ORIGINAL

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 030672

Florida Hospital Medical Center
601 East Rollins Street
Orlando FL 32803-1273

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X Efrain Vicente ☐ Agent ☒ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

MAIL CARRIER ATTENDED OCT 14 2003 USPS 32803

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7002 0860 0001 1755 6958

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

AUS ____
CAF ____
CMP ____
COM ____
CTR ____
ECR ____
GCL ____
OPC ____
MMS ____
SEC +
OTH ____

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10165 OCT 17 8
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