

State Of New Jersey  
New Jersey Office of the Attorney General  
Division of Consumer Affairs

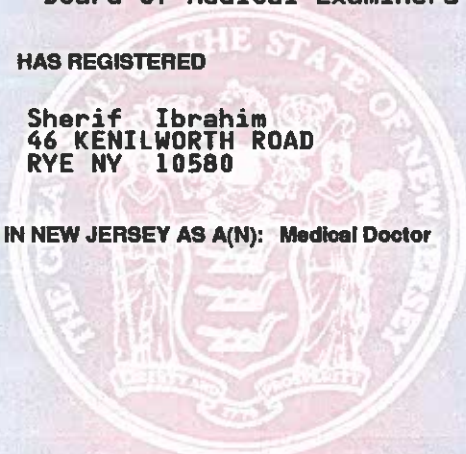


THIS IS TO CERTIFY THAT THE  
Board of Medical Examiners

HAS REGISTERED

Sherif Ibrahim  
46 KENILWORTH ROAD  
RYE NY 10580

FOR PRACTICE IN NEW JERSEY AS A(N): Medical Doctor



STATE OF NEW JERSEY  
New Jersey Office of the Attorney General  
Division of Consumer Affairs  
THIS IS TO CERTIFY THAT THE  
Board of Medical Examiners  
HAS REGISTERED  
Sherif Ibrahim  
Medical Doctor  
06/14/2019 TO 06/30/2021  
VALID  
25MA08078000  
License/Registration/Certificate #

06/14/2019 TO 06/30/2021  
VALID

25MA08078000  
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

*Paul Rodriguez*  
ACTING DIRECTOR

PLEASE DETACH HERE  
IF YOUR LICENSE/REGISTRATION/  
CERTIFICATE ID CARD IS LOST  
PLEASE NOTIFY:  
Board of Medical Examiners  
P.O. Box 183  
Trenton, NJ 08625-0183

PLEASE DETACH HERE

Sherif Ibrahim

EXPIRATION DATE 2021

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 25MA 08078000 . PLEASE USE IT IN ALL  
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS  
CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED  
BELOW

Board of Medical Examiners  
P.O. Box 183  
Trenton, NJ 08625-0183

PRINT YOUR NEW ADDRESS OF RECORD BELOW

YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON  
YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE  
AVAILABLE TO THE PUBLIC.

HOME

BUSINESS

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TELEPHONE  
INCLUDE AREA CODE

PRINT YOUR NEW MAILING ADDRESS BELOW

YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY  
THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL  
CORRESPONDENCE

HOME

BUSINESS

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TELEPHONE  
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be  
within reasonable proximity of your original license/registration/certificate at your principal office or place of business.