PRACTICE
 Application For Renewal of Certificate of Registration As A
 REGISTERED PHYSICIAN

Under the provisions of Title 26, V.S.A., Chapter 21 - I, the person designated below, hereby apply for RENEWAL OF CERTIFICATE OF REGISTRATION as a PRACTICING PHYSICIAN for period ending January 31, 1981, and enclose fee of \$100.00 as prescribed by Statute. (See instructions at right.)

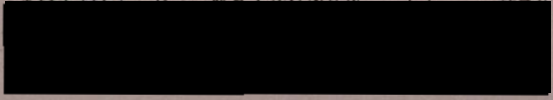
1979-81

12/20/78
 (Date)

Philip F. Waterman II MD
 Applicant's SIGNATURE

1078 Dr.

PHILIP F. WATERMAN II MD #5419



50C VII

Certificate expires January 31, 1981

Name: WATERMAN PHILIP F. II.
Last First Middle

Address of Office: _____
Street City State Zip Code

Specialty: OB-GYN

In which States are you licensed: VERMONT, NEW YORK, MICHIGAN, FLORIDA

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AM 10 49

VERMONT, NEW YORK, MICHIGAN, FLORIDA
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