



Florida Department of  
Law Enforcement

Gerald M. Bailey  
Commissioner

**Medical Examiners Commission**

Post Office Box 1489  
Tallahassee, Florida 32302-1489  
(850) 410-8600  
www.fdle.state.fl.us

Charlie Crist, *Governor*  
Bill McCollum, *Attorney General*  
Alex Sink, *Chief Financial Officer*  
Charles H. Bronson, *Commissioner of Agriculture*

January 21, 2009

Gadsden County Manager  
PO Box 1799  
Quincy, FL 32353

Dear Sir or Madam:

The gubernatorial appointment term of the District Medical Examiner in District 2 (Franklin, Gadsden, Leon, Liberty, Jefferson, Taylor, and Wakulla Counties) will expire on July 1, 2009. Pursuant to Florida Administrative Code, the Medical Examiners Commission will consider recommending to the Governor the incumbent, David T. Stewart, M.D., or other qualified candidates for this appointment. We are asking for your input so the Commission can make an informed decision.

This topic will be scheduled for discussion at the 2009 Spring Commission Meeting. Please complete the enclosed *Reappointment Ballot Form* and return it to this office by March 6, 2009. Please indicate your concurrence or non-concurrence with the recommendation for Dr. Stewart's reappointment. The Commission will also consider the nominations of other qualified candidates, if submitted.

For your convenience we have included a self-addressed, stamped envelope for the return of the form. If you have any questions or wish to discuss your input, please feel free to contact me at (850) 410-8600.

Sincerely,

Victoria P. Gardner, Bureau Chief  
Staff Director, Medical Examiners Commission

VPG/bko

Enclosures

**MEDICAL EXAMINERS COMMISSION**

***Recommendation for Reappointment***

***District 2 Medical Examiner***

***Dr. David T. Stewart***

Favorable \_\_\_\_\_

Unfavorable \_\_\_\_\_

I do not wish to express an opinion on this matter. \_\_\_\_\_

If Favorable, please give suggestions for improvement.

If Unfavorable, please give reasons for negative response.

If appropriate, please list other candidates for consideration.

Completed By:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Print: \_\_\_\_\_

Form Sent To:

Gadsden County Manager  
PO Box 1799  
Quincy, FL 32353

Please Return Form To:

Bureau Chief Victoria P. Gardner  
Medical Examiners Commission  
Florida Department of Law Enforcement  
Post Office Box 1489  
Tallahassee, FL 32302