

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED  
AHCA  
AGENCY CLERK

STATE OF FLORIDA, AGENCY FOR  
HEALTH CARE ADMINISTRATION,

2011 MAR 28 A 9 51

Petitioner,

v.

AHCA NO. 2011001925

ORLANDO WOMEN'S CENTER, LLC,

Respondent.

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**FINAL ORDER**

Having reviewed the Notice of Intent to Impose Fine, and all other matters of record, the Agency for Health Care Administration finds and concludes as follows:

1. The Agency issued the above-named Respondent the attached Notice of Intent to Impose Fine and Election of Rights form. (Ex. 1) The Election of Rights form advised the Respondent of the right to an administrative hearing pursuant to Sections 120.57(1) and 120.57(2), Florida Statutes. The Respondent received the Notice of Intent and Election of Rights form. (Ex. 2) The Respondent failed to timely file the Election of Rights form or other response with the Agency Clerk.

2. The Agency has jurisdiction over the Respondent pursuant to Chapter 408, Part II, Florida Statutes, and the applicable authorizing statutes and administrative code provisions.

3. By failing to timely respond, the Respondent waived the right to a hearing and waived the right to contest the allegations within the Notice of Intent. Cann v. Department of Children and Family Services, 813 So.2d 237 (Fla. 2d DCA 2002). The findings of fact, conclusions of law and proposed sanction set forth within the Notice of Intent are adopted and incorporated by reference.

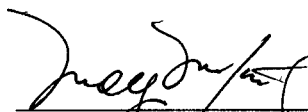
Based upon the foregoing, it is **ORDERED**:

1. An administrative fine of \$257.00 is imposed upon the Respondent. If full payment has already been made, the cancelled check is your receipt and no further payment is required. If full payment has not been made, payment is due within 30 days of the Final Order. A check payable to the "Agency for Health Care Administration" and containing the AHCA case number should be sent to:

Office of Finance and Accounting  
Revenue Management Unit  
Agency for Health Care Administration  
2727 Mahan Drive, MS 14  
Tallahassee, Florida 32308

2. Overdue amounts are subject to statutory interest and may be referred to collections.

**ORDERED** at Tallahassee, Florida, on this 25 day of March, 2011.



Elizabeth Dudek, Secretary  
Agency for Health Care Administration

**NOTICE OF RIGHT TO JUDICIAL REVIEW**

A party who is adversely affected by this Final Order is entitled to judicial review, which shall be instituted by filing one copy of a notice of appeal with the Agency Clerk of AHCA, and a second copy, along with filing fee as prescribed by law, with the District Court of Appeal in the appellate district where the Agency maintains its headquarters or where a party resides. Review of proceedings shall be conducted in accordance with the Florida appellate rules. The Notice of Appeal must be filed within 30 days of rendition of the order to be reviewed.

**CERTIFICATE OF SERVICE**

I CERTIFY that a true and correct copy of this Final Order was served on the below-named persons by the method designated on this 28<sup>th</sup> day of March, 2011.



Richard Shoop, Agency Clerk  
Agency for Health Care Administration  
2727 Mahan Drive, Bldg. #3, Mail Stop #3  
Tallahassee, Florida 32308-5403  
Telephone: (850) 412-3630

Copies furnished to:

Jan Mills Facilities Intake Unit (Interoffice Mail)	Carmen Turiya Velez Orlando Women's Center, LLC 1103 Lucerne Ter Orlando, FL 32806 (U.S. Mail)
Finance & Accounting Revenue Management Unit (Interoffice Mail)	



FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

Certified Article Number  
7160 3901 9848 8172 4150  
SENDERS RECORD

RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
INTERIM SECRETARY

February 22, 2011

CARMEN TURIYA VELEZ  
ORLANDO WOMEN'S CENTER, LLC  
1103 LUCERNE TER  
ORLANDO, FL 32806

RECEIVED  
GENERAL COUNSEL

FEB 23 2011

Agency for Health  
Care Administration

LICENSE NUMBER: 764

CASE #: 2011001925

**NOTICE OF INTENT TO IMPOSE LATE RENEWAL FINE**

Pursuant to Section 408.806(2) and Chapter 390, Florida Statutes (F.S.), a fine of \$257 is hereby imposed for late filing of your license renewal application. Your renewal application was not received sixty (60) days prior to the expiration of your Abortion Clinic license pursuant to Section 408.806(2)(a), F.S. Your renewal application was due January 25, 2011 but was not received until February 4, 2011 making the application 10 days late. Pursuant to Section 408.806(2)(d), F.S., failure to timely submit a renewal application and license fee shall result in a \$50 per day late fee; the aggregate amount of the late fee may not exceed 50 percent of the licensure fee or \$500, whichever is less.

**TO PAY NOW, PAYMENT SHOULD BE MADE WITHIN 21 DAYS AND MAILED WITH A COPY OF THIS NOTICE OF INTENT TO:**

Agency for Health Care Administration  
Finance and Accounting, Revenue Section  
OMC Manager  
2727 Mahan Drive, MS #14  
Tallahassee, FL 32308

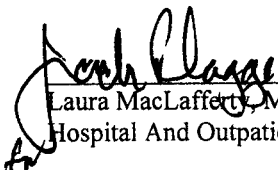
Include License Number: 764 and Case Number: 2011001925 in check memo field

**EXPLANATION OF RIGHTS**

Pursuant to Section 120.569, F.S., you have the right to request an administrative hearing. In order to obtain a formal proceeding before the Division of Administrative Hearings under Section 120.57(1), F.S., your request for an administrative hearing must conform to the requirements in Section 28-106.201, Florida Administrative Code (F.A.C), and must state the material facts you dispute.

**SEE ATTACHED ELECTION AND EXPLANATION OF RIGHTS FORMS.**

Agency for Health Care Administration

  
\_\_\_\_\_  
Laura MacLafferty, Manager  
Hospital And Outpatient Services Unit

cc: Agency Clerk, Mail Stop 3  
Legal Intake Unit, Mail Stop 3



Exhibit  
1

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: ORLANDO WOMEN'S CENTER, LLC

CASE NO: 2011001925

ELECTION OF RIGHTS

This Election of Rights form is attached to a proposed Notice of Intent to Deny of the Agency for Health Care Administration (AHCA). The title may be **Notice of Intent to Impose a Fine, Administrative Complaint, or some other notice of intended action by AHCA.**

**An Election of Rights must be returned by mail or by fax within twenty-one (21) days of the day you receive the attached Notice of Intent to Impose a Fine, Administrative Complaint or any other proposed action by AHCA.**

**If an Election of Rights with your selected option is not received by AHCA within twenty-one (21) days from the date you received this notice of proposed action, you will have given up your right to contest the Agency's proposed action and a final order will be issued.**

(Please reply using this Election of Rights form unless you, your attorney or your representative prefer to reply according to Chapter 120, Florida Statutes (2006) and Rule 28, Florida Administrative Code.)

Please return your ELECTION OF RIGHTS to:

Agency for Health Care Administration  
Attention: Agency Clerk  
2727 Mahan Drive, Mail Stop #3  
Tallahassee, Florida 32308  
Phone: (850) 412-3630      Fax: (850) 921-0158

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS:

OPTION ONE (1) \_\_\_\_\_ I admit to the allegations of facts and law contained in the **Notice of Intent to Impose a Fine, Administrative Complaint, or other notice of intended action by AHCA** and I waive my right to object and have a hearing. I understand that by giving up my right to a hearing, a final order will be issued that adopts the proposed agency action and imposes the proposed penalty, fine or action.

OPTION TWO (2) \_\_\_\_\_ I admit to the allegations of facts and law contained in the **Notice of Intent to Impose a Fine, Administrative Complaint, or other proposed action by AHCA**, but I wish to be heard at an informal proceeding (pursuant to Section 120.57(2), Florida Statutes) where I may submit testimony and written evidence to the Agency to show that the proposed administrative action is too severe or that the fine should be reduced.

OPTION THREE (3) \_\_\_\_\_ I dispute the allegations of facts and law contained in the **Notice of Intent to Impose a Fine, Administrative Complaint, or other proposed action by AHCA**, and I request a formal hearing (pursuant to Section 120.57(1), Florida Statutes) before an Administrative Law Judge appointed by the Division of Administrative Hearings.





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[FAQs](#)

## Track & Confirm

### Search Results

Label/Receipt Number: **7160 3901 9848 8172 4150**  
Service(s): **Certified Mail™**  
Status: **Delivered**

### Track & Confirm

Enter Label/Receipt Number.

[Go >](#)

Your item was delivered at 11:26 am on February 24, 2011 in ORLANDO, FL 32806.

#### Detailed Results:

- **Delivered, February 24, 2011, 11:26 am, ORLANDO, FL 32806**
- **Arrival at Unit, February 24, 2011, 8:09 am, ORLANDO, FL 32806**

### Notification Options

#### Track & Confirm by email

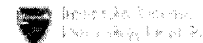
Get current event information or updates for your item sent to you or others by email. [Go >](#)

#### Return Receipt (Electronic)

Verify who signed for your item by email. [Go >](#)

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*Exhibit 2*