

Understanding the Registry Updating Your Address for an Approved Card

Once your application has been approved, you can update your address at any time. There is a \$15 processing fee, which includes the address change and a new Medical Marijuana Use Registry Identification Card. Updating your address will not change your expiration date or affect your ability to obtain your Medical Marijuana orders. **Submitting an Address Change Application will not renew your card.**

Step 1: Log into the Medical Marijuana Use Registry <https://mmuregistry.flhealth.gov/>.

If you do not remember your password, you may reset it yourself by selecting [Forgot Password](#) on the Login page. For step-by-step instructions to reset your password, see our [Resetting My Password](#) guide on our Know the Facts MMJ page (<https://knowthefactsmmj.com/registry/#instructional-guides>).

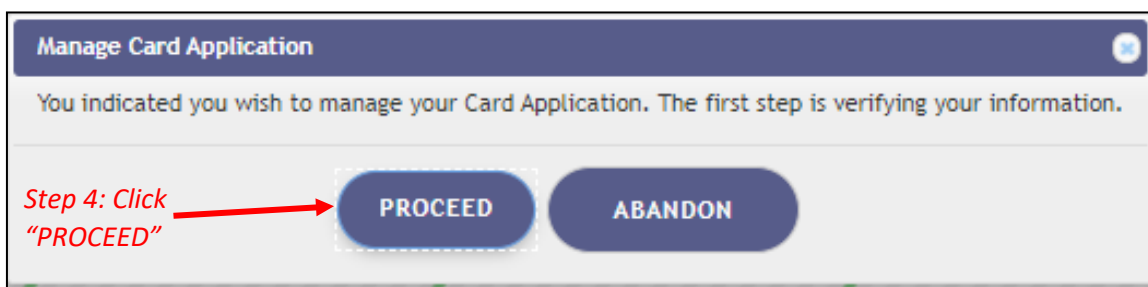
Step 2: Navigate to the “YOUR CARD” menu option at the top of the page to view your Application History page.





Step 3: Click “UPDATE ADDRESS.”



Step 4: A prompt will appear to indicate you wish to manage your card application. Click “PROCEED.”



Step 5: After clicking "PROCEED," you are brought to the Import Information page. Here, you are shown a side by side view of your current information, and the new information that you will be importing from the Florida Department of Highway Safety and Motor Vehicles' (FLHSMV) demographic database. Please verify the new information is correct and then click "APPLY."

Current Information:	Updated Information:
	
Last Name: ANY	Last Name: ANY
First Name: NAME	First Name: NAME
Middle Initial:	Middle Initial: Z
Date Of Birth: [REDACTED]	Date Of Birth: [REDACTED]
SSN: [REDACTED]	SSN: [REDACTED]
Florida DL or State ID #: A-[REDACTED]	Florida DL or State ID #: A-[REDACTED]
Gender: Male	Gender: Male
Address: 2900 APALACHEE PKWY B341	Address: 2900 APALACHEE PKWY B341
City: TALLAHASSEE	City: TALLAHASSEE
County: Leon	County: Leon
ZIP code: 32399-1025	ZIP code: 32399-1025
Permanent Florida resident?: Yes	Permanent Florida resident?: Yes
Seasonal Florida resident?: No	Seasonal Florida resident?: No
If Seasonal, Permanent State?: N/A	If Seasonal, Permanent State?: N/A

When supplying the rest of your application, you may add this photo from the HSMV to your Application, or manually supply one.

Step 5: Click "APPLY" → [APPLY](#) [GO BACK](#)

Step 6: A prompt will appear for you to confirm to apply the information to your card application.

Apply to your Card Application?

Proceeding will update your Card Application with the information shown.

[GO BACK](#) [APPLY](#)

Step 6: Click "APPLY"

The picture is returned to the application from your previously approved card application.

Step 7: The next step will be to upload a copy of your Florida Driver License or Florida ID Card under the Proof of Residence section. Scroll down to the section titled “Proof of Residence” and then click “SUPPLY PROOF.”

Step 8: A prompt will appear for you to choose how to supply your documentation. Click “CHECK STATE RESIDENCY STATUS” to obtain your Driver License or Florida State ID from FLHSMV.

Step 8A: Click “PROCEED.”

Step 9: Review all data to make sure it is accurate. Then click “APPLY.”

Current Information:	Updated Information:
Last Name: ANY	Last Name: ANY
First Name: NAME	First Name: NAME
Middle Initial:	Middle Initial: Z
Date Of Birth: [REDACTED]	Date Of Birth: [REDACTED]
SSN: [REDACTED]	SSN: [REDACTED]
Florida DL or State ID #: A*****[REDACTED]	Florida DL or State ID #: A*****[REDACTED]
Gender: Male	Gender: Male
Address: 2900 APALACHEE PKWY B341	Address: 2900 APALACHEE PKWY B341
City: TALLAHASSEE	City: TALLAHASSEE
County: Leon	County: Leon
ZIP code: 32399-1025	ZIP code: 32399-1025
Permanent Florida resident?: Yes	Permanent Florida resident?: Yes
Seasonal Florida resident?: No	Seasonal Florida resident?: No
If Seasonal, Permanent State?: N/A	If Seasonal, Permanent State?: N/A

Step 10*: Read the confirmation message and click “APPLY” to confirm.

Apply to your Card Application?

Proceeding will update your Card Application with the information shown.

GO BACK APPLY ← Step 10: Click “APPLY”

**You may supply a photo from your device. Please note that by using the FLHSMV sourced data may cut down on processing time, while supplying your own photo may increase the processing time.*

For instructions on uploading your proof of residence from a desktop/laptop computer, see our [Uploading Residency Documents from a Desktop Computer](https://knowthefactsmmj.com/registry/#instructional-guides) guide on our Know the Facts MMJ page (<https://knowthefactsmmj.com/registry/#instructional-guides>).

For instructions on uploading proof of residence from a mobile device, see our [Uploading Residency Documents from a Mobile Device](https://knowthefactsmmj.com/registry/#instructional-guides) guide on our Know the Facts MMJ page (<https://knowthefactsmmj.com/registry/#instructional-guides>).

Step 11: Electronically sign your application. Scroll to the bottom of the page to the “Signature” section to type in your first name and last name in the boxes provided.

Step 12: Click “SUBMIT MY CARD APPLICATION.”

Signature

To sign below, supply **PATIENT** in the First Name text box, and **ANY** in the Last Name text box.

Type in your first name: ← Step 11: Type your first name

Type in your last name: ← Step 11: Type your last name

SUBMIT MY CARD APPLICATION ← Step 12: Click “SUBMIT MY CARD APPLICATION”

You must sign to apply
You cannot obtain cannabis products until this is completed and reviewed by the Office of Medical Marijuana Use

The undersigned persons certify that the applicant has requested a physical Medical Marijuana Use Registry Identification Card as authorized under section 381.966, Florida Statutes, and Chapter 64-4, F.A.C. The information contained in this application and in any attached exhibits that serves as a basis for card issuance, is accurate and complete, and that no one other than me or my caregiver is submitting this request on my behalf. I understand that knowingly making a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree punishable as provided in sections 775.082 or 775.083, Florida Statutes.

Step 13: Click the button that says, “CLICK HERE TO PAY ONLINE,” which will appear after you submit your card application.

Payment Record

Cards cannot be issued or renewed until the Office of Medical Marijuana Use receives a \$75 processing fee.

Pay By Mail:
You may mail in your payment in to the following address:

Florida Department of Health
ATTN: Office of Medical Marijuana Use
PO Box 31313
Tampa, FL 33631-3313

Pay Online:
If you have already sent in your payment in the form of a check or money order, please do not click on the payment link as this will generate duplicate payments against your account.

CLICK HERE TO PAY ONLINE ← Step 13: Click “CLICK HERE TO PAY ONLINE”

A \$2.75 convenience fee will be added to each online payment.

A Payment has not been processed

Step 14: A new window will open containing the Bill2Pay interface, where you can supply your payment details. Payments by e-check and credit card are accepted. A \$2.75 convenience fee applies to each online payment.

Step 15: Select Method of Payment. Credit cards, debit cards and e-checks are acceptable payment.

1 Payment Details **2** Confirm Payment **3** Payment Complete

Select Payment Amount
○ AMOUNT DUE : \$17.75

Select Payment Method
 Credit Card Bank Account

My Account Details
PATIENT ID
DATE OF BIRTH
ADDRESS
AMOUNT DUE \$17.75

Name on Bank Account:
Name on Bank Account

Account Type:
Select an option...

Routing Number: ?
Routing Number

Account Number: ?
Account Number

Continue

Step 15: Select Payment Method. Choose Credit Card for Credit Cards and Debit Cards or Bank Account for E-Checks

Step 15A: If “Credit Card” was selected. Fill out all the credit card information. Click “Continue” when finished.

1 Payment Details **2** Confirm Payment **3** Payment Complete

Select Payment Amount
○ AMOUNT DUE : \$17.75

Select Payment Method
 Credit Card Bank Account

My Account Details
PATIENT ID
DATE OF BIRTH
ADDRESS
AMOUNT DUE \$17.75

Name on Card:
Name on Card

Credit Card Number: VISA M/C DISCOVER A/M
Credit Card Number

Expiration Date: **CVV: ?**
MM / YY CVV

Continue

Step 15A: Fill out all payment information

Step 15A: Click “Continue” after all the above information is fill out

Step 15B: If “Bank Account” was selected. Fill out all the banking information. Click “Continue” when finished.

1 Payment Details **2** Confirm Payment **3** Payment Complete

Select Payment Amount
 AMOUNT DUE : \$17.75

Select Payment Method
 Credit Card Bank Account

My Account Details
PATIENT ID
DATE OF BIRTH
ADDRESS
AMOUNT DUE \$17.75

Name on Bank Account:

Account Type:

Routing Number: ?

Account Number: ?

Step 15B: Fill out all payment information

Step 15B: Click "Continue"

Step 16: Confirm that all the information is correct and input your email address, so you receive your payment confirmation.

1 Account Details **2** Payment Details **3** Confirm Payment **4** Payment Complete

Review your payment details [Edit Details](#)

PATIENT ID
DATE OF BIRTH
PAYMENT METHOD
PAYMENT AMOUNT

Confirmation Email

I agree to the Terms and Conditions

Step 16: Confirm all information is correct

Step 16: Input Confirmation Email

Step 16A: Once you confirm all the information is correct and have input your email address, click “I agree to the Terms and Conditions.” Then click “Make a Payment.”

Florida HEALTH
It's a New Day in Public Health.
The Florida Department of Health works to protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

1 Account Details 2 Payment Details 3 Confirm Payment 4 Payment Complete

Review your payment details [Edit Details](#)

PATIENT ID [Redacted]
DATE OF BIRTH [Redacted]
PAYMENT METHOD [Redacted]
PAYMENT AMOUNT [Redacted]

Confirmation Email
Email Address [Redacted]

I agree to the Terms and Conditions

[Cancel](#) [Make a Payment](#)

Step 16A: Click "I agree to the Terms and Conditions"

Step 16A: Click "Make a Payment"

Step 17: Click “Print for your Records” to print the confirmation of the payment for your records.

HEALTH

1 Account Details 2 Payment Details 3 Confirm Payment 4 Payment Complete

Department of Health
Thank you for your payment!
Click here to make another payment

CONFIRMATION NUMBER [Redacted]
PATIENT ID [Redacted]
DATE OF BIRTH [Redacted]
PAYMENT DATE [Redacted]
PAYMENT METHOD [Redacted]
CONFIRMATION EMAIL [Redacted]
PAYMENT AMOUNT [Redacted]

[Print for your Records](#)

Step 17: Click "Print for your Records"

Cards cannot be issued or renewed until the Office of Medical Marijuana Use receives a [\$75/\$15] processing fee. A 2.75 convenience fee will be added to each online payment.

Department of Health www.Bill2Pay.com

You can check the status of your application as it is being reviewed. To learn what each status icon stands for, please see our [Understanding My Application Status](https://knowthefactsmmj.com/registry/#instructional-guides) guide on our Know the Facts MMJ website (<https://knowthefactsmmj.com/registry/#instructional-guides>).

Once your Identification Card application has been approved, you will then be able to contact one of the [licensed medical marijuana treatment centers](#) to fill an order. A complete list of licensed treatment centers can be found on our Know the Facts MMJ website (<https://knowthefactsmmj.com/mmtc>).

For additional information, visit
KnowTheFactsMMJ.com