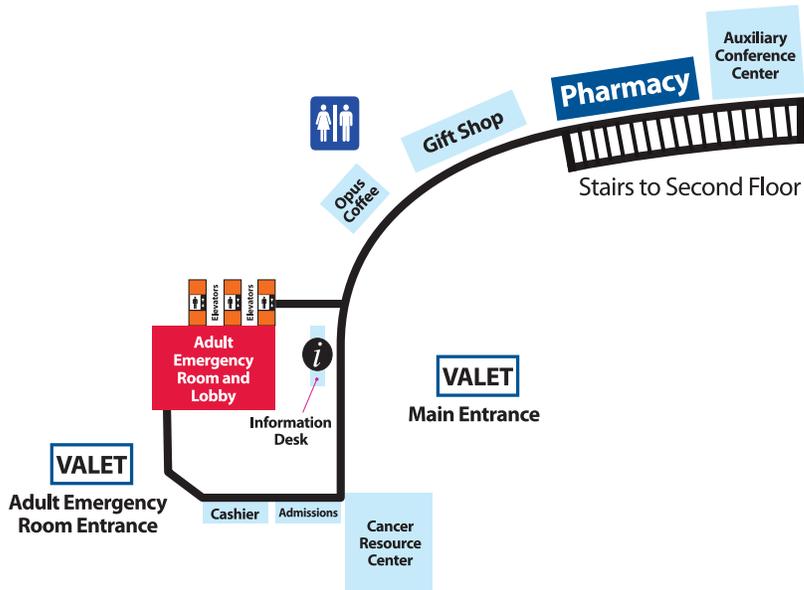
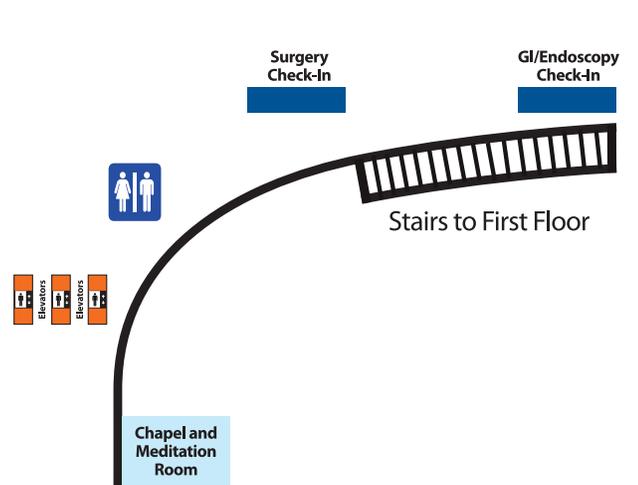


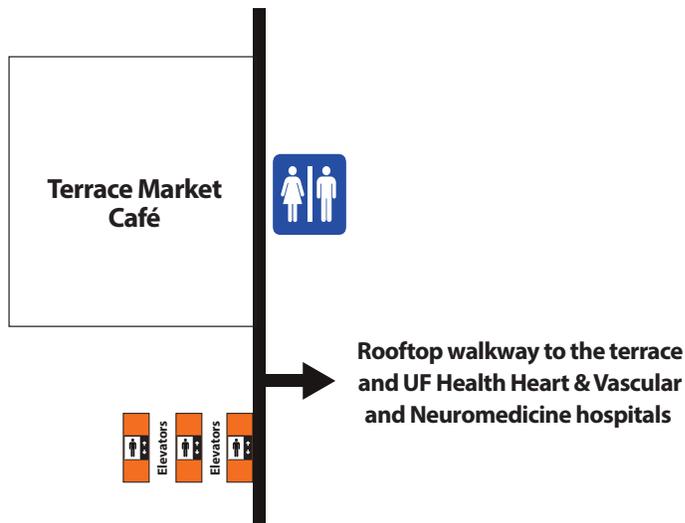
## FIRST FLOOR



## SECOND FLOOR



## THIRD FLOOR



## FOURTH FLOOR



Floor/Level \_\_\_\_\_

Stop Number \_\_\_\_\_

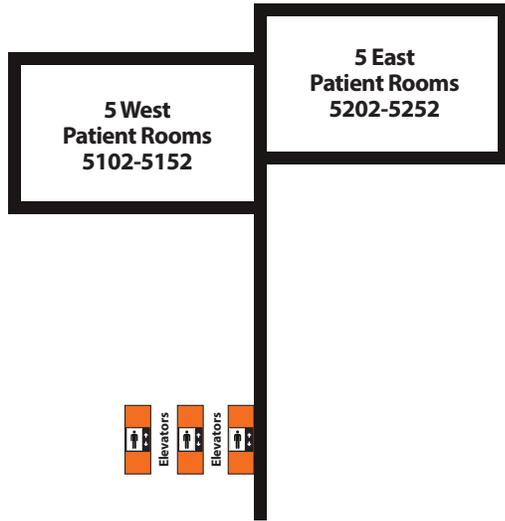
Room Number \_\_\_\_\_

SW ARCHER ROAD

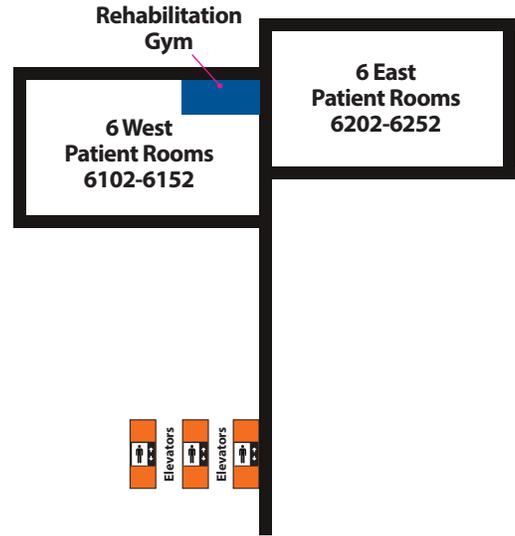


*Thank you for choosing UF Health*

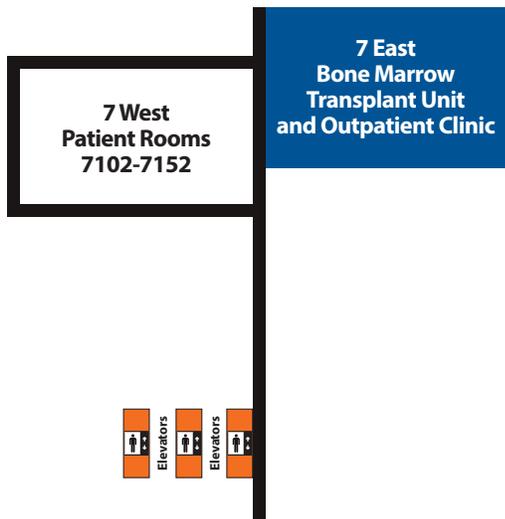
## FIFTH FLOOR



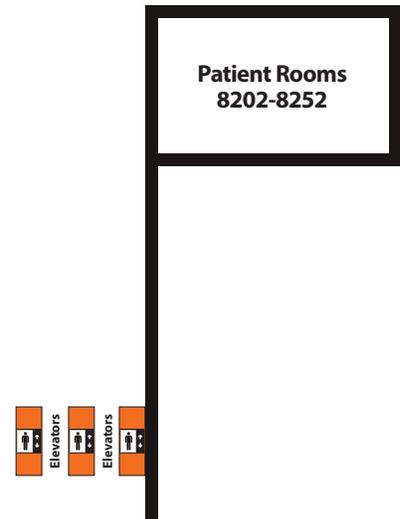
## SIXTH FLOOR



## SEVENTH FLOOR



## EIGHTH FLOOR



Floor/Level \_\_\_\_\_

Stop Number \_\_\_\_\_

Room Number \_\_\_\_\_

SW ARCHER ROAD



*Thank you for choosing UF Health*