

## 4. Personnel

A. **Administration:** This information must match the information in the Personnel section of the Health Care Licensing Application.

TITLE	FULL NAME	SOCIAL SECURITY NUMBER
Administrator/ CEO/Managing Employee/Lab Director	MILTA TURBIDES	
Financial Officer	MILTA TURBIDES	
Safety Liaison		

B. **Additional information required for HEALTH CARE CLINIC applicants:** In accordance with sections 408.806(1)(a) and 400.991 F.S., the medical or clinic director and each licensed health care practitioners as provided in sections 8 and 9 of the Health Care Licensing Application, Health Care Clinics, AHCA Form 3110-0013, must provide their Social Security number. The Social Security number will be used to secure the proper identification of persons listed on this application for licensure and criminal background checks. Please attach additional sheets if necessary.

TITLE	FULL NAME	SOCIAL SECURITY NUMBER
Medical or Clinical Director	HARVEY C. ROTH, MD	
Licensed Health Care Practitioners		

## 5. Attestation

I, MILTA TURBIDES, under penalty of perjury, attest that the statements in this addendum to the application for licensure as a health care provider are true and correct.

Milta Turbides  
Signature of Licensee or Authorized Representative

Pres.  
Title

8/7/18  
Date