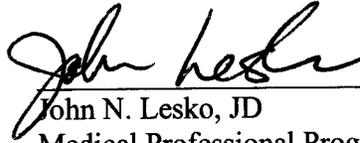


CERTIFICATE OF SERVICE

I certify that on this the 29th day of June, 2010, I hand served a copy of the
Voluntary Surrender License No. 18572 upon Respondent Janet Leigh Conviser.



John N. Lesko, JD

Medical Professional Program Coordinator
Healthcare Connections of Tampa