



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INVNP - Not Operating**



File #
Insp #

NAME	PERMIT NUMBER	DATE OF INSPECTION	
DOING BUSINESS AS			
STREET ADDRESS		TELEPHONE #	EXT
CITY	COUNTY	STATE/ZIP	

Additional Information

Owner Contact

Last Name	First Name
Middle Initial	Phone
Extension	

Inspection Employee Tracking

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INV NP - Not Operating

Not Operating

Licensee is currently not operating	Verify
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Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Investigator Signature:

Representative:

Date:

Date: