STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

Screen Consent: Y [X] N [ ]
Program Consent: Y [X] N [ ]
Info Release: Y [X] N [ ]

CERTIFICATE OF LIVE BIRTH

FLORIDA 109- 03 135232

LOCAL FILE NO. 6003-10163

1. CHILD'S NAME (First, Middle, Last): COURTNEY DAWN ANUSEVITCH
2. DATE OF BIRTH (Month, Day, Year): AUGUST 20, 2003
3. TIME OF BIRTH: 9:01P M
4. SEX: FEMALE
5. CITY, TOWN OR LOCATION OF BIRTH: BOCA RATON
6. COUNTY OF BIRTH: PALM BEACH
7. PLACE OF BIRTH: [X] HOSPITAL [ ] FREESTANDING BIRTHING CENTER [ ] CLINIC/DOCTOR'S OFFICE [ ] RESIDENCE [ ] OTHER
8. FACILITY NAME (If not institution, give street and number): WEST BOCA MEDICAL CENTER
9. INSIDE CITY LIMITS? (Yes or No): NO
10. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED. SIGNATURE: Gloria Baer
11. DATE SIGNED (Month, Day, Year): AUG 22, 2003
12. CERTIFIER'S NAME AND TITLE (Type): NAME GLORIA BAER — [ ] M.D. [ ] D.O. [ ] HOSPITAL ADMIN. [ ] C.N.M. [ ] OTHER MIDWIFE [X] OTHER (Specify) MEDICAL RECORDS TECH.
13. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type): Name SAMULE KAUFMAN — [X] M.D. [ ] D.O. [ ] C.N.M. [ ] OTHER MIDWIFE [ ] OTHER [ ] Specify if other:
14. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6853 SW 18TH STREET BOCA RATON, FLORIDA 33433
15. REGISTRAR'S SIGNATURE: Alexandra Sanders
16. DATE REGISTERED BY REGISTRAR (Month, Day, Year): AUG 25 2003
17a. MOTHER'S MAIDEN NAME (First, Middle, Last): KIMBERLY WOODS
17b. MOTHER'S CURRENT SURNAME IF DIFFERENT THAN 17a: ANUSEVITCH
18. DATE OF BIRTH (Month, Day, Year): MAY 17, 1972
19. BIRTHPLACE (State or Foreign Country): MASSACHUSETTS
20a. RESIDENCE - STATE: FLORIDA
20b. COUNTY: PALM BEACH
20c. CITY, TOWN, OR LOCATION: DELRAY BEACH
20d. STREET AND NUMBER: 15085 MICHELANGELO BLVD.
20e. APT. NO.: 9-108
20f. INSIDE CITY LIMITS? (Yes or No): YES
20g. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only): 33446
21. FATHER'S NAME (First, Middle, Last): JAMES MICHAEL ANUSEVITCH
22. DATE OF BIRTH (Month, Day, Year): APRIL 26, 1970
23. BIRTHPLACE (State or Foreign Country): MASSACHUSETTS
24. PARENT(S) REQUEST THAT A SOCIAL SECURITY NUMBER BE ISSUED FOR THIS CHILD: [X] YES [ ] NO
25. PARENT(S) AUTHORIZE RELEASE OF CHILD'S SOCIAL SECURITY NUMBER TO THE OFFICE OF VITAL STATISTICS: [X] YES [ ] NO
26a. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE. SIGNATURE OF PARENT: Kimberly Anusevitch

C. Thomas Gross, State Registrar

Date Issued: SEP 03 2009

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF HEALTH

DH FORM 1946 (08-04)

25940559

CERTIFICATION OF VITAL RECORD

25940559

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED