

[Date]

DEA
Attention: Registration
MIAMI FIELD DIVISION
2100 NORTH COMMERCE PKWY
WESTON, FL 33326

Dear Sir or Madam:

Please change the address on my DEA Controlled Substance Registration Certificate # _____, (copy enclosed) to:

Department of _____
University of Florida College of Medicine
653-1 West 8th Street
Jacksonville, FL 32209

Previous address:

(list previous address)

My (the state new faculty is coming from) license is _____, and my Florida license number is _____, (copy enclosed).

If you have any questions, please call me at (352)_____.

Sincerely,

New Faculty, M.D.
Title