

**Mission:**

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



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**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**? Current licensees can update their address at <http://flhealthsource.gov/mqa-services>.*

Profession and License Number:		
*Name (as printed on license):		
*Date of Birth (MM/DD/YYYY):	*Last Four Digits of Social Security Number:	
<b>NEW Mailing Address:</b>		
City:	State:	ZIP:
Country (other than US):		
<b>NEW Practice Location Address:</b>		
City:	State:	ZIP:
Country (other than US):		
Home Telephone Number:	Work Telephone Number:	
Email Address:		
<i>Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.</i>		
*Signature:	*Date (MM/DD/YYYY):	

**\*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 Physical Therapy  
4052 Bald Cypress Way, Bin C-05  
Tallahassee, Florida 32399-3255  
Telephone: (850) 245-4373

For Current Licensees:

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