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Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit [www.FLHealthSource.gov](http://www.FLHealthSource.gov) and click "Renew A License" to renew online.

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**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE**


DATE	LICENSE NO.	CONTROL NO.
JUNE 26, 2024	RT 24966	120632

**THE REGISTERED RESPIRATORY THERAPIST**  
NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA.


EXPIRATION DATE: **MAY 31, 2025**

**SAMUEL DAVID BLAKE**  
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LOVELAND, CO - 80538

  
Ron DeSantis  
GOVERNOR

  
Joseph A. Ladapo, MD, PhD  
STATE SURGEON GENERAL

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LICENSEE SIGNATURE