

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

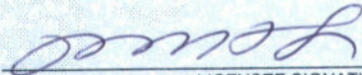
AC#

2256036

DATE	LICENSE NO.	CONTROL NO.
08/18/2006	ME 96743	190583

The **MEDICAL DOCTOR**
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **JANUARY 31, 2009**

BO HONG



LICENSEE SIGNATURE