



Certification of Compliance with Florida Public Records Law Form

Name of Organization: Florida Environmental Health Assoc

Address of Organization: 2133 Siesta Dr Sarasota, FL 34239

Organization's Federal Employer Identification Number: _____

This is to certify that financial, business, and membership records of the above-named organization that pertain to an institutional or individual membership paid with public funds from the state of Florida shall be open for inspection to any citizen of Florida in accordance with Department of Health regulations and Chapter 119, Florida Statutes. In addition, this certifies that memberships paid with public funds will not be used for lobbying purposes.

Name and Title: Michael Crea, Executive Director (Print or Type)

Authorized Representative Signature: [Signature]

Date: 2/21/2023

To be completed by Notary:

State of Florida

County of Sarasota



Jason Wilson Notary Public, State of Florida My Commission Expires 06/24/2025 Commission No. HH 145589

Witness my hand and official seal this 02, 24, 2023 Month Day Year

My commission expires: 06/24/2025 DATE

[Signature] NOTARY PUBLIC

Personally Known _____ Produced Identification X

Type of Identification Produced Florida drivers license

Table with 2 columns and 4 rows for Central Purchasing Membership Approver, Signature, Approval Date, and Expiration Date.