

DEPARTMENT OF HEALTH
CLERK ULL

Jeb Bush Governor R. Rony Francois, M.D., M.S.P.H., P.h.D.

Secretary

### UNIFORM NON-DISCIPLINARY CITATION BOARD OF MEDICINE

Issued to: Jose R. Quintana, M.D.	Citation Number:	200629533
505 Oakfield Drive	Case Number:	200629533
Brandon, FL 33511	Date of Violation:	August 11, 2006
License Number: ME64594	Profession:	1501

Pursuant to Section 456,077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on August 11, 2006, the above referenced subject did violate the following provision(s) of law Section 456,072(1)(k),F.S., pursuant to Section 458,331 (1)(kk) F.S., by committing the following act(s): Failure to notify the Board in writing within 30 days of action taken against his license to practice medicine in Ohio based on an action taken by the Florida Board of Medicine.

Fursuant to Rule 64B8-8.001(2)(kk), 64B8-8.017(3)(I) Florida Administrative Code, the Eoard/Department has set the following penalty for violation of the aforesaid provision: \$1,000.00 plus costs in the amount of \$89.00, for fallure to notify the Board in writing within 30 days if action as defined in Section 458.331(1)(b), F.S., has been taken against one's license to practice medicine in another state...if that action was based on action taken by the Florida Board of Medicine.

Total Amount Due: \$1089.00

If you do not dispute the citation within, thirty (30) days of service, the citation will automatically be filed as a final order of the board but will not be considered disciplinary action against your license. If you accept this citation, it will be filed as a final order and total payment of fine and cost is due thirty (30) days from the date the citation is filed and becomes a final order. In order to dispute this citation you must do so in writing. Send the written dispute and a copy of the citation by certified mail to the following address:

Department of Health, Consumer Services Unit 4052 Bald Cypress Way Bin C#75 Tallahassee Florida 32399-3275

You may elect to have these charges prosecuted as a disciplinary action according to section 456.073 Florida Statutes, rether than accept this citation. In the event that you elect to have these charges prosecuted pursuant to section 456.073 Florida Statutes, the case will be presented to the appropriate probable cause panel or the Department for a determination of probable cause. Please understand that if you choose this option, any penalties imposed by the board will be counted as discipline.

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PLEASE CHECK ONE OF THE FOLLOWING AND SIGN:
(1) I CHOOSE TO ACCEPT THE NON-DISCIPLINARY CITATION
(2) I CHOOSE NOT TO ACCEPT THE NON-DISCIPLINARY CITATION AND WISH TO HAVE THIS CASE PROSECUTED UNDER SECTION, 456.073, FLORIDA STATUTES.  Signed:  Date: 11-16-06
Signed: Date: 11-16-06  PLEASE READ HE INFO ON THE REVERSE SIDE OF THS FORM

## IMPORTANT INFORMATION REGARDING COMPLIANCE WITH THIS NON-DISCIPLINARY CITATION

This citation automatically becomes a final order of the board if you do not dispute the citation within thirty (30) days of the date the citation was served. All fines and costs are due thirty (30) days from the date the citation becomes a final order. Please attach a copy of the citation with your payment. Payment shall be mailed to the following address:

DOH/MQAMS/Client Services Post Office Box 6320 Tallahassee, Florida 32314-6320

Any continuing education requirements shall be completed within the timeframe specified in the citation and proof of compliance documented with the Department of Health. Proof of completion must be mailed to:

DOH/HMQAMS/Client Services Compliance - Bin C01 4052 Bald Cypress Way Tallahassee, Florida 32399-3251

-After this citation becomes a final order, failure to pay the fine and costs specified and provide proof of required continuing education within the timeframe specified on this citation constitutes a violation of a final order of the board, and may subject you to disciplinary action and referral to a collection agency.

#### CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Citation has been served upon: Jose Raul Quintana, MD
At: 505 Oakfield Drive Brandon, FL 33511
() By Personal Service (4 U.S. Certified Mail, Restricted Delivery, this 25th day of October, 2006.
Signature

Department of Health Representative

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK Angel Sanders DATE NOV 0 4 2010



Charlie Crist Governor

# **UNIFORM NON-DISCIPLINARY CITATION**

Issued to:  1260 Catamaran-Place Tampa; FL 33618  License Number: 64594  Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on or around August 36, 2010 the above referenced subject did violate the following provision(s) of law F-8, 458.331 (1)gl(nn) and Rule 6488-13.005(1)(c)(4), by committing the following act(s): Falling audit for biennium period of 02/01/2008 through 01/31/2010 by failing to provide proof of completion of 2 hours in prevention of medical errors.  Pursuant to Rule 6488-8.017(3)(a) Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: \$250.00 plus costs in the amount of \$122.00, and provide proof of completion of 2 hours in prevention of medical errors within 60 days.  Total amount due \$372.00  On behalf of: Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General. ISSUED this 6th day of October, 2010 by:  Ronnie Shipp, Government Analyst I  If you do not dispute the citation within, thirty (30) days of service, the citation will automatically be filed as a final order of the board but will not be considered disciplinary action against your license. If you accept this citation, it will be filed as a final order and total payment of fine and cost is due thirty (30) days from the date the citation is filed and becomes a final order. In order to dispute this citation you must do so in writing. Send the written dispute and a copy of the citation by certified mail to the following address:  Department of Health, Consumer Services Unit 4052 Bald Cypress Way Bin C#75  Tallahassee Florida 32399-3275  You may elect to have these charges prosecuted as a disciplinary action according to section 456-073 Florida Statutes, rether than accept this citation. In the event that you elect to have these charges probable cause panel or the Department for a determination of probable cause. Please understand that if you choose this option, any penalties imposed by the board will be coun		В	OARD OF ME	EDICINE	
License Number: 64594 Profession: Medical Doctor  Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on or around August 30, 2010 the above referenced subject did violate the following provision(s) of law F.S. 455.331 (1)(g)(m) and Rule 64B8-13.005(1)(e)(4), by committing the following act(s): Failing audit for blennium period of 02/01/2008 through 01/31/2010 by failing to provide proof of completion of 2 hours in prevention of medical errors.  Pursuant to Rule 64B8-3.017(3)(a): Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: \$250.00 plus costs in the amount of \$122.00, and provide proof of completion of 2 hours in prevention of medical errors within 60 days.  Total amount due \$372.00  On behalf of: Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General. ISSUED this 6th day of October, 2010 by:  Ronnie Shipp, Government Analyst I  If you do not dispute the citation within, thirty (30) days of service, the citation will automatically be filed as a final order of the board but will not be considered disciplinary action against your license. If you accept this citation, it will be filed as a final order and total payment of fine and cost is due thirty (30) days from the date the citation is filed and becomes a final order. In order to dispute this citation you must do so in writing. Send the written dispute and a copy of the citation by certified mail to the following address:  Department of Health, Consumer Services Unit  4052 Bald Cypress Way Bin C#75  Tallahassee Florida Statutes, the case will be presented to the appropriate probable cause panel or the Department for a determination of probable cause. Please understand that if you choose this option, any penalties imposed by the board will be counted as discipline.  PLEASE CHECK ONE OF THE FOLLOWING AND SIGN:  (1) I CHOOSE TO ACCEPT THE NON-DISCIPLINARY CITATION AND WISH TO HAVE THIS CASE PROSECUTED UNDER SECTION. 456.073,	Issued to:	Jose Raul Quintar	ia, M.D.	Citation Number:	2010-17860
License Number: 64594 Profession: Medical Doctor  Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on or around August 30° 2010 the above referenced subject did violate the following provision(s) of laW Fs. 456.331 (1)(g)(nn) and Rule 64B8-13.005(1)(c)(4), by committing the following act(s): Failing audit for biennium period of 02/01/2008 through 01/31/2010 by failing to provide proof of completion of 2 hours in prevention of medical errors.  Pursuant to Rule 64B8-8.017(3)(a) Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: \$250.00 plus costs in the amount of \$122.00, and provide proof of completion of 2 hours in prevention of medical errors within 60 days.  Total amount due \$372.00  On behalf of: Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General.  ISSUED this 6th day of October, 2010 by:  Ronnie Shipp, Government Analyst I  If you do not dispute the citation within, thirty (30) days of service, the citation will automatically be filed as a final order of the board but will not be considered disciplinary action against your license. If you accept this citation, it will be filed as a final order and total payment of fine and cost is due thirty (30) days from the date the citation is filed and becomes a final order. In order to dispute this citation you must do so in writing. Send the written dispute and a copy of the citation by certified mail to the following address:  Department of Health, Consumer Services Unit 4052 Bald Cypress Way Bin C#75  Tallahasses Florida 32399-3275  You may elect to have these charges prosecuted as a disciplinary action according to section 456.6073 Florida Statutes, rather than accept this citation. In the event that you elect to have these charges prosecuted by the board will be counted as discipline.  PLEASE CHECK ONE OF THE FOLLOWING AND SIGN:  (1) I CHOOSE TO ACCEPT THE NON-DISCIPLINARY CITATION  (2) I CHOOSE NOT TO ACCEPT THE NON-DISCIP		12620 Catamaran	Place		
Profession: Medical Doctor  Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on or around August 30, 2010 the above referenced subject did violate the following provision(s) of law F.S., 458.331 (1)(g)(n) and Rule 648B-13.005(1)(c)(4), by committing the following act(s): Failing audit for biennium period of 02/01/2008 through 01/31/2010 by failing to provide proof of completion of 2 hours in prevention of medical errors.  Pursuant to Rule 648B-8.017(3)(a) Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: \$250.00 plus costs in the amount of \$122.00, and provide proof of completion of 2 hours in prevention of medical errors within 60 days  Total amount due \$372.00  On behalf of: Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General.  ISSUED this 6th day of October, 2010 by:  Ronnie Shipp, Government Analyst I  If you do not dispute the citation within, thirty (30) days of service, the citation will automatically be filed as a final order of the board but will not be considered disciplinary action against your license. If you accept this citation, it will be filed as a final order and total payment of fine and cost is due thirty (30) days from the date the citation is filed and becomes a final order. In order to dispute this citation you must do so in writing. Send the written dispute and a copy of the citation by certified mail to the following address:  Department of Health, Consumer Services Unit  4052 Bald Cypress Way Bin C#75  Tallahasses Florida 23399-3275  You may elect to have these charges prosecuted as a disciplinary action according to section 456.073 Florida Statutes, the case will be presented to the appropriate probable cause panel or the Department for a determination of probable cause. Please understand that if you choose this option, any penalties imposed by the board will be counted as discipline.  PLEASE CHECK ONE OF THE FOLLOWING AND SIGN:  (1) I CHOOSE T			)	Date of Violation:	08/30/2010
Deliver that only around Agust 37, 2010 the above referenced subject did violate the following provision(s) of law F-8-456.331 (1)(g)(nn) and Rule 64B8-13.005(1)(c)(4), by committing the following act(s): Falling audit for biennium period of 02/01/2008 through 01/31/2010 by failing to provide proof of completion of 2 hours in prevention of medical errors.  Pursuant to Rule 64B8-8.017(3)(a) Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: \$250.00 plus costs in the amount of \$122.00, and provide proof of completion of 2 hours in prevention of medical errors within 60 days  Total amount due \$372.00  On behalf of: Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General. ISSUED this 6th day of October, 2010 by:  Ronnie Shipp, Government Analyst I  If you do not dispute the citation within, thirty (30) days of service, the citation will automatically be filled as a final order of the board but will not be considered disciplinary action against your license. If you accept this citation, it will be filled as a final order and total payment of fine and cost is due thirty (30) days from the date the citation is filled and becomes a final order. In order to dispute this citation you must do so in writing. Send the written dispute and a copy of the citation by certified mail to the following address:  Department of Health, Consumer Services Unit 4052 Bald Cypress Way Bin C#75  Tallahassee Florida 32399-3275  You may elect to have these charges prosecuted as a disciplinary action according to section 456.073  Florida Statutes, rather than accept this citation. In the event that you elect to have these charges prosecuted as a disciplinary action according to section 456.073  Florida Statutes, rather than accept this citation. In the event that you elect to have these charges prosecuted as a disciplinary action according to section 456.073  Florida Statutes, rather than accept this citation. In the event that you elect to have these charges prosecuted	License Nu	mber: <u>64594</u>	1	Profession:	
If you do not dispute the citation within, thirty (30) days of service, the citation will automatically be filed as a final order of the board but will not be considered disciplinary action against your license. If you accept this citation, it will be filed as a final order and total payment of fine and cost is due thirty (30) days from the date the citation is filed and becomes a final order. In order to dispute this citation you must do so in writing. Send the written dispute and a copy of the citation by certified mail to the following address:  Department of Health, Consumer Services Unit  4052 Bald Cypress Way Bin C#75  Tallahassee Florida 32399-3275  You may elect to have these charges prosecuted as a disciplinary action according to section 456473  Florida Statutes, rather than accept this citation. In the event that you elect to have these charges prosecuted pursuant to section 456.073 Florida Statutes, the case will be presented to the appropriate probable cause panel or the Department for a determination of probable cause. Please understand that if you choose this option, any penalties imposed by the board will be counted as discipline.  PLEASE CHECK ONE OF THE FOLLOWING AND SIGN:  (1) I CHOOSE TO ACCEPT THE NON-DISCIPLINARY CITATION  (2) I CHOOSE NOT TO ACCEPT THE NON-DISCIPLINARY CITATION AND WISH TO HAVE THIS CASE PROSECUTED LINEER SECTION. 456.073, FLORIDA STATUTES.  Signed:  Date: 10 2010	provision(s) of act(s): Failing completion of Pursuant to Refollowing penal and provide part Total amount of the completion of the complet	f law F.S. 458.331 (1)(g audit for biennium perion 2 hours in prevention of ule 64B8-8.017(3)(a) Flatty for violation of the art proof of completion of bunt due \$372.00 Ana M. Viamonte Ros,	2010 the above ()(nn) and Rule (od of 02/01/2008) f medical errors. Foresaid provisions 2 hours in previous M.D., M.P.H., St.	referenced subject did vio 64B8-13.005(1)(c)(4), by through 01/31/2010 by fative Code, the Board/Depin: \$250.00 plus costs in rention of medical error rate Surgeon General.	plate the following committing the following ailing to provide proof of partment has set the the amount of \$122.00, s within 60 days.
Signed: Date:	license. If you cost is due the to dispute this citation by ce  You may elect Florida Statute prosecuted pur probable cause you choose this (2) I CTHIS CASE PR	accept this citation, irty (30) days from the citation you must do rtified mail to the followard to have these charges s, rather than accept the suant to section 456.07 e panel or the Department of panel or the Department of the	it will not be it will be filed a e date the citation of the solution of the it will be filed a e date the citation of the it will be it will b	e considered disciplinars a final order and total ion is filed and become Send the written disput onsumer Services Unit is Way Bin C#75 da 32399-3275 disciplinary action accord e event that you elect to have, the case will be presentation of probable cause. Oard will be counted as disputed in the counted as disputed by the counted	y action against your payment of fine and s a final order. In order e and a copy of the ing to section 456473 ave these charges at the tothe appropriate Please understand that if scipline.  N:  I AND WISH TO HAVE
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Compliance Management Unit- Bin C01
4052 Bald Cypress Way
Tallahassee, Florida 32399-3251

After this citation becomes a final order, failure to pay the fine and costs specified and provide proof of required continuing education within the timeframe specified on this citation constitutes a violation of a final order of the board, and may subject you to further disciplinary action and referral to a collection agency.

#### **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that	a true and correct copy of the foregoing Citation has
been served upon:	Jose faul Quintana, M.D.
	12620 Catamaran Place
At:	Tampa, FL 33618
( ) By Personal Service ( ) U.S this <u> るが</u> day of <u>Oct</u>	S. Certified Mail, Restricted Delivery () Regular Mail,
	Signature
	Romer Stranger
	Department of Health Representative