

CONTRACTOR E-VERIFY AFFIDAVIT

I hereby certify that _____ CDR Health Care Inc DBA CDR Health Inc, does not employ, contract with, or subcontract with an unauthorized alien, and is otherwise in full compliance with Section 448.095, Florida Statutes.

All employees hired on or after January 1, 2021 have had their work authorization status verified through the E-Verify system.

A true and correct copy of _____ CDR Health Care Inc DBA CDR Health Inc proof of registration in the E-Verify system is attached to this Affidavit.

Signature: [Handwritten Signature]

Print Name: Tina Vidal-Duart

Date: 9/16/2021

Federal Work Authorization User Identification No.: 1651692

Name of Pinellas County Contract and Contract No.: 21-0735-LI(DG) COVID-19 Vaccine Point of Dispensing

STATE OF FLORIDA COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by means of 1) physical presence or 2) online notarization _____, this 16th day of September (date) by Tina Vidal-Duart (name of officer or agent, title of officer or agent) of CEO of CDR Health Care Inc DBA CDR Health Inc, a Florida (state or place of incorporation) corporation, on behalf of the corporation. He/she is personally known to me or has produced _____ (type of identification) as identification.

[Notary Seal]



Ashli N. Gonzalez
COMMISSION # GG297863
EXPIRES: February 4, 2023
Bonded Thru Aaron Notary

Notary Public: [Handwritten Signature]

Name typed, printed, or stamped: Ashli Gonzalez

My Commission Expires: 2/4/2023