

AC#

**COPY** STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
09/20/2002	ME 86058	100270

THE **MEDICAL DOCTOR**  
NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA.

EXPIRATION DATE: **JANUARY 31, 2005**

**MATTHIAS GOTTFRIED MUENZER**

SEACOAST OB/GYN  
24 MORRILL PLACE  
AMESBURY, MA 01913

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**COPY - NOT A VALID LICENSE - COPY**

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AT LEAST 90 DAYS PRIOR TO THE  
EXPIRATION DATE SHOWN ON  
THIS LICENSE, A NOTICE OF  
RENEWAL WILL BE SENT TO  
YOUR LAST KNOWN ADDRESS.  
IF YOU HAVE NOT RECEIVED  
YOUR NOTICE 60 DAYS PRIOR  
TO THE EXPIRATION DATE,  
PLEASE CALL (850) 410-3359.

YOUR LICENSE NUMBER IS **ME 86058**, PLEASE USE IT IN ALL CORRESPONDENCE WITH YOUR BOARD/COUNCIL. EACH LICENSEE IS  
SOLELY RESPONSIBLE FOR NOTIFYING THE DEPARTMENT IN WRITING OF THE LICENSEE'S CURRENT MAILING ADDRESS. USE THIS  
SECTION TO REPORT NAME AND/OR MAILING ADDRESS CHANGES.

EXPIRATION DATE: **JANUARY 31, 2005**

NAME CHANGES REQUIRE LEGAL DOCUMENTATION SHOWING THE NAME CHANGE. PLEASE MAKE SURE THAT A PHOTOCOPY OF ONE  
OF THE FOLLOWING ACCOMPANIES THIS FORM: A MARRIAGE LICENSE (MARRIAGE LICENSE MUST INDICATE THE ORIGINAL SIGNATURE  
AND SEAL FROM THE CLERK OF THE COURT), A DIVORCE DECREE INDICATING RESTORATION OF YOUR MAIDEN NAME, OR A COURT  
ORDER (E.G., ADOPTION, NAME CHANGE, OR FEDERAL IDENTITY CHANGE). ANY ONE OF THESE WILL BE ACCEPTED UNLESS THE  
DEPARTMENT HAS A QUESTION ABOUT THE AUTHENTICITY OF THE DOCUMENT. **A DRIVER'S LICENSE OR SOCIAL SECURITY CARD IS NOT  
CONSIDERED LEGAL DOCUMENTATION.**

TO REQUEST A DUPLICATE LICENSE SUBMIT THIS FORM AND A CHECK, PAYABLE TO THE DEPARTMENT OF HEALTH, IN THE AMOUNT OF  
\$25.00.

\_\_\_\_\_  
SIGNATURE REQUIRED

REQUEST DUPLICATE LICENSE

DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE  
LICENSURE SERVICES  
P.O. BOX 6320  
TALLAHASSEE, FLORIDA 32314-6320

NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

MAILING ADDRESS CHANGE

FROM: \_\_\_\_\_  
LAST FIRST MIDDLE

TO: \_\_\_\_\_  
LAST FIRST MIDDLE

DH 2103, 5/98

\_\_\_\_\_  
CITY STATE ZIP

DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE  
LICENSURE SERVICES  
4052 BALD CYPRESS WAY, BIN #C-10  
TALLAHASSEE, FLORIDA 32399-3260

MATTHIAS GOTTFRIED MUENZER  
87 GLEN ROAD  
UNIT #10  
BROOKLINE, MA 02445

**Florida Department of Health - Board of Medicine**

**LICENSE RENEWAL NOTICE**

DEPARTMENT USE ONLY

**Active Medical Doctor License # ME 86058 expires January 31, 2005.**

The fee of **\$454.00** and the renewal notice must be postmarked on or before January 31, 2005.  
Renewal notices postmarked on or after February 1, 2005 require a renewal fee of **\$839.00**.

**1. CURRENT MAILING ADDRESS:**

**This address will be used for all correspondence from the Department of Health.**

MATTHIAS GOTTFRIED MUENZER  
ATTN: MATTHIAS G. MUENZER, MD  
ELL POND MEDICAL ASSOCIATES  
101 MAIN ST, SUITE 214  
MEDFORD, MA 02155

**2. CURRENT PRACTICE LOCATION:**

**This address will be printed on your license and posted on the Internet.**

ELL POND MEDICAL ASSOCIATES  
101 MAIN ST, SUITE 214  
MEDFORD, MA 02155

**3. RENEW ON LINE TODAY!**

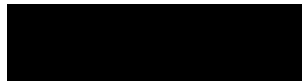
Go to [www.doh-mqaservices.com](http://www.doh-mqaservices.com) and renew your license, change your address, update profile information, and confirm information maintained by the Department. Listed below is your user id and password for online services. If you renew online, you will receive a temporary license upon successful completion of your renewal. Online renewals are processed immediately and your license status is updated online within seven business days.

**4. CHANGES TO CURRENT LICENSE INFORMATION:**

**If you have any changes to the name, mailing address, practice location address, license status or military status information associated with your license, please provide the updated information in the appropriate fields of section 7 on the back of this form.**

**5. THERE ARE TWO RENEWAL METHODS AVAILABLE:**

**A. Online Renewal:** Visit [www.doh-mqaservices.com](http://www.doh-mqaservices.com) go to the Practitioner Logon box, select your profession and enter your ID and password. If you are requesting a status change you will be ineligible to renew your license online. The system will be available for renewals until midnight, Eastern Standard Time (EST), January 31, 2005. To use the online system, you will need the following information:



*(Note: Account Id and Password must be entered exactly as they appear.)*

The online renewal system will allow practitioners to update their addresses, update profile information and to confirm licensee information maintained by the Department. Practitioners will receive a temporary license upon successful renewal before logging out of the system.

**B. U.S. Mail:** Mail completed form and fee payable to the Department of Health to the following address:

**Department of Health  
Division of Medical Quality Assurance  
PO Box 6320  
Tallahassee, FL 32314-6320**

**6. Other Information:**

**By submitting the appropriate renewal fees to the Department, a licensee certifies compliance with all requirements for renewal, including continuing education credits.**

File Number: 79785

Sequence Number: 163

Profession Code: 1501

20

20



**Please make changes to your license information in section 7 on the BACK of this form.**

**7. CHANGES TO CURRENT LICENSE INFORMATION:**

**PLEASE READ THIS SECTION CAREFULLY BEFORE MAKING ANY CHANGES:**

To indicate changes in any section, complete the change indicator oval like this  X  
When providing updated information, print each character inside the box like this  
Use black/blue pen or No.2 pencil only for all changes.

A	B	C	1	2	3			

**CHANGE OF NAME:**

Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license (marriage license must indicate the original signature and seal from the clerk of the court), a divorce decree indicating restoration of your maiden name, or a court order (e.g., adoption, name change, or federal identity change). Any one of these will be accepted unless the department has a question about the authenticity of the document. A driver's license or social security card is not considered legal documentation.

If the name change cannot be completed, your license will be renewed using the current name.

Last Name:

First Name:

Middle Name:  Title:  Suffix:  (Jr, Sr, I, II, etc.) Qualifier:  (PhD, DDS, etc.)

**CHANGE OF MAILING ADDRESS:**

Attention:

Street Addr1:

Street Addr2:

City:

State:  Zip:  -  Phone: (  )  -

**CHANGE OF PRACTICE LOCATION: (This address can not be a Post Office Box)**

Attention:

Street Addr1:

Street Addr2:

City:

State:  Zip:  -  Phone: (  )  -

**CHECKLIST FOR MAILING RENEWAL FORM**

If mailing your renewal form, use the checklist below as a guide for enclosing all the required items to ensure a smooth renewal. If renewing by mail, allow 4-6 weeks processing time.

- REQUIRED:**  Renewal notice  
 Check or Money order written to Department of Health  
 Financial responsibility form (check only one item on the FR form)  
 Mail to: PO Box 6320, Tallahassee, Florida 32314-6320

**If you are renewing to active status, would you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?**

Yes

**CHANGE OF LICENSE STATUS:**

I wish to change my status from Active to Inactive. The fee for an inactive receipt is **\$415.00**. The fee for inactive after January 31, 2005 is **\$900.00**.

**CHANGE OF MILITARY STATUS:**

I am requesting Military Restricted Status. (You must submit proof of active military duty. Attach a copy of your current active duty orders or a letter from your Commanding Officer.) The fee for military restricted is **\$00.00**.

**DISPENSING:**

I wish to dispense medicinal drugs for a fee from my practice location and I understand an annual inspection of my dispensing records will be conducted. The fee for registration as a dispensing practitioner is **\$100.00** in addition to your renewal fee.