Name MICHAEL J BENJAMIN License # ____________

previous ten (10) years, have you ever had any final disciplinary action taken against you by a licensed hospital, ntenance organization, prepaid health clinic, ambulatory surgical center, or nursing home? (Authority: s. 455.565(1)(a)6., F.S.) Yes ☐ No ☒

ist name(s) of medical institution(s), date, description of violation(s), description of the final disciplinary action(s), and indicate whether the linary action is under appeal. (attach copy of notice of appeal)

E	DATE	DESCRIPTION OF VIOLATION	DESCRIPTION OF ACTION	UNDER APPEAL?
				Y / N
				Y / N
				Y / N

he previous ten (10) years, have you ever been asked to or allowed to resign from or had any medical staff privileges d or not renewed by any medical/health-related institution in lieu of or in settlement of a pending disciplinary action related etence or character? (Authority: s. 455.565(1)(a)6., F.S.) Yes ☐ No ☒

', list name(s) of the facility(s), date, description of violations, description of the final disciplinary action(s), and indicate whether the final ary action is under appeal. (attach copy of notice of appeal)

TON NAME	DATE	DESCRIPTION OF VIOLATION	DESCRIPTION OF ACTION	UNDER APPEAL?
				Y / N
				Y / N
				Y / N

RIMINAL OFFENSES

ever been convicted or found guilty, regardless of whether adjudication of guilt was withheld, or pled guilty or tendere to a criminal misdemeanor or felony in any jurisdiction? (Authority: s. 455.565 (1)(a)7., F.S.) Yes ☐ No ☒

ES", *briefly describe the offense(s), indicate whether the conviction is under appeal, and attach copy of notice of appeal.*

RIPTION OF OFFENSE	DATE	JURISDICTION	UNDER APPEAL?
			Y / N
			Y / N
			Y / N

TATEMENT OF FINANCIAL RESPONSIBILITY (Allopathic and Osteopathic Physicians Only)

pital Privileges - (Check only one) (Authority s. 455.5651(4), F.S.)

do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than $100,000 per claim, a minimum annual aggregate of not less than $300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as ned under s. 626.914(2), F.S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under 27.351(4), F. S., or through a plan of self-insurance as provided in s. 627.357, F.S. I further certify that I have been continuously insured with an entity utlined above for the past two years (retroactive coverage) or if I seek insurance from a different entity providing insurance, I will purchase retroactive erage for the two years preceding my inception date of coverage. I further certify that in the event my coverage is terminated or that I desire to become nsured and meet the financial responsibility requirements through other provisions in s. 458.320 or 459.0085, F.S., I will maintain coverage for incidents ich may have occurred during the two years preceding my becoming uninsured.

I have hospital staff privileges and I have professional liability coverage in an amount not less than $250,000 per claim, with a minimum annual regate of not less than $750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. .914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), ., or through a plan of self insurance as provided in s.627.357, F.S. I further certify that I have been continuously insured with an entity as outlined ve for the past two years (retroactive coverage) or if I seek insurance from a different entity providing insurance I will purchase retroactive coverage the two years preceding my inception date of coverage. I further certify that in the event my coverage is canceled or that I desire to become uninsured meet the financial responsibility requirements through other provisions in s. 458.320 or 459.0085, F.S., I will maintain coverage for incidents which y have occurred during the two years preceding my becoming uninsured.

I do not have hospital staff privileges and I have established an irrevocable letter of credit or an escrow account in an amount of $100,000/$300,000, accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.

I have hospital staff privileges and I have established an irrevocable letter of credit or escrow account in an amount of $250,000/$750,000, in cordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.

I have elected not to carry medical malpractice; however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 8.320(5)(g)1 or 459.0085(5)(g)1, F. S. I understand that I must either post notice in the form of a "sign" prominently displayed in the reception area provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. nderstand that such a sign or notice must contain the wording specified in s. 458.320(5)(g) or 459.0085(5)(g), F. S.

emption

n exempt from demonstrating financial responsibility because I fall into one of the categories listed below: (Check one box only)

I practice medicine exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or subdivisions;

I hold a limited license issued pursuant to s. 458.317 or 459.0075, F. S., and practice only under the scope of the limited license;

I practice only in conjunction with my teaching duties at an accredited medical school or its teaching hospitals. (Interns and residents do not qualify for this exemption);

I do not practice medicine in the State of Florida; or

Practitioner's Name MICHAEL J BENJAMIN License # ME0014909

☐ 5. I meet all the following criteria:
(a) I have held an active license to practice in this state or another state or some combination thereof for more than 15 years;
(b) I am retired or maintain part time practice of no more than 1000 patient contact hours per year;
(c) I have had no more than two claims resulting in an indemnity exceeding $10,000 within the previous five year period;
(d) I have not been convicted of or pled guilty or nolo contendere to any criminal violation specified in Chapter 458 or 459, F. S.; and
(e) I have not been subject, within the past ten years of practice, to license revocation or suspension, probation for a period of three years or longer, or a fine of $500 or more for a violation of Chapter 458 or 459, F.S., or the medical practice act of another jurisdiction. A regulatory agency's acceptance of a relinquishment of license stipulation, consent order or other settlement offered in response to or in anticipation of filing of administrative charges against a license shall be construed as action against a license. I understand if I am claiming an exemption under this section that I must either post notice in the form of a sign, prominently displayed in the reception area or provide a written statement to any person to show medical services are being provided, that I have decided not to carry medical malpractice insurance. I understand such a sign or notice must contain the wording specified in s. 458.320(5)(f) or 459.0085(5)(f), F.S.

X. LIABILITY CLAIMS (Allopathic, Osteopathic and Podiatric Physicians Only)

A. Are you covered by an insurer required to report pursuant to s. 627.912 F.S. Yes ☐ No ☐
(Authority: s. 455.5651(4), F.S.; s. 455.565(1)(b),F.S.)

B. Have you been insured continuously during the last ten years? Yes ☐ No ☐
(Authority: s. 455.5651(4), F.S.; s. 455.565(1)(b),F.S.)

If you answered "NO" to either A or B above, you must complete the following: (Authority: s. 455.5651(4), F.S.; s. 455.5651(1)(b),F.S.)

Within the previous ten years have you had a liability claim or action for damages for personal injury settled or finally adjudicated in an amount that exceeds $5,000? Yes ☐ No ☐

If "YES", complete and attach a copy of EXHIBIT 1 for each occurrence. NOTE: Copies of reports previously submitted may be re-submitted with this questionnaire to satisfy this reporting requirement. (Authority: s. 455.5651(4), F.S.; s. 455.565(1)(b),F.S.)

XI. LIABILITY CLAIMS (Chiropractic Physicians Only)

Within the previous ten years have you had a liability claim or action for damages for personal injury settled or finally adjudicated in an amount that exceeds $5,000? Yes ☐ No ☐

If "YES", complete and attach a copy of EXHIBIT 1 for each occurrence. (Authority: s. 455.5651(4), F.S.; s. 455.565(1)(b),F.S.)

XII. OPTIONAL INFORMATION:

A. PUBLICATIONS: List any publications you have authored in peer-reviewed medical literature within the previous ten years:
(Authority s. 455.565(5)(a), F.S.)

	TITLE	PUBLICATION	DATE
1.			
2.			
3.			

B. DO YOU PARTICIPATE IN THE MEDICAID PROGRAM? (Authority s. 455.565(5)(d), F.S.) Yes ☐ No ☒

C. PROFESSIONAL OR COMMUNITY SERVICE ACTIVITIES, HONORS, OR AWARDS: (Authority s.455.565(5)(b), F.S.)

	COMMUNITY SERVICE/AWARD/HONOR	ORGANIZATION		COMMUNITY SERVICE/AWARD/HONOR	ORGANIZATION
1.			2.		
3.			4.		

D. NATIONAL, STATE, LOCAL, COUNTY, PROFESSIONAL AFFILIATIONS: (Authority s.455.565(5)(b), F.S.)

ORGANIZATION
1. ACOG 2. FOGS
3. DCMA 4.

E. LANGUAGES, OTHER THAN ENGLISH: Indicate languages other than English used by you to communicate with patients and any translation service available for patients at your primary place of practice. (Authority: s. 455.565(5)(c), F.S.)
1. FRENCH 2. SPANISH
3. 4. ASGL

F. E-MAIL ADDRESS:

G. COMMITTEES/MEMBERSHIPS: Indicate any committees on which you serve for any health entity with which you are affiliated.
ORGANIZATION
1. QUALITY ASSURANCE 2.
3. [illegible] 4.

H. OTHER STATE LICENSURE:

	STATE	PROFESSION
1.		
2.		
3.		

I affirm these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 455.624, 458.327, 458.331, 459.013, 459.015, 460.413, 461.013, 775.082, 775.083 and 775.084, Florida Statutes.

[signature] MD 3/13/97

(Signature of Physician)

14909

MEDICINE
10CT 19

October 10, 1999

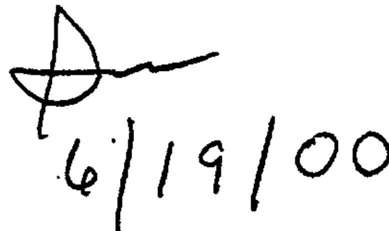
Florida Department of Health
Board of Nursing, Protocol Department
4080 Woodcock Drive, Suite 202
Jacksonville, Florida 32207-2714

Dear Sir or Madam:

Please be advised that Michael J. Benjamin, MD and Sidney Q. Macaw, MSN, ARNP, are working in collaboration in the specific management areas as stated in Ms. Macaw's protocol of practice.

Sidney Quest Macaw	10-14-99 Date	RN - 3185452 Florida License Number

Michael J. Benjamin, MD	10/14/99 Date	ME0014909 Florida License Number



6/19/00

ADVANCED REGISTERED NURSE PRACTITIONER

MANAGEMENT PROTOCOL FOR PRACTICE

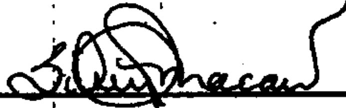
FOR:

NAME: SIDNEY QUEST MACAW, MSN, ARNP

RESIDENCE ADDRESS: 4311 NE 22ND AVENUE
POMPANO, FLORIDA 33064

LICENSE: RN - 3185452

EMPLOYED BY: BSSI
7707 North University Drive, Suite 205
Tamarac, FL 33321

ARNP SIGNATURE: 

Protocol effective date 10·14·99

MEDICAL DOCTOR:
Michael J. Benjamin, MD, Fl License #ME0014909

I. Requiring Authority:

Nurse Practice Act, Florida Statute, Chapter 464 Florida Board of Nursing Rules Chapter 210-11 and 210-16, Administrative Policies Pertaining to Advanced Registered Nurse Practitioners, Florida Administrative Code.

II. General Identifying Data:

A. Individuals part to protocol:

1. Sidney Q. Macaw, MSN, ARNP, is licensed as an Advanced Registered Nurse Practitioner (ARNP), License # RN - 3185452, as issued by the Florida Board of Nursing (copy attached).

2. Michael J. Benjamin, MD, Florida License Number ME0014909, DEA Number AB9792525.

B. Specialty: Family Health including Obstetrics and Gynecology.

C. Site: BSSI
7707 North University Drive, Suite 205
Tamarac, FL 33321

D. Date of Protocol Development: October 11, 1999

III. Scope of Practice:

In collaboration with Dr. Michael Benjamin, Sidney Q. Macaw, MSN, ARNP, will assess and manage the general health status for those clients for which she has been educated and trained.

IV. Specific Management Areas:

A. The following measures may be initiated and or conducted by Sidney Q. Macaw MSN, ARNP:

1. Comprehensive history and physical examinations.

2. Formulate diagnosis.

3. Initiate, select and or modify selected therapies for managing the maintenance of wellness and provide instruction on use of prescribed therapies.

4. With the supervision and or consultation of Dr. Michael Benjamin, initiate, select and or modify selected therapies for management of disease/illness and provide instruction on the use of prescribed therapies.

5. With the supervision and or consultation of Dr. Michael Benjamin, order laboratory tests, x-ray procedures and other diagnostic tests as needed, interpret

findings, initiate, select and or modify therapies as indicated and provide instruction on the prescribed therapies.

6. Perform pre-operative clearances.

7. Dictate/Write progress notes.

8. Order consultations with other physicians and health care professionals.

9. Insert Dilapan and or Laminara as directed by MD.

10. Excise mucosal and skin lesions.

11. Treatment of condylomata with BCA or TCA.

12. Provide HIV pre and posttest counseling.

13. Ultrasound pregnancies for gestational measurement.

14. Any other procedures which the ARNP has been trained.

B. The following drug therapies may be prescribed, monitored, initiated or altered by Sidney Q. Macaw MSN, ARNP, in accordance with education and management protocols: antiinflammatory agents, antiarthritics, analgesics, antibiotics, antibacterials, antiparasitics, local anesthetics, vaccinations, antihistamines, antifungals, antitussives, antivirals, laxatives, diuretics, decongestants, broncodilators, expectorants, contraceptives, dermatologicals, fertility agents, muscles relaxants, uterine relaxants, antacids, antianemics, antidiarrheals, antiemetics, antithyroid agents, antiulcer agents, lipid lowering agents, hormones, antihypertensives, oralhypoglycemics, smoking cessation medicines, vitamins, Herb's and minerals, topical steroids, topical dermatologic preparations, corticosteroids, antacids, nutrition agents, nonnarcotic analgesics, headache medications and other miscellaneous non-narcotic preparations.

C. Other responsibilities the ARNP may perform under the direct and indirect supervision of the physician include:

1. Case management of clients in office

2. Provide health education to clients and families.

3. Participate in continuing education.

4. Communicate regularly with physician for review and evaluation of professional performance.

5. Maintain current licensure as ARNP by the State of Florida Board of Nursing.

6. Incision and draining of abscess

7. Removal of foreign body

8. Stitch and staple removal

9. Post operative exams

10. The ARNP will have access to the supervising physician or substitute at all times.

V. Supervision:

All of the above functions may be performed under general supervision. The physician agrees to be available for supervision, consultation and assistance during all clinical hours directly or via telecommunication devices. When the physician is unavailable for said practice, his covering physician will act as a substitute.

VI. Revisions:

1. Annual review of the ARNP and MD's practices with a review of this protocol will take place each calendar year. Monthly review of literature and practices shall take place between the ARNP and MD. Should changes in practice occur as a result of the introduction of new material or discussion, this protocol will be amended and submitted appropriately and according to the laws governing this agreement.

2. The original of this protocol shall be filed with the Board of Nursing yearly with a copy also stored at the practice site.

3. Any alterations or amendments will be signed by all parties and filed with the Board of Nursing within 30 days of alteration.

4. After the termination of the relationship between the ARNP and the supervising physician, each party is responsible for insuring that a copy of this protocol is maintained for future reference for a period of four (4) years.

5. Sidney Q. Macaw MSN, ARNP will appear on prescription pads that will be used along with Michael J. Benjamin, supervising physician.

6. The notice required by 458.348 (1) shall be filed with the Board of Medicine yearly.

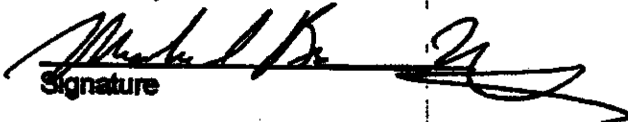
The original copy of this document and any alterations of it will be sent to:

Florida Department of Health
Board of Nursing, Protocol Department
4080 Woodcock Drive, Suite 202
Jacksonville, FL 32207-2714

Board of Medicine
Department of Professional Regulation
1940 North Monroe Street, Suite 60
Tallahassee, FL 32399-0770

This contract exists between:

Dr. Michael J. Benjamin
7707 North University Drive
Suite 205
Tamarac, FL 33321


Signature

Sidney Q. Macaw
4311 NE 22ND Ave. #1
Pompano, FL 33064

Signature

To be kept within the ARNP practice site:

1. Curriculum Vitae of all parties
2. Management protocols pertaining to care of clients
3. Other resource materials used by the ARNP
4. Copy of licensure.

SIDNEY QUEST MACAW, BA, MSN, ARNP
4311 Northeast 22nd Avenue, Lighthouse Point, Florida 33064
1-954-783-3816

EDUCATION:

1998 - 1999 **Florida Atlantic University, Boca Raton, FL.**
Post Master's Certificate Program in Family Practice

1995 - 1997 **University of California, San Francisco, CA.**
Master of Science in Nursing
Critical Care and Trauma Clinical Nurse Specialist
Education Minor

1986 - 1988 **University of Manitoba, Winnipeg, MB, Canada**
Bachelor of Nursing Degree

1985 - 1986 **University of Winnipeg, Winnipeg, MB, Canada**
Unclassified Student

1983 - 1985 **University of Manitoba, Winnipeg, MB, Canada**
Unclassified Student

1981 - 1983 **Health Sciences Centre, School of Nursing, Winnipeg, MB, Canada.** Diploma in Nursing

1980 **University of Winnipeg, Winnipeg, MB, Canada**
Bachelor of Arts Degree: History & Psychology (majors), Chemistry (minor)

PROFESSIONAL EXPERIENCE:

1998 - present Imperial Point Hospital, Fort Lauderdale, Fl.
Per Deim Staff Nurse: Recovery Room, Same Day Surgery.

1997 - 1998 West Boca Medical Center, West Boca, FL.
Per Deim Staff Nurse: Obstetrics (LDRP).

1998 North Ridge Medical Center, Fort Lauderdale, FL.
Per Deim Staff Nurse, shared employee: Obstetrics (LDRP).

1995 - 1997 Physicians Surgery Center, Daly City, CA.
Per Deim Staff Nurse: PACU and endoscopy.

RESEARCH AND PUBLICATIONS:

1997 to present — Collaborative work in progress: Euthanasia and Physician Assisted Suicide, a Continuing Debate.

1984 - 1985 — Work Study Program, University of Manitoba. Resource Person: Mrs. A. Gupton. Topic: Maternal-child Care.

1980 — Honors Psychology, University of Winnipeg, Independent Research in Psychology. Topic: Anorexia Nervosa.

CLINICAL TRAINING AND TEACHING EXPERIENCE:

1999 — BSSI. Obstetric and Gynecology Office and Day Surgery. In collaboration with Dr. M. Benjamin.

1999 — Bristol Medical Center. Adult medicine. Clinical instructor: Shelly Wik, ARNP, and Dr. H. McGloughlin.

1999 — Women's Health Watch. Clinical instructor: Carolyn Zauymer, ARNP.

1998 - 1999 — Clinical internship/experiences including: Charles Drew Resource Center, North Broward School District (pediatrics, adolescents, adults, gynecology and obstetrics). Clinical instructor: Barbara Woodward, ARNP.

1997 — Clinical residency at the University of California, San Francisco, in their Maternal-Child Care Unit.

1989 - 1993 — Nurse Educator at Kapiolani Hospital, Honolulu, Hi.

1989 - 1991 — Nurse Educator for L. Beechinor BN, MA, Honolulu, HI.

1988 — Clinical residency at Health Sciences Centre, Labor and Delivery Unit

1983 — University of Winnipeg, Dept. of Biology. Assistant Lab Demonstrator.

PROFESSIONAL MEMBERSHIPS

Sigma Theta Tau, Alpha Eta Chapter
American Association of Critical-Care Nurses

Florida Nurses Association
Board Member, Wilquest Holdings Ltd..
President, Sidney Q. Holdings Ltd..

VOLUNTEER ACTIVITIES:

1986 to present	Letter writer to elderly persons unable to get about or without family. Also, I make regular telephone calls to those unable to get about, those without family and or those who have had a serious illness or family tragedy.
1999	Speaker for the Brownies and Girl Guides of America, Miami Shores division. Topic: My Body, Myself.

Florida Atlantic University

College of Nursing

Post - Master's Certificate - Family Nurse Practitioner

is awarded to

Sidney Macaw

Presented this 6th day of August, 1999

following successful completion of program requirements

Graduate Program Coordinator

Dean, College of Nursing

AC# 0242280

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/01/1999	RN -3185482	99003465

THE ADVANCED/REGISTERED NURSE PRACTITIONER NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.

EXPIRATION DATE: **JULY 31, 2000**

AS A REGISTERED NURSE OR CERTIFIED IN THE SPECIALTY OF:
ADVANCED NURSE PRACTITIONER

MACAW, SIDNEY QUEST
4311 NE 22ND AVE #1
LIGHHOUSE POINT FL 33064

JEB BUSH
GOVERNOR

ROBERT G. BROOKS, M.D.
SECRETARY

DISPLAY AS REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
AC# 0242280

DATE	LICENSE NO.	CONTROL NO.
[illegible]	[illegible]	[illegible]

THE DUAL RN/ARNP LICENSE/CERTIFICATE NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.
EXPIRATION DATE: JULY 31, 2000

MACAW, SIDNEY QUEST

AT LEAST 90 DAYS PRIOR TO TH EXPIRATION DATE SHOWN ON TH LICENSE, A NOTICE OF RENEW WILL BE SENT TO YOUR LAS KNOWN ADDRESS. IF YOU HAV NOT RECEIVED YOUR NOTICE 6 DAYS PRIOR TO THE EXPIRATIC DATE, PLEASE CALL (850) 410-895

EXPIRATION DATE: JULY 31, 2000

YOUR LICENSE NUMBER IS RN -3185482 ; PLEASE USE IT IN ALL CORRESPONDENCE WITH YOUR BOARD/COUNCIL. EACH LICENSEE IS SOLELY RESPONSIBLE FOR NOTIFYING THE DEPARTMENT IN WRITING OF THE LICENSEE'S CURRENT MAILING ADDRESS. USE THIS SECTION TO REPORT NAME AND/OR MAILING ADDRESS CHANGES.

NAME CHANGES REQUIRE LEGAL DOCUMENTATION SHOWING THE NAME CHANGE. PLEASE MAKE SURE THAT A PHOTOCOPY OF ONE OF THE FOLLOWING ACCOMPANIES THIS FORM: A MARRIAGE LICENSE (MARRIAGE LICENSE MUST INDICATE THE ORIGINA SIGNATURE AND SEAL FROM THE CLERK OF THE COURT), A DIVORCE DECREE INDICATING RESTORATION OF YOUR MAIDEN NAME, OR A COURT ORDER (E.G., ADOPTION, NAME CHANGE, OR FEDERAL IDENTITY CHANGE). ANY ONE OF THESE WILL BE ACCEPTED UNLESS THE DEPARTMENT HAS A QUESTION ABOUT THE AUTHENTICITY OF THE DOCUMENT. **A DRIVER'S LICENSE OR SOCIAL SECURITY CARD IS NOT CONSIDERED LEGAL DOCUMENTATION.**

TO REQUEST A DUPLICATE LICENSE SUBMIT THIS FORM AND A CHECK, PAYABLE TO THE DEPARTMENT OF HEALTH, IN THE AMOUN OF $25.00.

☐ REQUEST DUPLICATE LICENSE

SIGNATURE REQUIRED

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SERVICES
2020 CAPITAL CIRCLE, S.E., BIN #C-10
TALLAHASSEE, FLORIDA 32399-3260

☐ NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

FROM:
MIDDLE

TO:
LAST FIRST MIDDLE

☐ MAILING ADDRESS CHANGE

CITY STATE ZIP

DH 2103, 5/98

-14909

August 5, 1999

MEDICINE BOARD
1999 AUG 13 AM 10: 53

Board of Medicine
Department of Professional Regulation
1940 North Monroe Street, Suite 60
Tallahassee, FL 32399-0750

To whom it May Concern:

Please be advised that Michael J. Benjamin, MD, Shelly E. Kramer, MSN, ARNP and Debra K. Ashby Schwartz, MSN, ARNP-CS are working in collaboration in the specific management areas as stated in their protocol of practice.

Shelly E. Kramer, ARNP 8/5/99

Shelly E. Kramer, MSN, ARNP — Date
License #1963182

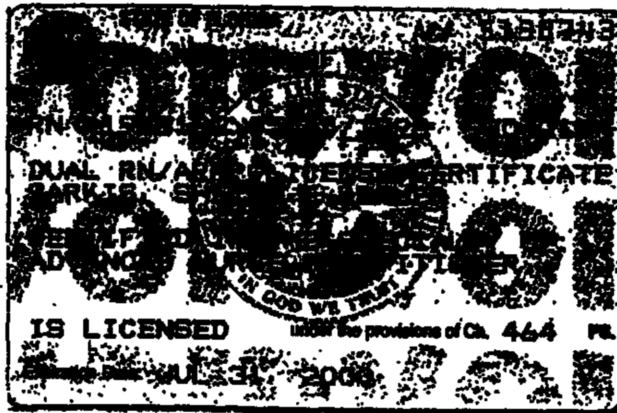
D K Ashby Schwartz ARNP 8.9.99

Debra K. Ashby Schwartz, MSN, ARNP-CS — Date
License #1467462

[signature] 8/5/99

Michael J. Benjamin, MD — Date
License #ME0014909

6/7/00



DUAL RN/A[illegible] CERTIFICATE

IS LICENSED under the provisions of Ch. 464 FL.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC# 0137513

DATE	LICENSE NO.	CONTROL NO.
[illegible]	RN [illegible]	[illegible]

THE DUAL RN/ARNP LICENSE/CERTIFICATE NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.

EXPIRATION DATE: APRIL [illegible], 2001

SCHWARTZ, DEBRA K [illegible]

LICENSEE SIGNATURE

14909
MEDICINE BOARD
PM 10:20

Presidential Women's Center

January 15, 2001

Board of Medicine
Department of Professional Regulation
1940 North Monroe Street, Suite 60
Tallahassee, FL 32399-0750

To Whom It May Concern:

Enclosed are our most recent protocols and license information regarding our Advanced Registered Nurse Practitioners. All of the staff - Michael Benjamin, M.D., Debra K. Ashby Schwartz, M.S.N., ARNP-CS, and Nancy C. Galyon, A.R.N.P.-C, L.C.C.E. will be providing services at:

Presidential Women's Center, Inc.
1501 Presidential Way, Suite 19
West Palm Beach, FL 33401
Phone: 561-686-3859
Fax: 561-686-4755

Please update your records accordingly. Feel free to call me with any questions.

Sincerely,

/President

Mona S. Reis

3/26/01

1501 Presidential Way · Suite 8 · West Palm Beach, Florida 33401 · 561/478-7277 Fax: 561/478-3963

Presidential Women's Center

Dec. 7, 2000
(Date)

Board of Medicine
Department of Professional Regulation
1940 North Monroe Street, Suite 60
Tallahassee, FL 32399-0750

To whom it may concern:

Please be advised that Michael J. Benjamin, MD, Debra K. Ashby Schwartz, MSN, ARNP-CS and Nancy Galyon, ARNP-C, LCCE are working in collaboration in the specific management areas as stated in their protocol of practice.

Debra K. Ashby Schwartz, MSN, ARNP-CS — Date: 11.30.00
License # 1467462

Nancy C Galyon ARNP-C, LCCE — Date: 12/7/00
Nancy Galyon, ARNP-C, LCCE
License # RN 2039832

Michael J. Benjamin, MD — Date: 12/7/00
License #ME0014909

Sincerely,

Mona S. Reis, President

1501 Presidential Way · Suite 8 · West Palm Beach, Florida 33401 · 561/478-7277 Fax: 561/478-3963

ADVANCED REGISTERED NURSE PRACTITIONER MANAGEMENT
PROTOCOL FOR PRACTICE

NAME: DEBRA K. ASHBY SCHWARTZ, MSN, ARNP-CS
RESIDENCE: 14750 BROKEN ARROW PL
PALM BEACH GARDENS, FL 33418

LICENSE: 1467462

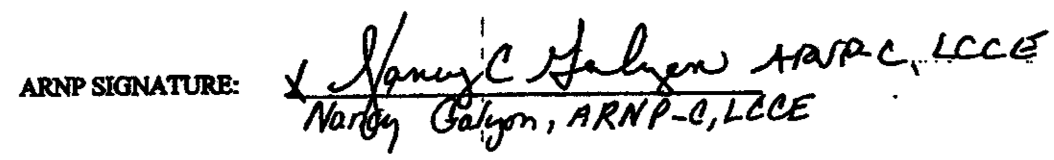
EMPLOYED BY: PRESIDENTIAL WOMEN'S CENTER
1501 PRESIDENTIAL WAY, SUITE #8 & #19
WEST PALM BEACH, FL 33401

NAME: Nancy Galyon, ARNP-C, LCCE
RESIDENCE: 2491 SE Tailwinds Rd
Jupiter, Fla 33478

LICENSE: RN - 2289332

EMPLOYED BY: PRESIDENTIAL WOMEN'S CENTER
1501 PRESIDENTIAL WAY, SUITE #8 & #19
WEST PALM BEACH, FL 33401

ARNP SIGNATURE:
DEBRA K. ASHBY SCHWARTZ, MSN, ARNP-CS

ARNP SIGNATURE: 
Nancy Galyon, ARNP-C, LCCE

MEDICAL DOCTOR:
MICHAEL J. BENJAMIN, M
FL License #ME00144909

PROTOCOL EFFECTIVE DATE: 12/7/00