

PROTOCOL EFFECTIVE DATE:

12/01/00

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. Debra K. Ashby Schwartz, MSN, ARNP-CS
Certified as an Advanced Registered Nurse Practitioner, Certification number #14674622 as issued by the Florida Board of Nursing (see attached).
2. Michael J. Benjamin, MD, Florida License Number ME0014909, DEA Number AB9792525
3. Nancy C. Galyon, ARNP-C, LCCE
Certified as an Advanced Registered Nurse Practitioner, Certification number #2239332 as issued by the Florida Board of Nursing (see attached).

B. Specialty: Family Health and Women's Health

C. Site: Presidential Women's Center
1501 Presidential Way, Suite #8
West Palm Beach, FL 33401

III. Scope of Practice: In collaboration with Dr. Michael Benjamin, Debra K. Ashby Schwartz, MSN, ARNP-

CS and/or Nancy Balgon, ARNP-C, LCCE assess and manage the general health status for those clients for which they have been educated and trained, specifically Family Health and Women's Health.

IV. Specific Management Areas:

A. The following measures may be initiated and/or conducted by Debra K. Ashby Schwartz, MSN,

ARNP-CS and/or Nancy Balgon, ARNP-C, LCCE :

1. Comprehensive history and physical assessments, to include primary care, post termination care, periodic and annual physical examinations, with emphasis on thyroid, heart, lung, abdomen, pelvis exam (including pap smear, cultures and other lab tests as indicated).
2. Perform the following procedures under the indirect supervision and delegation by Dr. Michael Benjamin:

Insert and remove Intrauterine Devices

Insert, fit and remove Diaphragms

Insert, fit and remove Pessaries

Insert Laminara as directed by Dr. Benjamin

Insert and remove Norplant contraceptive systems

Excise musocal and skin lesions

Treatment of condylomata or molluscum with bichloroacetic or trichloroacetic acid

Order Radiographic studies as indicated

Provide HIV pre and post-test counseling

Order any lab work or patient care as indicated

Ultrasound pregnancies for gestational measurement

Colposcopy with cervical and endocervical biopsies

Cyrosurgery of the cervix

Endometrial biopsies

Provide emergency contraception

Any other procedure which the ARNP has been educated and trained.

3. Development and prescribing of diagnostic and therapeutic plans with the supervision and/or consultation of Dr. Michael Benjamin.
4. Consultations with physicians and health professionals.

B. The following drug therapies may be prescribed, monitored, initiated or altered by Debra K. Ashby

Schwartz, MSN, ARNP-CS and/or Nancy Balgon, ARNP-C, LCCE in accordance with education and management protocols:

Analgesics, anti-infectives (antibiotics, antifungals, antihelmintics), anti-inflammatory agents, antiarthritics, antidepressants, local anesthetics, vaccinations, antihistamines, antitussives, antivirals, laxatives, diuretics, decongestants, expectorants, contraceptives, dermatologicals, muscle relaxants, antacids, antianemics, antidiarrheals, antiemetics, antithyroid agents, antitumor agents, lipid lowering agents, hormones, oral hypoglycemics, smoking cessation agents, vitamins, herbs, minerals, electrolytes, anti-parasitics, antihypertensives, antianxiety agents, fertility agents, topical steroids, corticosteroids, nutritional agents, headache medications, and miscellaneous non-narcotic preparations.

The following controlled substances with the supervision and/or consultation of Dr. Michael Benjamin: Darvocet N., Tylenol #3, and Valium 10mg injectable or 5mg tablets.

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

Case management of clients in office
Provide health education to clients and their families.
Participate in continuing education in specialty area.
Communicate regularly with physician for review and evaluation of professional performance.
Maintain current licensure as ARNP by the State of Florida Board of Nursing.
The ARNP will have access to the supervising physician or substitute at all times.

V. Supervision:

- A. This Protocol shall be reviewed on an annual basis and amended as required.
- B. All of the above functions may be performed under general supervision.
- C. A copy of the Protocol and a copy of the notice required by the Board of Medicine will be kept at the practice sites. After the termination of the relationship between Debra K. Ashby

Schwartz, MSN, ARNP-CS, Nancy Galyon, ARNP-C, LCCE and
Michael Benjamin, MD, each party will be responsible for insuring that a copy of the Protocol is
maintained for future reference for four years as required.

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

11-30-00
Date

Michael J. Benjamin
Michael J. Benjamin, MD
License # ME0014909

12/21/00
Date

Nancy C. Galyon, ARNP-C, LCCE
Nancy Galyon, ARNP-C, LCCE
License #
Date

Appendices: (to be kept within the ARNP practice site)

- A. CV's or resume of all parties.
- B. Management protocols pertaining to care of clients.
- C. Other resources materials used by the ARNP

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC# 0379258

DATE	LICENSE NO.	CONTROL NO.
03/28/2000	RN 2238332	43301

THE REGISTERED NURSE
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.
EXPIRATION DATE: APRIL 30, 2002

NANCY BETH CARTER GALYON

Nancy C. Galyon

LICENSEE SIGNATURE

Nancy C. Galyon, ARNP-C, LCCE
2491 SE Tailwinds Rd.
Jupiter, FL 33478

Phone (561) 746-8363
Cell (561) 339-2020
Fax (561) 748-4515

OBJECTIVE: To provide and collaborate primary health care to women, including promotion of health maintenance behaviors and prevention of illness, as well as diagnosis, treatment, and/or referral of health problems.

EDUCATION: MSN, FNP program, Graceland University Outreach Program, Lamoni, Iowa. Expected graduation date June 2002.

Women's Health Care NP Certification, University of Texas Southwestern Medical Center, Dallas, TX, June 1996.

NCC Certification, Women's Health Care Nurse Practitioner, Oct. 1996.

LCCE Certification, ASPO/LAMAZE, University of South Florida, Tampa, FL, Oct. 1994.

Associate Degree Nursing, RN, New Mexico State University, Las Cruces, NM, Dec. 1984.

Associate of Arts Degree, New Mexico State University, Las Cruces, NM, May 1982.

General Arts and Sciences, Towson State University, Towson, MD, Sept 1978 - June 1980.

LICENSURE: Florida ARNP # 2239332

Women's Health Care NCC Certification.

EXPERIENCE: Currently employed part time Firstat Nursing Services.

December 1997 - July 2000. Island Family Care, Key Largo, FL. Women's Health Care Nurse Practitioner. Primary health care for women and adolescent girls. Independent management of preventative health issues, routine physical exams, and diagnosis and treatment of minor health problems. Medical association and back-up provided by Dr. Steven Lawyer, D.O. and Dr. Dean Bard, D.O.

August 1996 - December 1997. Morales, Esserman, Feldman, MD, PA. Key Largo, FL. Women's Health Care Nurse Practitioner, collaborative practice. Managed satellite office providing primary

health care and prenatal care for women and adolescent girls.
Medical consultation and back up provided by Dr. Morales, Feldman,
Esserman, and Goodman, MDs of South Miami, FL.

December 1992 - July 1996. Florida Health Professionals, Florida
Keys OB/GYN, Key Largo, FL. Women's Health Care Nurse
Practitioner. Office Nurse Manager of satellite OB/GYN office.
Medical consultation and back up provided by Dr. Spencer Kellogg,
MD.

1994 - July 2000. Self employed as Lamaze Childbirth Instructor,
Breastfeeding Consultant. Series and private classes. Medela
breastfeeding and infant care equipment sales and rental
representative.

1998 - July 2000. Monroe County Health Department, Healthy Start
program. Monroe County, FL. Childbirth educator, breastfeeding
consultant.

May 1992 - August 1995. Baptist Hospital of Miami, Miami, FL.
Labor and Delivery staff RN. Childbirth Instructor. Developed and
taught satellite childbirth preparation program in the Upper Keys.

May 1992 - November 1992. James Archer Smith Hospital,
Homestead, FL. Labor and Delivery staff RN and Charge Nurse.

February 1987 - February 1991. HCA Lewisville Memorial Hospital,
Lewisville, TX. Labor and Delivery staff RN and Charge Nurse.

October 1990 - January 1991. Dr. Rudy Tovar, MD. OB/GYN
Office Nurse.

Board of Medicine
Department of Professional Regulation
Page 2

If you have any further questions regarding our practice being sold, please do not hesitate to call me or our attorney, Peter Ray at:

Cohen, Norris, et. al
712 U.S. Highway One, Suite 400
P.O. Box 13146
North Palm Beach, FL 33408-7146
Ph: 561-844-3600

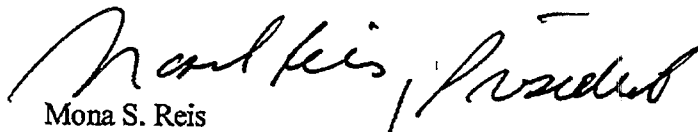
Mr. Ray is handling this transaction.

Please be aware that Michael Benjamin, M.D. and Ms. Ashby Schwartz, M.S.N., A.R.N.P, will no longer be practicing under the Corporation, Presidential Women's Center Family Planning, Inc. at:

1501 Presidential Way, Suite #8
West Palm Beach, FL 33401
561-478-7277

Many Thanks --

Yours truly,


Mona S. Reis



January 2001

Dear Friends and Patients,

We would like to inform you that we will be selling the GYN part of Presidential Women's Center (our Family Planning Office only) to Ms. Pat Riner, Advanced Registered Nurse Practitioner, Certified Nurse Midwife of *Just For Women Birth & Gyn Center, Inc.* We have decided to concentrate all our efforts on expanding our surgical services, which include non-surgical and surgical abortions as well as Tubal Ligations.

We are very fortunate to have formed a relationship with Pat and are confident that she will provide the highest quality of care with the same kindness, flexibility, supportive environment and professionalism that our patients are used to receiving at our center. Pat has been an Advanced Registered Nurse Practitioner and Certified Nurse Midwife for over 10 years and is as dedicated and involved with her patients as we have been. There is no doubt that she will share our philosophy and style of placing our patients' concerns first, listening, understanding, giving support and serving as an expert in their care. We have been very fortunate to have found such a perfect fit! All of our patients' gynecology files will be at her office, which is at:

Just For Women Birth and Gyn Center, Inc.
927 45th Street, Suite 103
West Palm Beach, FL 33407
Phone: 561-881-9650
Fax: 561-881-9908

(Just five minutes from here!).

It has been our sincerest pleasure and honor to have provided GYN services to the women of our community. We know that you will be happy with Pat and her terrific nurse, Helen Halloran.

Thank you for your friendship and loyalty over the last years. We wish you continued good health and happiness for a great 2001.

With warmest wishes---

Presidential Women's Center Staff

COPY SENT TO PALM BEACH POST

Gynecology Patients of *Presidential Women's Center Family Planning, Inc.* will now be seen at *Just For Women Birth and Gyn Center, Inc.* at 927 45th Street, Suite 103, West Palm Beach, FL 33407 with Patricia K. Riner, A.R.N.P., C.N.M. Call 561-881-9650 for appointments.

BOARD OF MEDICINE

MAR 29 AM 8:20

March 21, 2001

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, Nancy C. Galyon, ARNP-C, LCCE and Falona King, PA are working in collaboration in the specific management areas as stated in their protocol of practice.

Nancy C. Galyon ARNP-C 3/23/01
Nancy C. Galyon, ARNP-C, LCCE Date
License # 2239332

Falona King PAC 3.22.01
Falona King, PA Date
License # PA 9101568

Michael J. Benjamin MD 2/22/01
Michael J. Benjamin, MD Date
License # ME0014909

Date
License # _____

Sincerely,

Mona S. Reis, President

Mona S. Reis, President

3/29/01

PROTOCOL EFFECTIVE DATE: MARCH 13, 2001

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. Nancy C. Galyon, ARNP-C, LCCE
Certified as an Advanced Registered Nurse Practitioner, Certification number 22393328 as issued by the Florida Board of Nursing (see attached).
2. Michael J. Benjamin, MD, Florida License Number ME0014909, DEA Number AB9792525
3. Falona King, PA
Certified as a Physician's Assistant, Certification number 9101568 as issued by the Council on Physicians Assistants of the Florida Department of Health (see attached).
- 4.

B. Specialty: Family Health and Women's Health

C. Site: Presidential Women's Center
1501 Presidential Way, Suite #19
West Palm Beach, FL 33401

Scope of Practice: In collaboration with Dr. Michael Benjamin, Nancy C. Galyon, ARNP-C, LCCE and Falona

King, PA and /or

assess and manage the general health status for those clients for which they have been educated and trained, specifically Family Health and Women's Health.

III. Specific Management Areas:

The following measures may be initiated and/or conducted by Nancy C. Galyon, ARNP-C, LCCE, Falona King,

PA and /or

1. Comprehensive history and physical assessments, to include primary care, post termination care, periodic and annual physical examinations, with emphasis on thyroid, heart, lung, abdomen, pelvis exam (including pap smear, cultures and other lab tests as indicated).
2. Perform the following procedures under the indirect supervision and delegation by Dr. Michael Benjamin:

Insert and remove Intrauterine Devices

Insert, fit and remove Diaphragms

Insert, fit and remove Pessaries

Insert Laminara as directed by Dr. Benjamin

Insert and remove Norplant contraceptive systems

Excise musocal and skin lesions

Treatment of condylomata or molluscum with bichloroacetic or trichloroacetic acid

Order Radiographic studies as indicated

Provide HIV pre and post-test counseling

Order any lab work or patient care as indicated

Ultrasound pregnancies for gestational measurement

Colposcopy with cervical and endocervical biopsies

Cyrosurgery of the cervix

Endometrial biopsies

Provide emergency contraception

Any other procedure which the ARNP has been educated and trained.

3. Development and prescribing of diagnostic and therapeutic plans with the supervision and/or consultation of Dr. Michael Benjamin.
4. Consultations with physicians and health professionals.

The following drug therapies may be prescribed, monitored, initiated or altered by Nancy C. Galyon, ARNP-C, LCCE, Falona King, PA and /or

_____ in accordance with
education and management protocols:

Analgesics, anti-infectives (antibiotics, antifungals, anthelmintics), anti-inflammatory agents, antiarthritics, antidepressants, local anesthetics, vaccinations, antihistamines, antitussives, antivirals, laxatives, diuretics, decongestants, expectorants, contraceptives, dermatologicals, muscle relaxants, antacids, antianemics, antidiarrheals, antiemetics, antithyroid agents, antiulcer agents, lipid lowering agents, hormones, oral hypoglycemics, smoking cessation agents, vitamins, herbs, minerals, electrolytes, anti-parasitics, antihypertensives, antianxiety agents, fertility agents, topical steroids, corticosteroids, nutritional agents, headache medications, and miscellaneous non-narcotic preparations.

The following controlled substances with the supervision and/or consultation of Dr. Michael Benjamin:
Darvocet N., Tylenol #3, and Valium 10mg injectable or 5mg tablets.

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

Case management of clients in office
Provide health education to clients and their families.
Participate in continuing education in specialty area.
Communicate regularly with physician for review and evaluation of professional performance.
Maintain current licensure as ARNP by the State of Florida Board of Nursing.
The ARNP will have access to the supervising physician or substitute at all times.

IV. Supervision:

- A. This Protocol shall be reviewed on an annual basis and amended as required.
B. All of the above functions may be performed under general supervision.
A copy of the Protocol and a copy of the notice required by the Board of Medicine will be kept at the practice sites. After the termination of the relationship between Nancy C. Galyon, ARNP-C, LCCE, Falona King, PA and Michael Benjamin, MD, each party will be responsible for insuring that a copy of the Protocol is maintained for future reference for four years as required.

Nancy C. Galyon ARNP-C 3/23/01
Nancy C. Galyon, ARNP-C, LCCE Date
License # 2239332

Michael J. Benjamin MD 3/22/01
Michael J. Benjamin, MD Date
License # ME0014909

Falona King PAC 3.22.01
Falona King Date
License # PA 9101568

Date
License # _____

Appendices: (to be kept within the ARNP practice site)

- A. CV's or resume of all parties.
B. Management protocols pertaining to care of clients.
C. Other resources materials used by the ARNP

ADVANCED REGISTERED NURSE PRACTITIONER / PHYSICIAN ASSISTANT MANAGEMENT
PROTOCOL FOR PRACTICE

NAME: NANCY C. GALYON, ARNP-C, LCCE
RESIDENCE: 2491 S.E. TAILWINDS RD.
JUPITER, FL 33478

LICENSE: 2239332

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

NAME: FALONA KING
RESIDENCE: 827 LATONA AVENUE
LAKE WORTH, FL 33460

LICENSE: PA 9101568

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

NAME: _____

RESIDENCE: _____

LICENSE: _____

ARNP SIGNATURE: _____

Nancy C. Galyon ARNP-C, LCCE
NANCY C. GALYON, ARNP-C, LCCE

PA SIGNATURE: _____

Falona King PAC
FALONA KING, PA

ARNP SIGNATURE: _____

MEDICAL DOCTOR: _____

Michael J. Benjamin 3
MICHAEL J. BENJAMIN, MD
FL License #ME00144909

PROTOCOL EFFECTIVE DATE: MARCH 13, 2001

Jeb Bush
Governor



Robert G. Brooks, M.D.
Secretary

CERTIFIED LETTER

Chairperson
Gaston J. Acosta-Rua, M.D.
Jacksonville, Florida

Members
Becky Cherney
Orlando, Florida

Laurie Davies, M.D.
Gainesville, Florida

John W. Giotfelty, M.D.
Lakeland, Florida

Kriston Kent, M.D.
Naples, Florida

Peter Lameias, M.D.
West Palm Beach, Florida

Gustavo Leon, M.D.
Miami, Florida

Monique Long
Orlando, Florida

Beverly D. McMillin, M.D.
Jacksonville, Florida

Rafael Miguel, M.D.
Tampa, Florida

Gilbert Rodriguez
Tampa, Florida

Elisabeth Tucker, M.D.
Pensacola, Florida

Raghavendra R. Vijayanagar, M.D.
Tampa, Florida

Gary Winchester, M.D.
Tallahassee, Florida

Zachariah P. Zachariah, M.D.
Ft. Lauderdale, Florida

Board Director
Tanya Williams

March 13, 2001

Falona King
827 Latona Avenue
Lake Worth, FL 33460

Dear Ms. King:

The Council on Physician Assistants of the Florida Department of Health approved your application for licensure as a physician assistant.

Your Physician Assistant license number is PA 9101568. Your license became effective March 13, 2001 and will expire January 31, 2002. You can expect to receive your printed license in approximately 3-4 weeks, but you may use this letter in the interim as proof of licensure. A notice of renewal will be mailed to you approximately 60 days prior to the expiration date.

Enclosed are copies of the following: Chapters 458.347 and 459.022 Florida Statutes and Rule 64B8-30 and 64B15-6 Florida Administrative Code, which govern the practice and licensure of physician assistants, and a prescribing application and a Supervision Data Form.

If you change your mailing address from the one reflected above, please notify this office in writing immediately so that we may correct our records accordingly.

Should you have any questions, please feel free to contact me. (850) 245-4131, Ext. 3528.

Sincerely,

Vera Johnson
Regulatory Specialist II

(BOARD SEAL)

/v/

Enclosure(s)

COUNCIL ON PHYSICIAN ASSISTANTS

4052 Bald Cypress Way, BIN #C03 • Tallahassee, FL 32399-3253
(850) 245-4131

www.doh.state.fl.us/mqa/phyasst/pahome.htm

MEDICINE BOARD

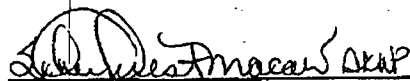
2001 NOV 16 PM 5:16

November, 2001

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-C, are working in collaboration in the specific management areas as stated in Ms. Macaw's protocol of practice.


Sidney Quest Macaw

11.1.01
Date

RN - 3185452
Florida License Number


Michael J. Benjamin, MD

11.1.01
Date

ME0014909
Florida License Number

ADVANCED REGISTERED NURSE PRACTITIONER

MANAGEMENT PROTOCOL FOR PRACTICE

FOR:

NAME: SIDNEY QUEST MACAW, MSN, ARNP-C

RESIDENCE ADDRESS: 1725 S. W. 17th St.
Fort Lauderdale, FL 33312MAILING ADDRESS: 7707 N University Dr. #205
Tamarac, FL 33321

LICENSE: RN - 3185452

EMPLOYED BY: please see location sites.

ARNP SIGNATURE:  _____Protocol effective
date _____

11-1-01

MEDICAL
DOCTOR:  _____

Michael J. Benjamin, MD, FI 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-C, 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: November, 2001**III. Scope of Practice:**

In collaboration with Dr. Michael Benjamin, Sidney Q. Macaw, MSN, ARNP-C, 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-C:

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-C 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

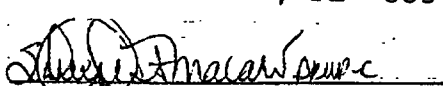
This contract exists between:

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


Signature

Sidney Q. Macaw

1725 S.W. 17th St.
Fort Lauderdale, FL 33312


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.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC# 0405322

DATE	LICENSE NO.	CONTROL NO.
05/11/2000	RN 3185452	60568

THE REGISTERED NURSE
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.
EXPIRATION DATE: JULY 31, 2002

SIDNEY QUEST MACAW



LICENSEE SIGNATURE

Palmer Florida Keys Hospital District

P. O. BOX 1359

KEY WEST, FLORIDA 33640

TELEPHONE 294-5531

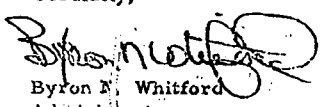
Florida State Board of Medical Examiners
108 W. Pensacola Street
Tallahassee, Florida

Gentlemen:

Doctor Michael Joel Benjamin has applied for staff privileges at Florida Keys Memorial Hospital. His application indicates that he is licensed to practice Medicine in the State of Florida, License No. 101492. We would appreciate your confirming his licensure the date of his licensure as well as a report on his work performance, character, and any other information or recommendations you may feel could be of significance in helping us to determine his qualifications and training for staff privileges and membership evaluations.

Your prompt attention and reply will be most appreciated, as this is a new hospital and we are most anxious to get our medical staff appointments established as soon as possible.

Cordially,


Byron N. Whitford
Administrator
Florida Keys Memorial Hospital

BNW/vr

Dear Sir:

License number 14909 was issued on March 6, 1970. Doctor Benjamin's license is in full force and effect.

Sincerely yours,

George S. Palmer, M.D.
Executive Director

13844
14909

National Abortion Federation

900 Pennsylvania Avenue, S.E., Washington, D.C. 20003 (202) 546-9060
October 11, 1984

Dorothy Faircloth
Executive Director
Florida Board of Medical Examiners
130 North Monroe Street
Tallahassee, FL 32301

Dear Ms. Faircloth:

The National Abortion Federation is a membership organization that represents the interests of abortion providers across the country. NAF is the only professional organization that sets standards for quality care; develops post-graduate courses for physicians, nurses, administrators, and counselors; and educates the public about the safety and availability of abortion services.

NAF has received an application for institutional membership from University Gynecology Associates, Wachtel-Benjamin, P.A., Tamarac, FL. We are reviewing this application and would appreciate it if you would verify that the clinic has represented accurately the status of its physicians' licenses to practice medicine in your state:

Garry H. Wachtel, M.D. (License No. ME 0013844) *OK*
Michael J. Benjamin, M.D. (License No. ME 0014909) *OK*

The NAF policy is to process all membership applications within a limited time. Therefore, if the above information is incorrect, I would appreciate hearing from you by October 30, 1984.

Thank you very much for your cooperation and assistance.

Sincerely,

Lois Schoenbrun

Lois Schoenbrun
Membership Director

LS:mc

C. Brub
10-16-84

Executive Director
Barbara Radford
Board of Directors
Executive Committee
Glenna Halvorson-Boyd
President
Pat Miller
Vice President

Dona F. Wells
Secretary
Grant Bagley, M.D.
Treasurer
Lynne Randall
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Board Members
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Nancy H. Dickinson
Carol Downer

Lewis H. Koplik, M.D.
Theresa Lerch
Alfred F. Moran
William M. Moss, M.D.
Cory L. Richards
Andis E. Ryder
Leah Styles

Mary Ann Sorrentino
Constance Street
Insurance Advisor
Ronald Moore
Planned Parenthood
Liaison
Louise B. Tyrer, M.D.

ME 14909

14909

POOR DOCUMENT

MANAGEMENT PROTOCOL FOR PRACTICE

FOR

RECEIVED

MAR 8 1993

D.P.R. MEDICAL/NATUROPATH

CARDOLYN R. ZAUMEYER, B.S.N., A.R.N.P.

Practicing with: Dr. Michael J. Benjamin, M.D., P.A.
7707 North University Drive, Suite 205
Tamarac, FL 33321

February 15, 1993

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. Carolyn R. Zaumeyer, BSN, A.R.N.P.
Certified as an Advanced Registered Nurse
Practitioner, Certificate Number
212577C, as issued by the Florida Board of
Nursing, (see attached).
2. Michael J. Benjamin, MD, Florida License
Number ME0014909; DEA Number AB9792S25.

B. Specialty: Obstetrics and Gynecology

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

HCA North West Regional Hospital
5801 Colonial Drive
Margate, FL 33063

Coral Springs Hospital
3000 Coral Hills Drive
Coral Springs, FL 33065

Presidential Family Planning Clinic
1501 Presidential Way, Suite B
West Palm Beach, FL 33401

Women's Clinic
5399 N. Dixie Highway
Ft. Lauderdale, FL 33334

D. Date of Protocol Development: February 15, 1993

III. Scope of Practice: In collaboration with Dr. Michael J. Benjamin, Carolyn R. Zaumeyer, B.S.N., A.R.N.P. will assess and manage the general health status for those clients for which she has been educated and trained, specifically in Obstetrics and Gynecology.

IV. Specific Management Areas:

A. The following measures may be initiated and/or conducted by Carolyn R. Zaumeyer, B.S.N., A.R.N.P.

1. Comprehensive history and physical assessments, with emphasis on thyroid, heart, lung, abdomen, pelvic exam (including pap smear, cultures and other lab tests as indicated).
2. Perform the following procedures under the indirect supervision and delegation by Dr. Michael J. Benjamin:
 - a) Insert and remove Intrauterine Devices (IUD's).
 - b) Insert, fit, and remove Diaphragms.
 - c) Insert, fit, and remove Pessaries.
 - d) Insert Dilapan or Laminaria (cervical dilation treatment) as directed by MD.
 - e) Insert Norplant contraceptive systems.
 - f) Remove Norplant contraceptive systems.
 - g) Treatment of Condylomata with Dichloroacetic or Trichloroacetic acid.
 - h) Order Mammography as indicated.
 - i) Provide HIV pre-test counseling.
 - j) Order any lab work or patient care as indicated.
 - k) ultrasound pregnancies over 12 weeks gestation.
 - l) Any other procedures which the A.R.N.P. has been educated and trained.
3. Development and prescribing of diagnostic and therapeutic plans with the supervision and/or consultation with Dr. Michael Benjamin.
4. Consultation with other physicians and health professionals.

B. The following drug therapies may be prescribed, monitored, initiated or altered by Carolyn R. Zaumeyer, B.S.N., A.R.N.P. in accordance with education and management protocols: Anti-inflammatory agents, antiarthritics, analgesics, antibiotics, antibacterials, local anesthetics, vaccinations, antihistamines, antifungals, antitussives, antivirals, laxatives, diuretics, decongestants, expectorants, contraceptives, dermatologicals, muscle relaxants, uterine relaxants, antacids, antianemics, antidiarrheals, antiemetics, antithyroid agents, antiulcer agents, lipid lowering agents, hormones, antihypertensives, bronchodilators, oral hypoglycemics, smoking cessation medications, vitamins.

C. Other responsibilities the A.R.N.P. may perform under the direct and indirect supervision of the physician include:

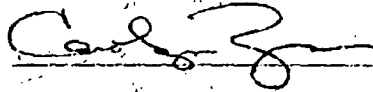
1. Case management of client's in office.
2. First assist in surgery.
3. Provide health education to client's and their families.
4. Participate in continuing education in specialty area.
5. Communicates regularly with physician for review and evaluation of professional performance.
6. Maintains current licensure as A.R.N.P. by the State of Florida Board of Nursing.
7. The A.R.N.P. will have access to the supervising physician or substitute at all times.

V. Supervision:

A. This protocol shall be reviewed on an annual basis and amended as required.

B. All of the above functions may be performed under general supervision.

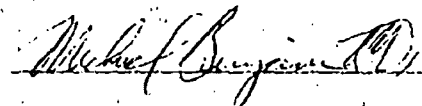
C. A copy of the protocol and a copy of the notice required by the Board of Medicine will be kept at the site of practice. After the termination of the relationship between Carolyn R. Zaumeyer, B.S.N., A.R.N.P. and Michael J. Benjamin, M.D., each party will be responsible for insuring that a copy of the protocol is maintained for future reference for four years as required.



A.R.N.P.

2/15/93
Date

212577C
License #



M.D.

2/16/93
Date

14909
License #

February, 1993

Appendices: (to be kept within the A.R.N.P. practice site)

- A. CV's or resumes of all parties.
- B. Management protocols pertaining to care of clients.
- C. Other resource materials used by the A.R.N.P.

General:

- A. The original of the protocol shall be filed with the DPR yearly. A copy will be stored at the practice site.
- B. Any alteration or amendments should be signed by all parties and filed with the DPR within 30 days of the alteration.

Address:

Department of Professional Regulation
Division of Medical Quality Assurance
1940 North Monroe Street, Suite 60
Tallahassee, Florida 32399-0750

- C. The noticed required by the Board of Medicine 456.34B (1) shall be filed yearly.

Address:

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

MICHAEL BENJAMIN

ME 0014909

0014909

RECEIVED

AUG 14 1998

August 7, 1998

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 K. Sarkis, MSN, ARNP, Debra K. Ashby Schwartz, MSN, ARNP-CS and Pamela Forecki, BS, ARNP are working in collaboration in the specific management areas as stated in their protocol of practice.

Shelly K. Sarkis, ARNP Date Aug. 6, 1998
Shelly K. Sarkis, MSN, ARNP
License #1963182
D. Ashby Schwartz MSN ARNP-CS Date Aug. 7, 1998
Debra K. Ashby Schwartz, MSN, ARNP-CS
License #1667462
Pamela Forecki, ARNP Date 8-8-98
Pamela Forecki, BS, ARNP
License #1295782
Michael J. Benjamin, MD Date 8/5/98
Michael J. Benjamin, MD
License #ME0014909

0014909

RECEIVED

JUN 17 1998

May 27, 1998

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 K. Sarkis, MSN, ARNP, and Pamela Forecki, BS, ARNP are working in collaboration in the specific management areas as stated in their protocol of practice.

Shelly K. Sarkis
Shelly K. Sarkis, MSN, ARNP
License #1963182

JUNE 11, 1998
Date

Pamela B. Forecki, ARNP
Pamela Forecki, BS, ARNP
License # 1295782

Date

Michael J. Benjamin, MD
Michael J. Benjamin, MD
License #ME0014909

Date

0014909

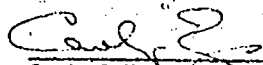
April 15, 1998

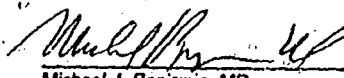
Board of Medicine
Department of Professional Regulation
1940 North Monroe Street, Suite 60
Tallahassee, FL 32399 0750

RECEIVED
APR 17 1998

To Whom It May Concern:

Please be advised that Michael J. Benjamin, MD, and Carolyn R. Zaumeyer, MSN, ARNP, are working in collaboration in the specific management areas as stated in her protocol of practice.

 4/15/98 2125772
Carolyn R. Zaumeyer, MSN, ARNP Date FL License Number

 4/16/98 ME0014909
Michael J. Benjamin, MD Date FL License Number

STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA

APPLICATION FOR EXAMINATION

Name in full MICHAEL JOEL BENJAMIN
(Type or print. Use no initials.)

List all other names you have used. NONE

Have you ever legally changed your name? No If so, enclose certified copy of legal document giving change.

Residence address (at time of filing application) 241-05 37TH AVE LICRENE NY 11363

Office address NONE

Permanent address (if different from above)

Place of birth NEW YORK CITY, N.Y. Date of birth 5/23/42

Are you a citizen of the United States? YES
(If foreign born give date and place of naturalization)

Did you attend a college or university? NEW YORK UNIVERSITY, UNIV. HEIGHTS, BRONX, NY
(If yes, give name and location of school)

Do you have any degree other than M.D.? AB. 1962. NEW YORK UNIV. UNIV. HEIGHTS
(Degree, date, school)

MEDICAL EDUCATION: Be specific. Account for each year.

STATE UNIV. OF N.Y. DOWNSTATE COLLEGE OF MED. from 7/1 1962 to 6/1 1967
(Name of medical school, location)

from 19 to 19

from 19 to 19

from 19 to 19

Degree of Doctor of Medicine was obtained from STATE UNIV. OF N.Y. DOWNSTATE COLLEGE OF MEDICINE
(Name of medical school, location)

on 6/8 1967
(Exact Date)

INTERNSHIP: Attach proof of satisfactory completion (photocopy or certificate or letter from administrator acceptable).

LONG ISLAND JEWISH HOSPITAL - NEW HYDE PARK NY 7/67 - 6/68
(Name and address of hospital) (Dates)

ACCOUNT FOR ALL TIME FROM DATE OF GRADUATION TO PRESENT.

List chronologically residency or other post-graduate training. Give name and location of hospitals, exact dates, and specify type of training.

RESIDENT - OBSTETRICS AND GYNECOLOGY - LONG ISLAND JEWISH HOSP.

QUEEN'S HOSPITAL CENTER AFFILIATE, JAMAICA, NY 7/68 - PRESENT

MEDICAL SOCIETY AFFILIATIONS: State, county, national including dates. (Attach recommendation of medical society if member.)

None

If you have been in private practice and not a medical society member, explain why

Has any application for medical society membership been rejected? NO If yes, furnish details.

Has any disciplinary action ever been taken against you by any county, state or national medical society? NO If yes, furnish details.

RECOMMENDATIONS: Furnished by two reputable physicians in the locality where applicant last practiced or served as an intern or resident.

This certifies that I have been personally acquainted with MICHAEL BENJAMIN M.D. for 3 yrs and know him to be of good moral and professional character and recommend him as worthy to practice as a physician and surgeon in Florida.

See Dr. Ben Address 273-01 Union Tp. Rd. Flushing
Graduate L.P.C. 4/10 1935 Licensed N.Y. 5-1935
(School and date) (State and date)

This certifies that I have been personally acquainted with MICHAEL BENJAMIN M.D. for 3 yrs and know him to be of good moral and professional character and recommend him as worthy to practice as a physician and surgeon in Florida.

See Dr. Ben Address 46 Grace Ave. Great Neck, N.Y.
Graduate N.Y. School of Med. 1956 Licensed N.Y. 1957
(School and date) (State and date)

AFFIDAVIT OF APPLICANT

Michael Joel Benjamin being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents and that the attached photograph is a true likeness of myself.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Florida State Board of Medical Examiners any information, files or records requested by the Board in connection with the processing of this application. I further authorize the Florida State Board of Medical Examiners to release to the organizations, individuals and groups listed above any information which is material to my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the State of Florida.

COUNTY OF QUEENS

STATE OF NEW YORK

Subscribed and sworn to before me this 10th day of Nov. 1968

Michael Joel Benjamin M.D.
(Signature of applicant)

Frank A. Capone
(Notary Public)

My Commission Expires FRANK A. CAPONE
NOTARY PUBLIC, State of New York
REG. 625602200 Suffolk County
Commission expires March 30, 1970

STATE UNIVERSITY

DOWNSTATE MEDICAL

COLLEGE OF

ON THE RECOMMENDATION
AND BY VIRTUE OF THE ACT
THE TRUSTEES OF THE UNIVERSITY

MICHAEL JOSEPH

THE DEPARTMENT OF

DOCTOR OF MEDICINE

AND HAVE GRANTED THIS DEGREE
GIVEN IN THE CITY OF NEW YORK
IN THE UNITED STATES OF AMERICA
OF JUNE ONE THOUSAND NINE HUNDRED

Clifford A. Halpin

Chairman of the Board of Trustees

George M. Shapiro

Chairman of the Medical Center Council



UNIVERSITY OF NEW YORK
MEDICAL CENTER
COLLEGE OF MEDICINE

ACTION OF THE FACULTY
AUTHORITY VESTED IN THEM
UNIVERSITY HAVE CONFERRED ON

DAVID BENJAMIN

DEGREE OF

DOCTOR OF MEDICINE

DIPLOMA AS EVIDENCE THEREOF
WORK IN THE STATE OF NEW YORK
AMERICA ON THE EIGHTH DAY
ONE HUNDRED AND SIXTY-SEVEN

RECEIVED

NOV 12 1969

FLA. ST. BD.
MED. EXAM.



Samuel B. Gmel

Chancellor of the University

Joseph M. Hirsch

President of the Medical Center and Dean of the College of Medicine

THE LONG ISLAND JEWISH HOSPITAL

NEW HYDE PARK
LONG ISLAND, NEW YORK

THIS IS TO CERTIFY THAT

Michael J. Benjamin, M.D.

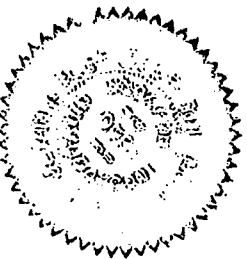
HAS SATISFACTORILY DISCHARGED HIS DUTIES
IN THE CAPACITY OF

Intern

AT THIS HOSPITAL FROM July 1, 1967 to June 30, 1968

IN WITNESS WHEREOF, THE UNDERSIGNED HAVE AFFIXED
THEIR SIGNATURES AND THE SEAL OF THE HOSPITAL THIS 30TH
DAY OF June, 1968

RECEIVED
JUN 30 1968



James R. Kelly
PRESIDENT, MED. BOARD

St. J. Lubliner
CHAIRMAN, JOINT CONFERENCE COMMITTEE

Joseph A. ...
PRESIDENT, BOARD OF TRUSTEES

Alte ...
EXECUTIVE DIRECTOR

FROM THE DESK

14909

MICHAEL J. BENJAMIN, M.D.
7301 N. UNIVERSITY DR.
TAMARAC, FLORIDA 33313
PHONE: 721-7100

Please note change of
mailing address. - r
Main office location.

7301 N. University Dr.
14909 Tamarac, Fla.
33313

Michael J. Benjamin, M.D.

RECEIVED
MAY 7 1973
U.S. AIR MAIL

1973

NOTICE OF RENEWAL

STATE OF FLORIDA Department of Professional And Occupational Regulation

BOARD OF MEDICAL EXAMINERS

YOUR 1973 MEDICAL CERTIFICATE

WILL EXPIRE DECEMBER 31, 1973

PLEASE REMIT BY CHECK OR MONEY ORDER ONLY ON OR BEFORE EXPIRATION DATE ABOVE

THE ANNUAL REGISTRATION FEE OF \$10.00

AND ANY DELINQUENT FEES TO THE DEPARTMENT OF

PROFESSIONAL AND OCCUPATIONAL REGULATION

315 SOUTH CALHOUN STREET, SUITE 820, TALLAHASSEE, FLORIDA 32301

ME 0014909
BENJAMIN MICHAEL J.
1174 A GILMORE DR
KEY WEST FL 33040

REPORT ONLY THE CHANGES OF NAME OR ADDRESS		
LAST NAME	FIRST	MIDDLE INITIAL
MICHAEL J. BENJAMIN, M. D.		
4959 N. STATE RD. 7		
TAMARAC, FLORIDA 33313		
CITY	STATE	ZIP

IMPORTANT: YOUR RENEWAL CERTIFICATE CANNOT BE PROCESSED UNLESS THIS CARD ACCOMPANIES YOUR RENEWAL FEE. FAILURE TO RENEW YOUR LICENSE BEFORE EXPIRATION MAY RESULT IN SUSPENSION.

FLORIDA STATE BOARD OF MEDICAL EXAMINERS

OFFICE ADDRESS:
1515 N.W. SEVENTH STREET
MIAMI, FLORIDA 33125
TELEPHONE: 377-0541

MAILING ADDRESS:
POST OFFICE BOX 5
BISCAYNE ANNEX
MIAMI, FLORIDA 33152

TO: Bureau of Narcotics and Dangerous Drugs
Justice Department
Washington, D. C. 20530

RECEIVED
DEC 5 1969
FLA. ST. BD.
MED. EXAM.

11/23/69

APPLICANT'S NAME Michael Joel Benjamin, MD ✓
DATE OF BIRTH: May 23, 1940 PLACE OF BIRTH: New York City
PRESENT ADDRESS: 249-05 37th Ave., Little Neck, NY 11363
FORMER ADDRESS: State University of New York, Downstat, College of Medicine 1967

The subject has applied for medical licensure in Florida and has filed with this Board a document releasing all
liability from responsibility in connection with answering this inquiry.

Will you please furnish us with a record of any and all arrests, investigations, or complaints, and reasons there-
for involving this physician?

Answers on the bottom or back of this page.

Thank you for your cooperation in this matter is sincerely appreciated.

GEORGE S. PALMER, M.D.
Executive Director

U.S. DEPARTMENT OF JUSTICE
Bureau of Narcotics and
Dangerous Drugs
We have no unfavorable information
regarding the above named individual.
Date 12-2-69

COMMUNITY
HOSPITAL

600 S.W. Third Street
Pompano Beach, Florida
33060 • (305) 782-2000

DEPARTMENT OF PROFESSIONAL AND OCCUPATION
REGULATION
FLORIDA STATE BOARD OF MEDICAL EXAMINERS
305 S. Andrews Avenue, Suite 901
Ft. Lauderdale, Florida 33301

Re: MICHAEL J. BENJAMIN, M.D.

Gentlemen:

Will you please verify whether or not the above noted individual
is licensed to practice in the State of Florida.

_____ YES: License No. 14909
_____ NO: 3/6/70

If license has been suspended or revoked, please furnish
particulars: _____

Anna M. DeLaRosa

Signature

Clark

Title

Thank you for your consideration to our request.

Sincerely,

Edward G. Zalesnik
Edward G. Zalesnik
Administrator

EGZ/eh
Enclosure



An American Mediacorp Hospital

RECEIVED

MAY 1 7 1970

FLA. ST. BD.
MED. EXAM.

BIOGRAPHICAL DATA ON PHYSICIANS
from the Biographical - Historical files of
American Medical Association
535 N. Dearborn St.
Chicago, Illinois 60610

RECEIVED

DEC 04 1969

DEPARTMENT OF
INVESTIGATION

11/25/69

This form is provided for your convenience in making routine inquiries regarding physicians seeking medical licensure in your state, hospital staff privileges or faculty positions. Please enter on this form data you wish verified and mail to the Circulation and Records Department of the AMA.

Full name of M.D. Michael Jonl Benjamin, MD

Place of birth New York City Date of birth May 21, 1940

Professional Mailing Address Long Island Jewish Hospital, Jamaica, New York (Resident-OB-GYN)

Medical Education:

School Name State University of NY, Downstate College of Medicine M.D. Degree 1967
(Year)

Internships:

Hospital	Location	Dates
<u>Long Island Jewish Hospital</u>	<u>New Hyde Park, NY</u>	<u>July '67 to June '68</u>

Residencies and Fellowships:

Hospital	Location	Dates
<u>Long Island Jewish Hospital</u>	<u>Jamaica, NY</u>	<u>7/69 to 6/70</u>
<u>Queens Hospital Center Affiliate</u>		<u>July '68 to Present</u>

M.D. Licensed to Practice Medicine in the Following States:

State New York Year 1968 State _____ Year _____ State _____ Year _____

Inquiry Submitted by FLORIDA STATE BOARD OF MEDICAL EXAMINERS Title _____
BOX 5, BISCAYNE HARBOR (here)
MIAMI, FLORIDA 33152

(Affiliation - Licensing Board, Hospital or Medical School) City-State _____

AMA Department of Investigation

MEMBER OF AMA

YES

☒ Our records do not reveal any derogatory information: OK
☐ See attached memo for comments regarding applicant.

NO

A check mark (✓) indicates that the data given corresponds to that listed in the AMA Master File of Physicians. Any discrepancies are as noted.

Date 12/12/69

Margaret A. Jordan

Margaret A. Jordan, Supervisor
Physicians' Records Section

NOTICE OF RENEWAL

STATE OF FLORIDA Department of Professional And Occupational Regulation
BOARD OF MEDICAL EXAMINERS

YOUR 1971 MEDICAL CERTIFICATE WILL EXPIRE DECEMBER 31, 1971
PLEASE REMIT BY CHECK OR MONEY ORDER ONLY ON OR BEFORE EXPIRATION DATE ABOVE:
THE ANNUAL REGISTRATION FEE OF \$15.00 AND ANY DELINQUENT FEES TO THE DEPARTMENT OF
PROFESSIONAL AND OCCUPATIONAL REGULATION.

315 SOUTH CALHOUN STREET, SUITE 820, TALLAHASSEE, FLORIDA 32301

ME 0014909

754411

249-05 37 AVE

LITTLE ROCK AR 11763

MICHAEL

(REPORT ONLY THE CHANGES OF NAME OR ADDRESS)

LAST NAME	FIRST	INITIALS	PREVIOUS
-----------	-------	----------	----------

ST. LOUIS, MO., MAY 21, 1914

11474 GILKING DR
KEY WEST FLA 33044
CITY STATE

IMPORTANT: YOUR RENEWAL CERTIFICATE CANNOT BE PROCESSED UNLESS THIS CARD ACCORDS WITH THE FOLLOWING INFORMATION. FAILURE TO RENEW YOUR LICENSE BEFORE EXPIRATION MAY RESULT IN SUSPENSION.

AC# **COPY**

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/10/2005	ME 14909	172235

The **MEDICAL DOCTOR**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date **JANUARY 31, 2008**
MICHAEL J BENJAMIN
7707 N UNIVERSITY DR
SUITE 205
TAMARAC, FL 33321

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/10/2005	ME 14909	172235

The **MEDICAL DOCTOR**
named below has met all requirements of
the laws and rules of the state of Florida.

COPY - NOT A VALID LICENSE - COPY

LICENSEE SIGNATURE

COPY - NOT A VALID LICENSE - COPY

GOVERNOR SECRETARY
DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **JANUARY 31, 2008**

Your license number is **ME 14909**, 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 and practice location address. Use this section to report name and/or practice location address and/or mailing address changes. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0595.

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, a divorce decree or a court order. **A driver's license or social security card is not considered legal documentation.**

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information.

1. Go to www.DOH-MQAServices.com
2. Choose one of the licensee services
3. Select your profession
4. Enter the account ID and password here (Account ID and Password are case sensit

To request a duplicate license, submit this form and a check or money order, payable to the **DEPARTMENT OF HEALTH**, in the amount of **\$25.00**.
Now that you have your license, make sure you keep it. Go to www.doh.state.fl.us/mqa/svord.html to find out more.

MAIL TO: DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SERVICES
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320

☐ **NAME CHANGE (ATTACH LEGAL DOCUMENTATION)**

FROM: LAST FIRST MIDDLE
TO: LAST FIRST MIDDLE
DH 2103, 5/98

☐ **PRACTICE LOCATION ADDRESS CHANGE**
(This address will be printed on your license and posted on the Internet.)

CITY STATE ZIP
☐ **MAILING ADDRESS CHANGE**
(This address will be used when mailing your license and for all other correspondence from the Department.)
CITY STATE ZIP

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SERVICES
4052 BALD CYPRESS WAY, BIN #C-10
TALLAHASSEE, FLORIDA 32399-3268

MICHAEL J BENJAMIN
7707 N UNIVERSITY DR
SUITE 205
TAMARAC, FL 33321

14909 BENJAMIN, Michael Joel

THE CITY OF NEW YORK
Intradepartmental Memorandum

To:
From:

Date:
Subject:

RECEIVED

SEP 16 1969

FLA. ST. BD.
MED. EXAM.

*Sept 11, 1969
249-05 37th Ave
Jethu Med NY 11163*

Dear Mrs. Flanod;

*I am interested in taking
the Florida State Medical Examination.
Will you kindly forward the examination
schedule, application and necessary information
to the above address.*

Thank you

Michael J. Benjamin MD

*Let App
9-17-69
MJB*

MICHAEL J. BENJAMIN MD
THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
QUEENS HOSPITAL CENTER
65-65 134TH STREET
JAMAICA, N. Y. 11435

AC# **COPY**

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO	CONTROL NO.
11/22/2007	ME 14909	232142

The **MEDICAL DOCTOR**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2010**
MICHAEL J BENJAMIN
7707 N UNIVERSITY DR
SUITE 205
TAMARAC, FL 33321

QUALIFICATION(S):
DISPENSING PRACTITIONER

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	AC#	CONTROL NO.
DATE	LICENSE NO.	232142
11/22/2007	ME 14909	

The **MEDICAL DOCTOR**
named below has met all requirements of

COPY - NOT A VALID LICENSE - COPY

LICENSEE SIGNATURE

COPY - NOT A VALID LICENSE - COPY

GOVERNOR

STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Dispensing Practitioner

EXPIRATION DATE: **JANUARY 31, 2010**

Your license number is **ME 14909**, 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 and practice location address. Use this section to report name and/or practice location address and/or mailing address changes. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0593.

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, a divorce decree or a court order. A driver's license or social security card is not considered legal documentation.

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information.

1. Go to www.flhealthsource.com
2. Click on Licensee/Provider
3. Click on Practitioner Login
4. Select your profession
5. Enter the account ID and password here (Account ID and Password are case sensitive)
Where 'o' is lowercase letter 'O'.
6. Click on Login

To request a duplicate license, submit this form and a check or money order, payable to the DEPARTMENT OF HEALTH, in the amount of \$25.00.
Now that you have your license, make sure you keep it. Go to www.doh.state.fl.us/mqa/svcd.htm to find out more.

MAIL TO: DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSING AND AUDITING SERVICES UNIT
P.O. BOX 8320
TALLAHASSEE, FLORIDA 32314-8320

☐ **NAME CHANGE (ATTACH LEGAL DOCUMENTATION)**

FROM: LAST FIRST MIDDLE
TO: LAST FIRST MIDDLE
DH 2103, 5/98

☐ **PRACTICE LOCATION ADDRESS CHANGE**
(This address will be printed on your license and posted on the Internet.)

CITY STATE ZIP

☐ **MAILING ADDRESS CHANGE**
(This address will be used when mailing your license and for all other correspondence from the Department.)

CITY STATE ZIP

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSING AND AUDITING SERVICES UNIT
4052 BALD CYPRESS WAY, BN #C-10
TALLAHASSEE, FLORIDA 32399-3260

MICHAEL J BENJAMIN
7707 N UNIVERSITY DR
SUITE 205
TAMARAC, FL 33321
UNITED STATES

7. CHANGES TO CURRENT LICENSE INFORMATION:

☐ CHANGE OF NAME:

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 original 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.

If the name change cannot be completed, your license will be renewed using the current name.

Last Name:

First Name:

Middle Name: Title: Suffix: (Jr, Sr, I, II, etc.) Qualifier: (PhD, DDS, etc.)

☐ CHANGE OF MAILING ADDRESS:

Attention:

Addr1:

Addr2:

City:

State: Zip: - Phone: () -

☐ CHANGE OF PRACTICE LOCATION: (This address can not be a Post Office Box)

Attention:

Addr1:

Addr2:

City:

State: Zip: - Phone: () -

CHECKLIST FOR MAILING RENEWAL FORM

If mailing your renewal form, use the checklist below as a guide for enclosing all the required items to ensure a smooth renewal. If renewing by mail, allow 2-4 weeks processing time.

- REQUIRED:**
- ☐ Renewal notice
 - ☐ Check or Money order written to Department of Health
 - ☐ Financial Responsibility form (check only one item on the FR form)
 - ☐ Mail to: PO Box 6320, Tallahassee, Florida 32314-6320

If you are renewing to active status, would you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?

☐ Yes

☐ CHANGE OF LICENSE STATUS:

☐ I wish to change my status from Active to Inactive. The fee for an inactive receipt is **\$415.00**. The fee for inactive after January 31, 2006 is **\$900.00**.

☐ CHANGE OF MILITARY STATUS:

☐ I am requesting Military Restricted Status. (You must submit proof of active military duty. Attach a copy of your current active duty orders or a letter from your Commanding Officer.) The fee for military restricted is **\$00.00**.

☐ CHANGE OF RETIRED STATUS:

☐ I am requesting retired status. The fee for retired status is **\$55.00** postmarked on or before January 31, 2006. The fee for retired status on or after February 1, 2006 is **\$540.00**.

☐ DISPENSING:

☐ I wish to dispense medicinal drugs for a fee from my practice location and I understand an annual inspection of my dispensing records will be conducted. The fee for registration as a dispensing practitioner is **\$100.00** in addition to your renewal fee.

AC# **COPY**STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO	CONTROL NO.
05/17/2006	ME 14909	188950

The **MEDICAL DOCTOR**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2008**

MICHAEL J BENJAMIN
7707 N UNIVERSITY DR
SUITE 205
TAMARAC, FL 33321

QUALIFICATION(S):
DISPENSING PRACTITIONER

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	AC#	LICENSE NO.	CONTROL NO.
		ME 14909	188950
DATE			
05/17/2006			

The **MEDICAL DOCTOR**
named below has met all requirements of
the laws and rules of the state of Florida.

LICENSEE SIGNATURE

COPY - NOT A VALID LICENSE - COPY

GOVERNOR

DISPLAY IF REQUIRED BY LAW

SECRETARY

QUALIFICATION(S):
Dispensing Practitioner

Your license number is **ME 14909**. 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 and practice location address. Use this section to report name and/or practice location address and/or mailing address changes. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0595.

EXPIRATION DATE: JANUARY 31, 2008

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, a divorce decree or a court order. A driver's license or social security card is not considered legal documentation.

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information.

1. Go to www.DOH-MQAServices.com
2. Choose one of the licensee services
3. Select your profession
4. Enter the account ID and password here (Account ID and Password are case sensit

To request a duplicate license, submit this form and a check or money order, payable to the **DEPARTMENT OF HEALTH**, in the amount of \$25.00.
Now that you have your license, make sure you keep it. Go to www.doh.state.fl.us/mqa/avoid.html to find out more.

MAIL TO: DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SERVICES
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320

☐ **NAME CHANGE (ATTACH LEGAL DOCUMENTATION)**

FROM:

LAST FIRST MIDDLE

TO:

LAST FIRST MIDDLE

DH 2103, 5/98

☐ **PRACTICE LOCATION ADDRESS CHANGE**

(This address will be printed on your license and posted on the Internet.)

CITY STATE ZIP

☐ **MAILING ADDRESS CHANGE**

(This address will be used when mailing your license and for all other correspondence from the Department.)

CITY STATE ZIP

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SERVICES
4052 BALD CYPRESS WAY, BIN #C-10
TALLAHASSEE, FLORIDA 32399-3260

MICHAEL J BENJAMIN
7707 N UNIVERSITY DR
SUITE 205
TAMARAC, FL 33321



July 16, 2001

MICHAEL J BENJAMIN, M.D.
7707 N UNIVERSITY DR SUITE 205
TAMARAC, FL-33321

Dear Dr. BENJAMIN

The information to be published on your practitioner profile is printed below. In carrying out our legislative mandate to publish physician profiles, we want to do everything we can to ensure the information that is published is correct. We are providing this information to you prior to its publication to give you an opportunity to review the data for any changes, corrections, and/or omissions. Under Section 456.042, Florida Statutes, you have thirty (30) days from the date you receive this letter to submit changes to 4052 Bald Cypress Way, Bin # C10, Tallahassee, Florida 32399-3260. If you have no changes, your profile will be published as it appears below on the World Wide Web. Listed below is information that you should review carefully.

First, although the law requires you to **report all disciplinary action** taken by facilities, including facilities outside Florida, the action taken by Florida licensed hospitals and ambulatory surgical centers will not be published on the profile. **Please review and identify and action, which was taken by a hospital or ambulatory surgical center licensed in Florida to ensure this discipline is not included on the published profile.**

Second, the law requires that **all criminal convictions** must be reported to the department pursuant to Section 456.039(1)(a)7, Florida Statutes. If your criminal conviction was expunged or the records were sealed, please send a copy of the court order expunging or sealing the records. If you have any questions or concerns about the criminal convictions to be published on the profile, as they are stated in this letter, please provide them in writing to the department.

- ☐ My profiling information is correct
☐ My profiling information is incorrect; changes are noted below.

I. Practitioner Information

License Number : 14909
Profession : Medical Doctor

License Status : ACTIVE CLEAR
Year Began Practicing : 07/01/1968

Primary Business:

7707 N UNIVERSITY DR SUITE 205
TAMARAC FL 33321

Secondary Locations:

Staff Privileges:

Institution Name
NORTHWEST MEDICAL CENTER
CORAL SPRINGS MEDICAL CENTER
UNIVERSITY MEDICAL CENTER

City
MARGATE
CORAL SPRINGS
TAMARAC

State
FLORIDA
FLORIDA
FLORIDA

Faculty Appointments:

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

Participates in Medicaid Program:

No

II. Education and Training

Medical School : Dates of Attendance : Graduation Date : Degree Title

1. HEALTH SCI CENTER-BROOKLYN : 08/01/1963 - 05/01/1967 : 05/01/1967 : MD

Other Health Related Degrees:

This practitioner does not hold any additional health related degrees.

III. Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name : Program Type : Specialty Area : City : State/Country : Dates Attended

1. LONG ISLAND JEWISH MEDICAL CENTER : INTERNSHIP : TY - TRANSITIONAL YEAR : :
NEW YORK : 7/1/67 - 6/30/68

2. HOSPITAL CENTER : RESIDENCY : OBG - OBSTETRICS AND GYNECOLOGY : : NEW YORK
: 7/1/69 - 6/30/71

IV. Specialty

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board : Certification

1. AMERICAN BOARD OF OBSTETRICS & GYNECOLOGY : OBG - OBSTETRICS AND GYNECOLOGY

V. Optional Information

Committees:/Memberships

This practitioner has an affiliation with the following committees:

1. QUALITY ASSURANCE COMMITTEE

Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

Publications

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

Languages Other Than English

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice:

1. FRENCH
2. SPANISH

Other Affiliations

This practitioner has provided the following national, state, local, county, or professional affiliations:

1. AMERICAN COLLEGE OF OBSTETRICS & GYNECOLOGY
2. FLORIDA ACADEMY OF OBSTETRICS & GYNECOLOGY
3. BROWARD COUNTY MEDICAL ASSOCIATION

E-Mail Address

Not Provided

Other State Licensure

This practitioner has not indicated any additional state licensure.

VI. Financial Responsibility

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 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 defined 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 s. 627.351(4), F. S., or through a plan of self-insurance as provided in s. 627.367, F. S. I further certify that I have been continuously insured with an entity as outlined above for the past two years (retroactive coverage) or if I seek insurance from a different entity providing insurance, I will purchase retroactive coverage 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 uninsured and meet the financial responsibility requirement through other provisions in s. 458.320 or 459.0085, F. S., I will maintain coverage for incidents which may have occurred during the two years preceding my becoming uninsured.

VII. Criminal Offenses

The criminal history information, if any exists, will be incomplete; federal criminal history is not available to the public. The criminal history information provided by the practitioner has not been completely verified at this time. All criminal history checks should be completed by March 2000.

This practitioner has indicated that he/she has NO criminal offenses.

VIII. Final Disciplinary Action (Within last 10 years)

Pursuant to section 455.5651(5), F.S. the profile will not include disciplinary action taken by a hospital or ambulatory surgical centers licensed under chapter 395, F.S.

This practitioner has indicated that he/she has NOT had any final disciplinary action taken against him/her within the previous 10 years by a specialty board.

This practitioner has indicated that he/she has NOT had any final disciplinary action taken against him/her within the previous 10 years by a licensing agency.

This practitioner has indicated that he/she has NOT had any final disciplinary action taken against him/her within the previous 10 years by a health maintenance organization, pre-paid health clinic, nursing home, out-of-state hospital or out-of-state ambulatory surgical center.

This practitioner has indicated that he/she has NEVER been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the previous 10 years by a health maintenance organization, pre-paid health clinic, nursing home, out-of-state hospital or out-of-state ambulatory surgical center.

IX. Liability Claims Exceeding \$5,000.00 (Within last 10 years)

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Incident Date	County	Judicial Case #	Settlement Date	Amount	Policy Amount
1/1/89			6/1/93	10000	
1/28/88				15000	
5/27/98	BROWARD	00-01561307	1/17/01	40000	250000

If you wish to make changes to the profile after it has been published, please submit them to 4052 Bald Cypress Way, Bin # C10, Tallahassee, Florida 32399-3260.

If you have any questions or comments, please call (850)488-0595, Press 6, Monday through Friday, 8:00 a.m. to 5:00 pm., ET.

Sincerely,

Bureau of Operations

FINANCIAL RESPONSIBILITY

The Financial Responsibility options are divided into two categories, coverage and exemptions. Choose only ONE option of the ten provided pursuant to s.458.320, Florida Statutes.

CATEGORY I - CATEGORIES OF FINANCIAL RESPONSIBILITY COVERAGE:

- ☐ 1. 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, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.
- ☐ 2. 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 accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.
- ☐ 3. I 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, with 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 defined 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 s. 627.351(4), F. S., or through a plan of self-insurance as provided in s. 627.367, F.S. I further certify that I have been continuously insured with an entity as outlined above for the past two years (retroactive coverage) or if I seek insurance from a different entity providing insurance; I will purchase retroactive coverage 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 uninsured and meet the financial responsibility requirements through other provisions in s. 458.320 or 459.0085, F.S., I will maintain coverage for incidents which may have occurred during the two years preceding my becoming uninsured.
- ☐ 4. 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 aggregate 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. 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 s. 627.351(4), F. S., or through a plan of self insurance as provided in s. 627.367, F. S. I further certify that I have been continuously insured with an entity as outlined above for the past two years (retroactive coverage) or if I seek insurance from a different entity providing insurance I will purchase retroactive coverage for the two years preceding my inception date of coverage. I further certify that in the event my coverage is cancelled or that I desire to become uninsured and meet the financial responsibility requirements through other provisions in s. 458.320 or 459.0085, F.S., I will maintain coverage for incidents which may have occurred during the two years preceding my becoming uninsured.
- ☐ 5. I have elected not to carry medical malpractice insurance, however, I agree to satisfy any adverse judgements up to the minimum amounts pursuant to s. 458.320(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 or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5)(g) or 459.0085(5)(g), F. S.

CATEGORY II - EXEMPTION CATEGORIES OF FINANCIAL RESPONSIBILITY COVERAGE:

- ☐ 6. I practice medicine exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or subdivisions;
- ☐ 7. 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;
- ☐ 8. I do not practice medicine in the State of Florida;
- ☐ 9. I meet all of 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 exception 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 whom 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)(t) or 459.0085(5)(t), F. S.; or
- ☐ 10. 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).



RECEIVED

MAY 16 2006

MEDICINE BOARD

Jeb Bush
Governor

M. Roy Francois, M.D., M.S.P.H., Ph.D.

2006 MAY 15 PM 2:10

DISPENSING PRACTITIONER REGISTRATION

OFFICE USE ONLY

Important - Complete one form per licensee.

Dispensing - is defined as selling medicinal drugs to patients in the office. A practitioner who writes prescriptions or provides complimentary professional samples is not a "dispensing practitioner," and therefore does not need to register with the department.

Dispensing fee - The fee for registration as a dispensing practitioner is \$100.00 over and above the required license renewal fee. An annual inspection of your dispensing records will be conducted.

Received Date : 5/12/2006
Deposit Date : 5/12/2006
Deposit # : 167892
Batch Number : 00102648
Validation # : 905275621
Check Amount : \$100.00
PRO_CDE : 1501

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Name:	Michael J. Benjamin, MD		
License Number:	ME14909		
Mailing Address:	7707 N. University Drive Suite 205 Tamarac, FL 33321		
Only practice locations are published on the Internet.			
I will be dispensing medication at the following locations: (attach additional sheets if needed)			
Phone Number:	1-561-686-3859		
1 st Practice Location:	100 Northpoint Pkwy West Palm Bch FL 33407		
	Street name and number	City	State Zip
Phone Number:	954-726-7770		
2 nd Practice Location:	7707 N. University Drive Ste. 205 Tamarac, Florida 33321		
	Street name and number	City	State Zip

Please submit this request form and the dispensing fee to the:

Department of Health
Board of Medicine
P.O. Box 6320
Tallahassee, FL 32314-6320

Signature of Physician

5/3/2006

Date of signature

To cancel dispensing practitioner status from your medical license, the licensee must submit a signed, written request to the Board office to the address listed below.



Jeb Bush
Governor

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

May 16, 2006

Michael J Benjamin, M.D.
7707 N University Dr
Suite 205
Tamarac, FL 33321

Dear Dr. Benjamin:

Your request for dispensing medication from your office has been processed with the Florida Board of Medicine. A copy of current laws and rules are attached. This should assist you in procedures and standards within your office.

Please be advised dispensing registration runs concurrent with the medical license. You will be notified of both fees at the next renewal cycle.

Any changes concerning your medical license need to be updated and sent to the Board of Medicine within 30 days of change. The address is listed below.

Should you have additional questions or concerns, contact the board office at (850) 245-4131.

Thank You.

Shirley Morss
Regulatory Specialist II

COPY

BOARD OF MEDICINE
4052 Bald Cypress Way, Bin C03
Tallahassee, FL 32399-3253
www.doh.state.fl.us/mqa

MICHAEL J BENJAMIN
7777 N. UNIVERSITY DR
SUITE 102
TAMARAC, FL 33321

14909-15763

Your Medical Doctor License # **ME 14909** will expire at midnight, Eastern Standard Time (EST) on **Sunday, January 31, 2010**.

Please log onto www.FLHealthsource.com and follow these steps:

1. Click **Renew My License** and log in.
2. Click **Renew License** and select your renewal option:
 - a. Renew on-line
 - b. Print your renewal notice to submit with your payment via mail

You will be prompted to complete the Physician Workforce Survey online.

Renewals by mail **MUST** include the renewal form, not this postcard.

Visit www.cebroker.com/subscribe to purchase your **optional** subscription and track your continuing education credits. **NOTE:** This subscription is **not** required as a condition of license renewal.

Remember, all renewals **MUST** be submitted **no later than January 31, 2010** in order to avoid a delinquent fee. Questions? Contact the MQA Call Center at (850) 488-0595.

**Florida Department of Health - Board of Medicine
License Renewal Notice**

DEPARTMENT USE ONLY

Active Dispensing Medical Doctor License # ME 14909 expires January 31, 2008

The fee of **\$490.00** and the renewal notice must be postmarked on or before January 31, 2008. Renewal notices postmarked on or after February 01, 2008 require renewal and delinquent fees of **\$875.00**.

1. CURRENT MAILING ADDRESS:

This address will be used for all correspondence from the Department of Health.

MICHAEL J BENJAMIN
7707 N UNIVERSITY DR
SUITE 205
TAMARAC, FL 33321

2. CURRENT PRACTICE LOCATION:

This address will be printed on your license and posted on the Internet.

MICHAEL J BENJAMIN
7707 N UNIVERSITY DR
SUITE 205
TAMARAC, FL 33321

3. CHANGES TO CURRENT LICENSE INFORMATION: See Reverse Side

4. PROFILE CONFIRMATION:

Florida Statutes 456.039(1) and 456.0391(1) require that you update your profile at renewal. Please review and confirm the information in your profile before completing your renewal. Each practitioner who applies for license renewal must, in conjunction with procedures adopted by the Department of Health, and in addition to any other information that may be required, furnish the mandatory reporting requirements.

Note: A practitioner must submit updates to their profile within 15 days of any changes, 456.042, F.S.

You may review/update your profiling information by visiting the following link, www.flhealthsource.com. Use the login information provided on this notice. If you still choose to manually submit your information after visiting our website, please print out your profile using the print friendly version and make any changes directly on the profile. Please include your updates, if any, along with your other renewal information.

5. THERE ARE TWO RENEWAL METHODS AVAILABLE:

A. Renew online at www.flhealthsource.com and follow these steps:

1. Select 'Licensee/Provider'
2. Select the 'Renew License' link and log in. If you have forgotten or need your user id and password, click on the 'forgot Login Information ?' link

When you renew online, you will receive a temporary license upon successful completion of your renewal. Online will allow you to update your address and profile and will allow you to confirm licensee information maintained by the Department. If you are requesting a status change, you will not be able to renew your license online.

B. U.S. Mail: Mail completed forms and fee payable to the Department of Health to the following address:
Department of Health, Division of Medical Quality Assurance, PO Box 6320, Tallahassee, FL 32314-6320

6. OTHER INFORMATION:

By submitting the appropriate renewal fees to the Department, a licensee certifies compliance with all requirements for renewal, including continuing education credits.

A licensee who remains on inactive status for more than two consecutive biennial licensure cycles and who wishes to reactivate the license may be required to demonstrate the competency to resume active practice by sitting for a special purpose examination or by completing other reactivation requirements.

File No.: 10330

Seq. No.: 24

Profession Code: 1501

20

20



7. CHANGES TO CURRENT LICENSE INFORMATION:

☐ CHANGE OF NAME:

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 original 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.

If the name change cannot be completed, your license will be renewed using the current name.

Last	First	Middle	Title	Suffix	Qualifier
------	-------	--------	-------	--------	-----------

CHANGE OF MAILING ADDRESS:

CHANGE OF PRACTICE LOCATION:

This address can not be a post office box.

City State Zip ()
Phone

City State Zip ()
Phone

☐ CHECKLIST FOR MAILING RENEWAL FORM:

If mailing your renewal form, use the checklist below as a guide for enclosing all the required items to ensure a smooth renewal. If renewing by mail, allow 2 - 4 weeks processing time.

REQUIRED:

- ☐ Renewal notice
- ☐ Cashier's Check or Money Order written to Department of Health
- ☐ Financial Responsibility form (check only one item on the FR form)
- ☐ Updated paper copy of Profile, if you are mailing your renewal
- ☐ Mail to: PO Box 6320, Tallahassee, Florida 32314-6320

If you are renewing to active status, would you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster? ☐ Yes

CHANGE OF LICENSE STATUS:

- ☐ I wish to change my status from Active to Inactive. The fee for an inactive receipt is \$415.00. The fee for inactive after February 01, 2008 is \$900.00.

CHANGE TO MILITARY STATUS:

- ☐ I am requesting Military Restricted Status. (You must submit proof of active military duty. Attach a copy of your current active duty orders or a letter from your Commanding Officer.) The fee for military restricted is \$00.00.

CHANGE TO RETIRED STATUS:

- ☐ I am requesting retired status. The fee for retired status is \$55.00 postmarked on or before January 31, 2008. The fee for retired status on or after February 01, 2008 is \$540.00.

DISPENSING:

- ☐ I wish to discontinue my dispensing registration. I understand that I will no longer be able to dispense medicinal drugs for a fee from my practice location. Your renewal notice and fee of \$390.00 is due on or before January 31, 2008. Renewal notices postmarked on or after February 01, 2008 require a renewal fee of \$775.00.

PHYSICIAN WORKFORCE SURVEY

Governor Charlie Crist, State Surgeon General Ana Viamonte Ros and the Florida Legislature recognize the importance of assessing Florida's current and future physician workforce. Critical legislation was passed last year that requires the Department of Health to evaluate the geographic distribution and specialty mix of active Florida physicians. Please refer to F.S. 381.4018 Physician workforce assessment and development. The questions in this physician workforce survey will be instrumental in shaping Florida's health care and physician workforce policies. Your time and effort in responding to the questions below is appreciated.

Instructions for completing the survey:

- Questions 1 - 12 apply to all physicians
- If you are an on-call specialist taking emergency call in an emergency department, please also answer questions 13 - 16
- If you provide only radiological services, please also answer questions 17 - 25
- If you provide obstetric services, please also answer questions 26 - 32

1. Do you practice medicine at any time during the year in Florida?

- ☐ Yes.
☐ No. Please stop here and review the Affirmation Statement on page 5.

2. How many months per year do you practice in Florida?

- ☐ 1-4 Months
☐ 5-8 Months
☐ 9-12 Months

3. In what Florida County(ies) is your medical practice located? (May select up to 5 counties - See p. 5 for county codes) For each county selected: How many hours per week do you practice in each setting?

County Name	Numeric Code	1-20 Hrs/Wk	21-40 Hrs/Wk	> 40 Hrs/Wk
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Are you in a solo practice?

- ☐ Yes
☐ No

5. Which practice setting best describes where the majority of your time is spent? (Choose Only One)

- ☐ Private Office Setting
☐ Federally Qualified Health Center
☐ Governmental Clinical Setting (for example: County Health Department)
☐ Federal Healthcare Facility (for example: military or VA)
☐ Hospital-Outpatient Department/Service
☐ Hospital-Inpatient
☐ Hospital Emergency Department
☐ Hospital Other (for example: hospital-based radiologist, pathologist, anesthesiologist or medical director)
☐ Nursing Home/Extended Care Facility
☐ Ambulatory Surgery Center/Free-Standing Imaging Diagnostic Center
☐ Other Setting

6. Are you currently enrolled in an internship, residency program or fellowship program?

- ☐ Yes
☐ No





7. Does more than 20 percent of your practice include non clinical work (research, teaching, administration)?

- ☐ Yes
☐ No

8. List your primary specialty area, and any additional specialties, of your current clinical practice and the percentage of time you spend working in that area: (Select up to 5 Areas - See p. 6 for specialty codes)

Specialty Area	Numeric Code	1-20%	21-40%	41-60%	61-80%	81-100%
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Do you plan to retire, relocate outside of the State of Florida, or significantly reduce the scope of your practice within the next five years?

- ☐ Yes
☐ No

10. If you have changed the scope of your practice in the last two years, what are the reasons for the change (Choose All That Apply)?

- ☐ Liability
☐ Reimbursement
☐ Regulatory and Administrative Burden
☐ Retirement
☐ Lifestyle Considerations, Other than Retirement
☐ Other

11. Do you currently take emergency call or otherwise work clinically in a hospital emergency department or provide for the immediate, acute care of trauma patients?

- ☐ Yes
☐ No
☐ Exempt Due to Medical Staff Bylaws

12. If you take emergency call or otherwise work clinically in a hospital emergency department, are you

- ☐ Full Time
☐ On-Call Specialty

For on-call specialists taking emergency call in an emergency department please answer questions 13 - 16

13. At how many hospitals do you currently take emergency call?

- ☐ One
☐ Two
☐ Three or greater

14. How many days per month do you take call?

- ☐ 1-4
☐ 5-9
☐ 10 or greater

15. If you have taken hospital emergency department call during the past 2 years, has the number of emergency on-call hours that you work:

- ☐ Increased
☐ Decreased
☐ Stayed the Same

16. If you have decreased or plan to decrease or stop taking emergency department call, please check any reason that applies

- ☐ Liability
- ☐ Reimbursement
- ☐ Lifestyle Considerations
- ☐ Impact to Private Practice
- ☐ Changing Practice Patterns
- ☐ Exemption
- ☐ Other

For physicians that provide only radiological services, please answer questions 17 - 25

17. Do you read mammograms or other breast imaging exams?

- ☐ Yes
- ☐ No

18. If you do not read mammograms or other breast imaging exams, please choose the most important reason why:

- ☐ Liability
- ☐ Reimbursement
- ☐ Uninteresting Field
- ☐ Too Stressful
- ☐ Too Much Regulation
- ☐ Other

If you read mammograms, please continue.

If you do not read mammograms, please skip to question 26.

19. Do you read screening mammograms?

- ☐ Yes
- ☐ No

20. Do you read diagnostic mammograms and sonograms?

- ☐ Yes
- ☐ No

21. Do you perform BOTH ultrasound and stereotactic guided core biopsies?

- ☐ Yes
- ☐ No

22. Do you read breast MRIs?

- ☐ Yes
- ☐ No

23. Do you read breast MRIs AND perform MRI guided core biopsies?

- ☐ Yes
- ☐ No

24. In the next two years, will the number of mammograms you read change for any reason, including retirement:

- ☐ Increase
- ☐ Decrease
- ☐ Stay the Same
- ☐ Discontinue





25. Have you done a 6-month or greater breast imaging fellowship?

- ☐ Yes
- ☐ No

For physicians that provide obstetric services only, please answer questions 26 - 32

26. Do you deliver babies?

- ☐ Yes
- ☐ No. Thank you for taking this survey. Please review the Affirmation Statement on page 5.

27. How many routine deliveries per month?

- ☐ None
- ☐ Low, < 10 per month
- ☐ Medium, 10-30 per month
- ☐ High, >30 per month

28. How many high risk deliveries per month?

- ☐ None
- ☐ Low, < 10 per month
- ☐ Medium, 10-30 per month
- ☐ High, >30 per month

29. How many c-sections per month?

- ☐ None
- ☐ Low, < 10 per month
- ☐ Medium, 10-30 per month
- ☐ High, >30 per month

30. How many emergency room deliveries per month for patients having minimal or no "known" prenatal care?

- ☐ None
- ☐ Low, < 10 per month
- ☐ Medium, 10-30 per month
- ☐ High, >30 per month

31. How many assists or consultative services per month?

- ☐ None
- ☐ Low, < 10 per month
- ☐ Medium, 10-30 per month
- ☐ High, >30 per month

32. Are you planning to discontinue doing obstetric care for any reason, including retirement, in the next two years?

- ☐ Yes
- ☐ No

AFFIRMATION STATEMENT:

I affirm that I have completed the survey to the extent that it is applicable to me. This information provided is true and accurate to the best of my knowledge and the submission does not contain any knowingly false information.

County Names and Numeric Codes (Reference for question # 3)

11 ALACHUA	25 DIXIE	39 HILLSBOROUGH	53 MARTIN	67 SANTA ROSA
12 BAKER	26 DUVAL	40 HOLMES	54 MONROE	68 SARASOTA
13 BAY	27 ESCAMBIA	41 INDIAN RIVER	55 NASSAU	69 SEMINOLE
14 BRADFORD	28 FLAGLER	42 JACKSON	56 OKALOOSA	70 SUMTER
15 BREVARD	29 FRANKLIN	43 JEFFERSON	57 OKEECHOBEE	71 SUWANNEE
16 BROWARD	30 GADSDEN	44 LAFAYETTE	58 ORANGE	72 TAYLOR
17 CALHOUN	31 GILCHRIST	45 LAKE	59 OSCEOLA	73 UNION
18 CHARLOTTE	32 GLADES	46 LEE	60 PALM BEACH	74 VOLUSIA
19 CITRUS	33 GULF	47 LEON	61 PASCO	75 WAKULLA
20 CLAY	34 HAMILTON	48 LEVY	62 PINELLAS	76 WALTON
21 COLLIER	35 HARDEE	49 LIBERTY	63 POLK	77 WASHINGTON
22 COLUMBIA	36 HENDRY	50 MADISON	64 PUTNAM	78 UNKNOWN
23 DADE	37 HERNANDO	51 MANATEE	65 ST. JOHNS	79 OUT OF STATE
24 DESOTO	38 HIGHLANDS	52 MARION	66 ST. LUCIE	80 FOREIGN

See reverse side for specialty codes.





Specialty Areas and Numeric Codes (Reference for question # 8)

000 NO CLINICAL PRACTICE	305 BLOOD BANKING/TRANSFUSION MEDICINE
020 ALLERGY AND IMMUNOLOGY	306 CHEMICAL PATHOLOGY
040 ANESTHESIOLOGY	307 CYTOPATHOLOGY
045 CRITICAL CARE MEDICINE	310 FORENSIC PATHOLOGY
048 PAIN MEDICINE	311 HEMATOLOGY
042 PEDIATRIC ANESTHESIOLOGY	314 MEDICAL MICROBIOLOGY
060 COLON AND RECTAL SURGERY	315 NEUROPATHOLOGY
080 DERMATOLOGY	316 PEDIATRIC PATHOLOGY
100 DERMATOPATHOLOGY	301 SELECTIVE PATHOLOGY
081 PROCEDURAL DERMATOLOGY	320 PEDIATRICS
110 EMERGENCY MEDICINE	321 ADOLESCENT MEDICINE
118 MEDICAL TOXICOLOGY	329 NEONATAL-PERINATAL MEDICINE
114 PEDIATRIC EMERGENCY MEDICINE	325 PEDIATRIC CARDIOLOGY
116 SPORTS MEDICINE	323 PEDIATRIC CRITICAL CARE MEDICINE
119 UNDERSEA AND HYPERBARIC MEDICINE	324 PEDIATRIC EMERGENCY MEDICINE
120 FAMILY MEDICINE	326 PEDIATRIC ENDOCRINOLOGY
125 GERIATRIC MEDICINE	332 PEDIATRIC GASTROENTEROLOGY
127 SPORTS MEDICINE	327 PEDIATRIC HEMATOLOGY/ONCOLOGY
140 INTERNAL MEDICINE	335 PEDIATRIC INFECTIOUS DISEASES
141 CARDIOVASCULAR DISEASE	328 PEDIATRIC NEPHROLOGY
154 CLINICAL CARDIAC ELECTROPHYSIOLOGY	330 PEDIATRIC PULMONOLOGY
142 CRITICAL CARE MEDICINE	331 PEDIATRIC RHEUMATOLOGY
143 ENDOCRINOLOGY, DIABETES, AND METABOLISM	333 PEDIATRIC SPORTS MEDICINE
144 GASTROENTEROLOGY	336 DEVELOPMENTAL-BEHAVIORAL PEDIATRICS
151 GERIATRIC MEDICINE	340 PHYSICAL MEDICINE AND REHABILITATION
145 HEMATOLOGY	341 PAIN MEDICINE
155 HEMATOLOGY AND ONCOLOGY	346 PEDIATRIC REHABILITATION
146 INFECTIOUS DISEASE	345 SPINAL CORD INJURY MEDICINE
152 INTERVENTIONAL CARDIOLOGY	360 PLASTIC SURGERY
148 NEPHROLOGY	361 CRANIOFACIAL SURGERY
147 ONCOLOGY	363 HAND SURGERY
149 PULMONARY DISEASE	380 PREVENTIVE MEDICINE
156 PULMONARY DISEASE AND CRITICAL CARE MEDICINE	399 MEDICAL TOXICOLOGY
150 RHEUMATOLOGY	398 UNDERSEA AND HYPERBARIC MEDICINE
157 SPORTS MEDICINE	400 PSYCHIATRY
130 MEDICAL GENETICS	401 ADDICTION PSYCHIATRY
190 MOLECULAR GENETIC PATHOLOGY	405 CHILD AND ADOLESCENT PSYCHIATRY
160 NEUROLOGICAL SURGERY	406 FORENSIC PSYCHIATRY
180 NEUROLOGY	407 GERIATRIC PSYCHIATRY
185 CHILD NEUROLOGY	402 PAIN MEDICINE
187 CLINICAL NEUROPHYSIOLOGY	409 PSYCHOSOMATIC MEDICINE
183 NEUROMUSCULAR MEDICINE	420 RADIOLOGY DIAGNOSTIC
186 NEURODEVELOPMENTAL DISABILITIES	421 ABDOMINAL RADIOLOGY
181 PAIN MEDICINE	429 CARDIOTHORACIC RADIOLOGY
188 VASCULAR NEUROLOGY	422 ENDOVASCULAR SURGICAL NEURORADIOLOGY
200 NUCLEAR MEDICINE	426 MUSCULOSKELETAL RADIOLOGY
220 OBSTETRICS AND GYNECOLOGY	423 NEURORADIOLOGY
240 OPHTHALMOLOGY	425 NUCLEAR RADIOLOGY
260 ORTHOPAEDIC SURGERY	424 PEDIATRIC RADIOLOGY
261 ADULT RECONSTRUCTIVE ORTHOPAEDICS	427 VASCULAR AND INTERVENTIONAL RADIOLOGY
262 FOOT AND ANKLE ORTHOPAEDICS	430 RADIATION ONCOLOGY
263 HAND SURGERY	520 SLEEP MEDICINE
270 MUSCULOSKELETAL ONCOLOGY	440 SURGERY-GENERAL
268 ORTHOPAEDIC SPORTS MEDICINE	443 HAND SURGERY
267 ORTHOPAEDIC SURGERY OF THE SPINE	445 PEDIATRIC SURGERY
269 ORTHOPAEDIC TRAUMA	442 SURGICAL CRITICAL CARE
265 PEDIATRIC ORTHOPAEDICS	450 VASCULAR SURGERY
280 OTOLARYNGOLOGY	460 THORACIC SURGERY
286 NEUROTOLOGY	480 UROLOGY
288 PEDIATRIC OTOLARYNGOLOGY	485 PEDIATRIC UROLOGY
300 PATHOLOGY-ANATOMIC AND CLINICAL	999 OTHER

Department of Health, Board of Medicine
ADDRESS CHANGE, PLEASE PRINT THE FOLLOWING INFORMATION

NAME: _____ LICENSE NUMBER: **14909** 10330
MAILING ADDRESS: **MICHAEL BENJAMIN, M.D.**
7707 NORTH UNIVERSITY DRIVE
SUITE 205
TAMARAC, FLORIDA 33321
CITY: _____ STATE: _____ ZIP: _____
Mailing address will not be published on the Internet.

1st PRACTICE LOCATION:

CITY: _____ STATE: _____ ZIP: _____
Practice locations will be published on the Internet.

2nd PRACTICE LOCATION:

CITY: _____ STATE: _____ ZIP: _____
Practice locations will be published on the Internet.

FINANCIAL RESPONSIBILITY

Financial Responsibility options are divided into two categories, coverage and exemptions. Choose only one option of the ten provided pursuant to s. 458.320, Florida Statutes.

OPTION I: FINANCIAL RESPONSIBILITY COVERAGE

- ☐ 1. 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, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.
- ☐ 2. 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 accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.
- ☐ 3. I 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, with 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 defined 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 s. 627.351(4), F. S., or through a plan of self-insurance as provided in s. 627.367, F.S.
- ☐ 4. 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 aggregate 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. 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 s. 627.351(4), F. S., or through a plan of self insurance as provided in s.627 .367, F .S.
- ☒ 5. I have elected not to carry medical malpractice insurance, however, I agree to satisfy any adverse judgements up to the minimum amounts pursuant to s. 458.320(5)(g) 1 or 459.008S(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 or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(S)(g) or 459.008S(S)(g), F. S.

2005 JUN 25 AM 11:10
MEDICINE BOARD

OPTION II: Financial Responsibility Exemptions

- ☐ 6. I practice medicine exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or subdivisions;
- ☐ 7. 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;
- ☐ 8. I do not practice medicine in the State of Florida;
- ☐ 9. I meet all of 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 exception 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 whom 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)(t) or 459.0085(5)(t), F. S.; or
- ☐ 10. 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).

Signature:

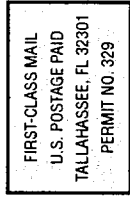


Amended Date:



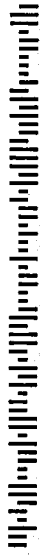


Division of Medical Quality Assurance
P.O. Box 6340
Tallahassee, FL 32314-6340



14909

Important License Information



#0012511: T000031: B: 000001 *****3-DIGIT 333

MICHAEL J BENJAMIN
7777 N UNIVERSITY DR STE 102
TAMARAC, FL 33321-6106

Your license is scheduled for renewal within the next 5 months. You are required to review and, if appropriate, update your profile before renewing your license. In addition, Section 456.042, Florida Statutes, requires you to submit profile updates within 15 days of any changes.

You may review, update and confirm the accuracy of your practitioner profile information online by visiting www.FLHealthsource.com. Select LICENSEE/PROVIDER, click on VIEW PROFILE, and Login with your Account ID and Password. If you make changes to your profile, BE SURE to click on "confirm changes" to update the Department's information system.

If you have any questions, please contact the MQA Call Center at (850)488-0595, option 3.

PROFESSION CODE

1501

FILE NUMBER

10330

LICENSE NUMBER

14909

Updates

08801

POPH1

MEDICINE BOARD

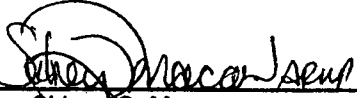
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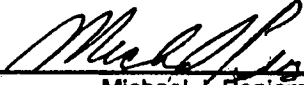
June, 2010

Florida Department of Health
Board of Nursing, Protocol Department
4052 Bald Cypress Way
Tallahassee, Florida 32399-3299

Dear Sir or Madam:

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

12 July 2010  ARNP-BC, ARNP-3185452
Date Sidney Q. Macaw

7/13/10  ME0014909
Date Michael J. Benjamin, MD

ADVANCED REGISTERED NURSE PRACTITIONER

MANAGEMENT PROTOCOL FOR PRACTICE FOR:

NAME: SIDNEY Q. MACAW, MSN, ARNP-BC

RESIDENCE ADDRESS: unlisted.

MAILING ADDRESS: 7777 N University Dr. #102
Tamarac, FL 33321

LICENSE: ARNP-3185452

EMPLOYED BY: see location sites

ARNP SIGNATURE: _____

Protocol Effective Date: _____

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-BC is licensed as an Advanced Registered Nurse Practitioner (ARNP), License # ARNP-3185452, as issued by the Florida Board of Nursing (copy attached).

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

B. Specialty: Family Health including Obstetrics and Gynecology.

C. Site: Dr. M. Benjamin
7777 N University Dr. #102
Tamarac, FL 33321

D. Date of Protocol Development: October, 1999. Revised/Reviewed: 11/00, 11/01, 11/02, 11/03, 10/04, 11/05, 11/06, 11/07, 05/08, 10/09, 08/10.

III Scope of Practice:

In collaboration with Dr. M. Benjamin, Sidney Q. Macaw, MSN, ARNP-BC, 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-BC:

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. M. 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. M. 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 Laminaria as directed by MD.
10. Excise mucosal and skin lesions.
11. Treatment of condylomata with topical agents as indicated.
12. Provide HIV pre and post test counseling.
13. Ultrasound pregnancies for gestational measurement.
14. Any other procedures which the ARNP has been trained and licensed.

B. The following drug therapies may be prescribed, monitored, initiated or altered by Sidney Q. Macaw MSN, ARNP-BC, in accordance with education and management protocols: anti inflammatory agents, antiarthritics, analgesics, antibiotics, antibacterials, antiparasitics, local anesthetics, vaccinations, antihistamines, antifungals, antitussives, antivirals, laxatives, diuretics, decongestants, bronchodilators, expectorants, contraceptives, dermatologicals, fertility agents, muscle relaxants, uterine relaxants, ergotamines, antacids, antianemics, antidiarrheals, antiemetics, antithyroid agents, antiulcer agents, lipid lowering agents, hormones, antihypertensives, oral hypoglycemic, smoking cessation medicines, vitamins, herb's and minerals, topical steroids, topical dermatologic preparations, corticosteroids, nutrition agents, non narcotic 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-BC by 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/alternate 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/alternate.

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 the agreement.

2. The original of the protocol shall be filed with the Board of Nursing as directed 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 the future reference for a period of at least four (4) years.

5. Sidney Q. Macaw MSN, ARNP-BC will appear on prescription pads that will be used along with Dr. M. Benjamin, supervising physician.

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

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

Florida Department of Health
Board of Nursing, Protocol Department
4052 Bald Cypress Way

COPY

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
09/25/2008	ME 14909	255376

The **MEDICAL DOCTOR**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2010**

MICHAEL J BENJAMIN
7777 N. UNIVERSITY DR
SUITE 102
TAMARAC, FL 33321

QUALIFICATION(S):
DISPENSING PRACTITIONER

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	AC#	CONTROL NO.
DATE	LICENSE NO.	
09/25/2008	ME 14909	255376

The **MEDICAL DOCTOR**
named below has met all requirements of

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LICENSEE SIGNATURE

COPY - NOT A VALID LICENSE - COPY

GOVERNOR

STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Dispensing Practitioner

EXPIRATION DATE: **JANUARY 31, 2010**

Your license number is **ME 14909**, 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 and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0593.

Use this section to report name change. 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, a divorce decree or a court order. A driver's license or social security card is not considered legal documentation.



Division of Medical Quality Assurance
P.O.Box 6340
Tallahassee, Florida 32314-6340

*** Important License Information ***

BENJAMIN, MICHAEL J
7777 N. UNIVERSITY DR
SUITE 102
TAMARAC, FL 33321

14909-15576

Your license is scheduled for renewal within the next 5 months. You are required to review and, if appropriate, update your profile before renewing your license. In addition, Section 456.042, Florida Statutes, requires you to submit profile updates within 15 days of any changes.

You may review, update and confirm the accuracy of your practitioner profile information online by visiting www.FLHealthsource.com. Select LICENSEE/PROVIDER, click on VIEW PROFILE, and Login with your Account ID and Password. If you make changes to your profile, BE SURE to click on "confirm changes" to update the Department's information system.

If you have any questions, please contact the MQA Call Center at (850) 488-0595, option 3.

AC# **COPY**

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/13/2010	ME 14909	307462

The **MEDICAL DOCTOR**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2012**
MICHAEL J BENJAMIN
7777 N. UNIVERSITY DR
SUITE 102
TAMARAC, FL 33321

QUALIFICATION(S):
DISPENSING PRACTITIONER

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	AC#	CONTROL NO.
DATE	LICENSE NO.	307462
01/13/2010	ME 14909	

The **MEDICAL DOCTOR**
named below has met all requirements of
the laws and rules of the state of Florida.

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LICENSEE SIGNATURE

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GOVERNOR

STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Dispensing Practitioner

Your license number is **ME 14909**. 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 and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 458-0595.

EXPIRATION DATE: **JANUARY 31, 2012**

Use this section to report name change. 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, a divorce decree or a court order. **A driver's license or social security card is not considered legal documentation.**

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information.

1. Go to www.flhealthsource.com
2. Click on Licensee/Provider
3. Click on Practitioner Login
4. Select your profession
5. Enter the account ID and password that was provided to you on your initial license
6. If you do not know your account ID and password, click on "Get Login Help" or call

for assistance.

MAIL TO: DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSING AND AUDITING SERVICES UNIT
P.O. BOX 8320
TALLAHASSEE, FLORIDA 32314-8320

☐ NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

FROM: LAST FIRST MIDDLE
TO: LAST FIRST MIDDLE
DH 2103, 5/98

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSING AND AUDITING SERVICES UNIT
4052 BALD CYPRESS WAY, BIN #C-10
TALLAHASSEE, FLORIDA 32399-3260

MICHAEL J BENJAMIN
7777 N. UNIVERSITY DR
SUITE 102
TAMARAC, FL 33321

AC# **COPY**

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/14/2011	ME 14909	368615

The **MEDICAL DOCTOR**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2014**
MICHAEL J BENJAMIN
7777 N. UNIVERSITY DR
SUITE 102
TAMARAC, FL 33321

QUALIFICATION(S):
DISPENSING PRACTITIONER

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	AC#	LICENSE NO.	CONTROL NO.
		ME 14909	368615
		DATE	12/14/2011

The **MEDICAL DOCTOR**
named below has met all requirements of

COPY - NOT A VALID LICENSE - COPY

LICENSEE SIGNATURE

COPY - NOT A VALID LICENSE - COPY

GOVERNOR

STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Dispensing Practitioner

Your license number is **ME 14909**. 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 and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0393.

EXPIRATION DATE: **JANUARY 31, 2014**

Use this section to report name change. 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, a divorce decree or a court order. **A driver's license or social security card is not considered legal documentation.**

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information.

1. Go to www.flhsmhs.com
2. Click on Licensee/Provider
3. Click on Practitioner Login
4. Select your profession
5. Enter the account ID and password that was provided to you on your initial license
6. If you do not know your account ID and password, click on "Get Login Help" or call

for assistance.

MAIL TO: DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSING AND AUDITING SERVICES UNIT
P.O. BOX 8320
TALLAHASSEE, FLORIDA 32314-8320

☐ NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

FROM:

LAST FIRST MIDDLE

TO:

LAST FIRST MIDDLE

DH 2103, 5/98

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSING AND AUDITING SERVICES UNIT
4052 BALD CYPRESS WAY, BIN #C-10
TALLAHASSEE, FLORIDA 32399-3260

***** **AUTO** *****

MICHAEL J BENJAMIN
7777 N. UNIVERSITY DR
SUITE 102
TAMARAC, FL 33321

COPY

COPY COPY COPY

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COPY - NOT A VALID LICENSE - COPY

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008_009_01940

Division of Medical Quality Assurance
P.O. Box 4839
Tampa, Florida 33677-4839



***** License Renewal Notification *****

MICHAEL J BENJAMIN
7777 N. UNIVERSITY DR
SUITE 102
TAMARAC, FL 33321

License Renewal Notification

Your Medical Doctor License # **ME 14909** will expire at midnight, Eastern Standard Time (EST) on **Tuesday, January 31, 2012**.

Please log onto www.FLHealthsource.com and follow these steps:

1. Click **Renew My License** and log in.
2. Click **Renew License** and select your renewal option:
 - a. Renew on-line
 - b. Print your renewal notice to submit with your payment via mail

You will be prompted to complete the Physician Workforce Survey online.

Renewals by mail **MUST** include the renewal form, not this postcard.

Visit www.cebroker.com/subscribe to purchase your **optional** subscription and track your continuing education credits.

Section 456.0635, F.S., may affect your ability to renew your license. Please visit <http://www.doh.state.fl.us/mqa/laws.html> for more information.

Remember, all renewals **MUST** be submitted **no later than January 31, 2012** in order to avoid a delinquent fee. Questions? Contact the MQA Call Center at (850) 488-0595.

PROFESSION CODE

1SD1

FILE NUMBER

10330

LICENSE NUMBER

14909

MICHAEL J. BENJAMIN, MD
FACOG

August 13, 2008

State of Florida
Department of Health
Division of Medical Quality Assurance

8/20/08
MA/R
75

Re: change of address mailing/practice location

Michael J. Benjamin
License # ME 14909 (Dispensing Practitioner)
Medical Doctor

Change from : 7707 N University Drive Suite 205 Tamarac, FL 33321

Change to: 7777 N University Drive Suite 102 Tamarac, FL 33321

Thank You,



Michael J. Benjamin, MD

GYNECOLOGY
OBSTETRICS

7707
north
university drive
suite 205
tamarac
florida
33321

tel 954-726-7770
fax 954-726-2896
1-888-808-7581
e-mail: gynoben@ilbm.net