

FILED  
AHCA  
AGENCY CLERK

2010 JUL 27 A 11: 13

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

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

AHCA NO: 2010006844

vs.

PLANNED PARENTHOOD OF NORTHEAST  
FLORIDA, INC,  
RESPONDENT.

---

**FINAL ORDER**

Having reviewed the Notice of Intent to Impose Fine dated July 2, 2010, and all other matters of record, the Agency for Health Care Administration finds and concludes as follows:

**FINDINGS OF FACT**

1. On July 2, 2010, the Agency issued a Notice of Intent against the Respondent, Planned Parenthood of Northeast Florida, Inc, 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 July 9, 2010, by U.S. Certified Mail, return receipt requested. (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 Section 120.57(1) or 120.57(2), Florida Statutes. 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 (Exhibit 3)

#### **CONCLUSIONS OF LAW**

4. The Respondent is subject to the Agency's jurisdiction pursuant to the provisions of Florida Statutes.

5. The Agency may assess an administrative fine 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. An administrative fine of \$200 is hereby imposed upon the Respondent. The fine is now due and payable within 30 days, unless payment has already been made.

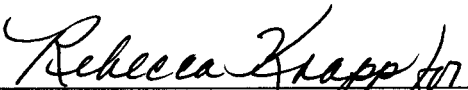
2. A check should be made payable to the "Agency for Health Care Administration." The check, along with a reference to this case number, should be sent directly to:

**Agency for Health Care Administration  
Office of Finance and Accounting  
Revenue Management Unit  
2727 Mahan Drive, MS #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 26<sup>th</sup> day of July, 2010 in

Tallahassee, Leon County, Florida.

  
THOMAS W. ARNOLD, 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:

ADMINISTRATOR  
PLANNED PARENTHOOD OF  
NORTHEAST FLORIDA, INC  
3850 BEACH BOULEVARD  
JACKSONVILLE, FL 32207  
(U.S. Mail)

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

Laura MacLafferty  
Hospital Unit  
(Interoffice 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 persons and entities by U.S. Mail, or the method designated, on this

27<sup>th</sup> day of July, 2010.



Richard J. Shoop, Agency Clerk  
Agency for Health Care Administration  
2727 Mahan Drive, Building #3, MSC #3  
Tallahassee, Florida 32308-5403  
(850) 412-3630



CHARLIE CRIST  
GOVERNOR

Certified Article Number  
7160 2901-7048 8170 2448  
SENDER'S RECORD  
AGENCY CLERK  
THOMAS W. ARNOLD  
2010 JUL 8 AM 10:52

July 2, 2010

REBECCA J SOUILERE  
PLANNED PARENTHOOD OF NORTHEAST FLORIDA,  
INC  
3850 BEACH BOULEVARD  
JACKSONVILLE, FL 32207

LICENSE NUMBER: 844  
CASE #: 2010006844

**NOTICE OF INTENT TO IMPOSE FINE**

Pursuant to Section 408.813 and Section 390.0112(4), Florida Statutes (F.S.), a fine of \$200 is hereby imposed for not submitting your monthly report of induced terminations of pregnancy for the month of May, 2010. The monthly report is due no later than 30 days following the preceding month. Pursuant to Section 390.0112(4) F.S., any person required to report who fails to report may be subject to a \$200 fine.

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

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

Include License Number: 844 and Case Number: 2010006844 in check memo field

**EXPLANATION OF RIGHTS**

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

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

Agency for Health Care Administration

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

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



Exh. b.7  
1



[Home](#) | [Help](#) | [Sign In](#)

[Track & Confirm](#)

[FAQs](#)

## Track & Confirm

### Search Results

Label/Receipt Number: **7160 3901 9848 8170 2448**  
Service(s): **Certified Mail™**  
Status: **Delivered**

Your item was delivered at 9:52 AM on July 9, 2010 in JACKSONVILLE, FL 32207.

### Track & Confirm

Enter Label/Receipt Number.

[Go >](#)

### Notification Options

#### Track & Confirm by email

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

#### Return Receipt (Electronic)

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

[Site Map](#)   [Customer Service](#)   [Forms](#)   [Gov't Services](#)   [Careers](#)   [Privacy Policy](#)   [Terms of Use](#)   [Business Customer Gateway](#)

Copyright© 2010 USPS. All Rights Reserved.

No FEAR Act EEO Data   FOIA



Exh. bit  
2

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: PLANNED PARENTHOOD OF NORTHEAST FLORIDA, INC

CASE NO: 2010006844

ELECTION OF RIGHTS

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

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

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

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

Please return your ELECTION OF RIGHTS to:

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

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS:

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

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

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

FILED  
AHCA CLERK  
2010 JUL 12 P 2:42

**PLEASE NOTE:** Choosing **OPTION THREE (3)**, by itself, is **NOT** sufficient to obtain a formal hearing. You also 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 received by the Agency Clerk at the address above within **twenty-one (21) days** of your receipt of this proposed administrative action. The request for formal hearing must conform to the requirements of Rule. 28-106.2015, Florida Administrative Code, which requires that it contain:

1. Your name, address, and telephone number, and the name, address, and telephone number of your representative or lawyer, if any.
2. The file number of the proposed action.
3. A statement of when you received notice of the Agency's proposed action.
4. A statement of all disputed issues of material fact. If there are none, you must state that there are none.

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

License type: Abortion Clinic

License number: 844

Licensee Name: PLANNED PARENTHOOD OF NORTHEAST FLORIDA, INC

Contact person: \_\_\_\_\_

Name

Title

Address: \_\_\_\_\_

Street and number

City

Zip Code

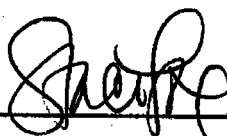
Telephone Nbr.: \_\_\_\_\_

Fax Nbr.: \_\_\_\_\_

Email (optional): \_\_\_\_\_

I hereby certify that I am duly authorized to submit this Notice of Election of Rights to the Agency for Health Care Administration on behalf of the licensee referred to above.

Signed: \_\_\_\_\_



Date: \_\_\_\_\_

12 July 10

Print Name: \_\_\_\_\_

Name: \_\_\_\_\_

Staci Fox

Title: \_\_\_\_\_

President & CEO