



FILED DEPARTMENT OF HEALTH DEPUTY CLERK CLERK DATE 11/16/06 R. Rony Francois, M.D., M.S.P.H., P.H.D. Secretary

Job Bush Governor

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.

Pursuant to Rule 64B8-8.001(2)(kk), 64B8-8.017(3)(l) Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: \$1,000.00 plus costs in the amount of \$89.00, for failure 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

On behalf of: R. Rony Francois, M.D., M.S.P.H., P.h.D Secretary ISSUED, this 16th day of October, 2006. by: Tracie Natale, Investigation Specialist II

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, 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 UNDER SECTION, 456.073, FLORIDA STATUTES.

Signed: [Signature] Date: 11-16-06 PLEASE READ THE INFORMATION ON THE REVERSE SIDE OF THIS 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**

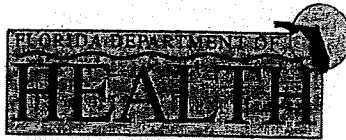
I HEREBY CERTIFY that a true and correct copy of the foregoing Citation has been served upon: ~~Jose Raul Quintana, MD~~

At: 505 Oakfield Drive  
Brandon, FL 33511

( ) By Personal Service (  ) U.S. Certified Mail, Restricted Delivery, this 25<sup>th</sup> day of October, 2006.

Signature

  
Department of Health Representative



FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK Angel Sanders  
DATE NOV 04 2010

Charlie Crist  
Governor

**UNIFORM NON-DISCIPLINARY CITATION  
BOARD OF MEDICINE**

Issued to: Jose Raul Quintana, M.D. Citation Number: 2010-17860  
12620 Catamaran Place  
Tampa, FL 33618  
License Number: 64594 Date of Violation: 08/30/2010  
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. 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

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, 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 UNDER SECTION. 456.073, FLORIDA STATUTES.

Signed:

[Signature]

Date:

10/20/10

**PLEASE READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM**

RECEIVED  
CONSUMER SERVICES UNIT  
2010 NOV 22 AM 9:45

**IMPORTANT INFORMATION REGARDING  
COMPLIANCE WITH THIS 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 cashier's check or money order. Payment should be made payable to the Department of Health. Payment shall be mailed to the following address:

DOH/MQAMS/Compliance Management Unit  
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  
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 Paul Quintana, M.D.  
12620 Catamaran Place

At:

Tampa, FL 33618

( ) By Personal Service ( ) U.S. Certified Mail, Restricted Delivery (X) Regular Mail,  
this 20<sup>th</sup> day of October, 2010.

Signature

Ronald [Signature]  
Department of Health Representative