

**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

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**FLORIDA DEPARTMENT OF HEALTH**  
**CONFIRMATION OF SUBMISSION**

**NAME:** LATRIECE NICHOLSON

**PROFESSION:** LICENSED PRACTICAL NURSE

**LICENSE NUMBER:** PN5224795

**RECEIPT DATE:** 07/31/2019

**FEE PAID:** \$75.00

**APPLICATION NUMBER:** 947417

**MAILING ADDRESS:** 5702 W BASSA STREET  
WIMAUMA, FL 33598

**ATTENTION:**

**PRACTICE ADDRESS:** 5707 N 22ND STREET  
TAMPA, FL 33610

**ATTENTION:**

**NOTE:**

This document confirms receipt of an application and fee for the above-named practitioner. Confirmation of your renewal can be viewed by visiting <http://www.FLHealthsource.gov> and selecting "Verify A License". If additional information is needed you will receive a separate request. If you do not receive your license or a request for additional information within 30 days, please contact us at (850) 488-0595.

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