

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
Surgeon General & Secretary

**Vision:** To be the **Healthiest State** in the Nation

## Change of Address for Applicants/Current Licensees

Did you know you can **update your address online**? You can at <http://www.doh.state.fl.us/mqa/howdoi.htm>

*Profession and License Number:		
*Name (as printed on license)		
*Date of Birth		
*Last Four Digits of Social Security Number		
<b>NEW</b> Mailing Address:		
City/State/Zip		
Country (other than US)		
<b>NEW</b> Practice Location Address:		
City/State/Zip		
Country (other than US)		
Telephone	<input type="checkbox"/> Home:	<input type="checkbox"/> Work:
E-Mail Address:		
*Signature:		Date:

**\*Required field. For your protection, we ask for specific information to verify your identity. Incomplete requests will not be processed.**

For Applicants:

Department of Health  
Medical Quality Assurance  
Board of Nursing  
4052 Bald Cypress Way, Bin C-02  
Tallahassee, Florida 32399-3252  
Telephone: (850) 245-4125

For Current Licensees:

Department of Health  
Medical Quality Assurance  
Licensure Services Support Unit  
P.O. Box 6320  
Tallahassee, Florida 32314  
Telephone: (850) 488-0595