

**STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION**

FILED
AHCA
AGENCY CLERK
2007 MAY -7 A 9:27

**STATE OF FLORIDA,
AGENCY FOR HEALTH CARE
ADMINISTRATION,**

Petitioner,

vs.

AHCA No. 2007004145

**Fort Lauderdale Women's
Center, LLC,**

Respondent.

FINAL ORDER

Having reviewed the Notice of Intent to Impose Late Renewal Fine ("Notice of Intent") dated April 13, 2007, attached hereto and incorporated herein (Exhibit 1), and all other matters of record, the Agency for Health Care Administration ("Agency") finds and concludes as follows:

FINDINGS OF FACT

1. On April 13, 2007, the Agency issued a Notice of Intent against the Respondent, Fort Lauderdale Women's Center, LLC, an abortion clinic. The Notice of Intent is attached hereto and incorporated herein (Exhibit 1). The findings of fact and law set forth in exhibit 1 are adopted.

2. The Respondent was served the Notice of Intent on April 16, 2007, by U.S. Certified Mail, return receipt requested (7160 3901 9849 9869 3516). (Exhibit 2)

3. Enclosed with the Notice of Intent was an Election of Rights form (Exhibit 3), which advised Respondent of its right to a hearing pursuant to Sections 120.57(1) or (2), Florida Statutes (2006). The Respondent selected Option (1), admitting the allegations of fact and law contained in the Notice of Intent and expressly waiving the right to a hearing on the Election of Rights form.

CONCLUSIONS OF LAW

4. The Respondent is an abortion clinic over which the Agency has jurisdiction pursuant to the provisions of Florida Statutes.

5. The Agency may assess a fine of \$50.00 against the Respondent as stated in the Notice of Intent.

Based on the foregoing findings of fact and conclusions of law, it is

ORDERED:

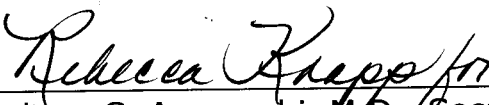
1. A fine of \$50.00 is hereby imposed upon the Respondent. The fine is due and payable within thirty (30) days of the date of rendition of this Order.

2. A check should be made payable to the "Agency for Health Care Administration." The check, along with a reference to this case number, should be sent directly to:

**Jean Lombardi
Agency for Health Care Administration
Office of Finance and Accounting
2727 Mahan Drive, Bldg #2, Mail Stop Code # 14
Tallahassee, Florida 32308**

3. Unpaid fines will be subject to statutory interest and may be collected by all methods legally available.

DONE and **ORDERED** this 2nd day of May, 2007,
in Tallahassee, Leon County, Florida.



Andrew C. Agwunobi, M.D., Secretary
Agency for Health Care Administration

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO JUDICIAL REVIEW WHICH SHALL BE INSTITUTED BY FILING ONE COPY OF A NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A SECOND COPY, ALONG WITH FILING FEE AS PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE AGENCY MAINTAINS ITS HEADQUARTERS OR WHERE A PARTY RESIDES. REVIEW OF PROCEEDINGS SHALL BE CONDUCTED IN ACCORDANCE WITH THE FLORIDA APPELLATE RULES. THE NOTICE OF APPEAL MUST BE FILED WITHIN 30 DAYS OF RENDITION OF THE ORDER TO BE REVIEWED.

Copies furnished to:

Elizabeth Dudek
Deputy Secretary
Agency for Health Care
Administration
2727 Mahan Drive, Bldg #1
Mail Stop Code #9
Tallahassee, Florida 32308
(Interoffice Mail)

Jean Lombardi,
Finance & Accounting
Agency for Health Care
Administration
2727 Mahan Drive, Bldg #2
Mail Stop Code #14
Tallahassee, Florida 32308
(Interoffice Mail)

Administrator
Fort Lauderdale Women's Center,
LLC
2001 West Oakland Park
Boulevard
Fort Lauderdale, Florida 33311
(U.S. Mail)

Jan Mills
Facilities Intake Unit
(Interoffice Mail)

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final
Order was served on the above-named person(s) by U.S. Mail, or the
method designated, on this the 7th day of May, 2007.



Richard Shoop, Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Building #3, MSC#3
Tallahassee, Florida 32308-5403
(850) 922-5873



CHARLIE CRIST
GOVERNOR

ANDREW C. AGWUNOBI, M.D.
SECRETARY

April 13, 2007

Chaunquis Davenport
Fort Lauderdale Women's Center, LLC
2001 W. Oakland Park Blvd.
Fort Lauderdale, FL 33311

Certified Article Number
7160 3901 9849 9869 3516
SENDERS RECORD

License Number: 854

Case #: 2007004145

NOTICE OF INTENT TO IMPOSE LATE RENEWAL FINE

Pursuant to Section 408.806(2), Florida Statutes, (F.S.) a fine of \$50 is hereby imposed for late filing of your license renewal application. Your renewal application was not received sixty (60) days prior to the expiration of your Abortion Clinic license pursuant to Section 408.806(2)(a), F.S. Your renewal application was due 04/04/2007. The application was postmarked 04/05/2007 and received on 04/06/2007, making it 1 day late. Pursuant to Section 408.806(2)(d), F.S., failure to timely submit a renewal application and license fee shall result in a \$50 per day late fee; the aggregate amount of the late fee may not exceed 50 percent of the licensure fee or \$500, whichever is less.

TO PAY NOW, PAYMENT SHOULD BE MADE WITHIN 21 DAYS TO:

Agency for Health Care Administration, and sent to Abortion Clinic, 2727 Mahan Drive, Mail Stop #31, Tallahassee, FL 32308, along with a copy of this Notice of Intent.

EXPLANATION OF RIGHTS

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

SEE ATTACHED ELECTION AND EXPLANATION OF RIGHTS FORMS.

Agency for Health Care Administration

Laura MacLafferty
By: Laura MacLafferty, Unit Manager
Hospital And Outpatient Services Unit

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

2727 Mahan Drive, Mail Stop #31
Tallahassee, Florida 32308



Visit AHCA online at
<http://ahca.myflorida.com>

Exhibit 1



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Track & Confirm

Track & Confirm

Search Results

Label/Receipt Number: 7160 3901 9849 9869 3516
Status: Delivered

Your item was delivered at 10:59 AM on April 16, 2007 in FORT LAUDERDALE, FL 33311.

Track & Confirm

Enter Label/Receipt Number.

[Additional Details >](#)

[Return to USPS.com Home >](#)

Notification Options

Track & Confirm by email

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



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Exhibit 2

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: Case Name Fort Lauderdale Women'S Center, LLC
CASE NO: 2007004145

ELECTION OF RIGHTS

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

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

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

PLEASE RETURN YOUR ELECTION OF RIGHTS TO:

Agency for Health Care Administration
Attention: Agency Clerk
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308.
Phone: 850-922-5873 Fax: 850-921-0158

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PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS

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

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

OPTION THREE (3) I do dispute the allegations of fact contained in the Notice of Intent to Deny, Notice of Intent to Impose a Late Fine, Administrative Complaint, or other proposed action by AHCA, and I request a formal hearing (pursuant to Section 120.57(1), Florida Statutes (2006) before an Administrative Law Judge appointed by the Division of Administrative Hearings.

PLEASE NOTE: Choosing OPTION THREE (3), by itself, is NOT sufficient to obtain a formal hearing. You must file a written petition in order to obtain a formal hearing before the Division of Administrative Hearings under Section 120.57(1), Florida Statutes. It must be

Exhibit 3

received by the Agency Clerk at the address above within 21 days of receipt of this proposed administrative action. The request for formal hearing must conform to the requirements of Rule 28-106.201, Florida Administrative Code, which requires that it contain:

1. The name and address of each agency affected and each agency's file or identification number, if known;
2. Your name, address, and telephone number, and the name, address, and telephone number of your representative or lawyer, if any;
3. An explanation of how your substantial interests will be affected by the Agency's proposed action;
4. A statement of when and how you received notice of the Agency's proposed action;
5. A statement of all disputed issues of material fact. If there are none, you must state that there are none;
6. A concise statement of the ultimate facts alleged, including the specific facts you contend warrant reversal or modification of the Agency's proposed action;
7. A statement of the specific rules or statutes you claim require reversal or modification of the Agency's proposed action; and
8. A statement of the relief you are seeking, stating exactly what action you wish the Agency to take with respect to its proposed action.

Mediation under Section 120.573, Florida Statutes, may be available in this matter if the Agency agrees.

Provider type: Abortion Clinic

Facility Name: Fort Lauderdale Women'S Center, LLC

License number: 854

Contact person (or attorney or representative): _____
Name Title

Address: _____
Street and number City Zip Code

Telephone No. _____ Fax No. _____ Email _____

Signed: _____ Date: _____

NOTE: If your facility is owned or operated by a business entity (corporation, LLC, etc.) please include a written statement from one of the officers or managers that you are the authorized representative. If you are one of the managers or officers, please state which office you hold.

Entity name Chaunquis Ravenport Name of office you hold: Administrator

You, your attorney or representative may reply according Subsection 120.54 Florida Statutes (2006) and Rule 28, Florida Administrative Code or you may use this recommended form.