

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

**FILED**  
ANCA  
AGENCY CLERK

2009 MAY -1 P 12: 53

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

**Petitioner,**

**FRAES NO.: 2009001169**

**CASE NO: 09-1125**

RENDITION NO.: AHCA-09-292-S-OLC

**v.**

**MIRAMAR WOMAN CENTER,  
INC.,**

**Respondent.**

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**FINAL ORDER**

Having reviewed the Notice of Intent to Impose Fine dated February 4, 2009, attached hereto and incorporated herein (Ex. 1), and all other matters of record, the Agency for Health Care Administration ("Agency") has entered into a Settlement Agreement (Ex. 2) with the parties to these proceedings, and being otherwise well-advised in the premises, finds and concludes as follows:

**ORDERED:**

1. The attached Settlement Agreement is approved and adopted as part of this Final Order, and the parties are directed to comply with the terms of the Settlement Agreement.

2. The Respondent shall pay, within thirty (30) days of the date of rendition of this Order, an administrative fine in the amount of one hundred dollars (\$100.00)

3. Checks 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 and Accounting  
2727 Mahan Drive, MS #14  
Tallahassee, Florida 32308

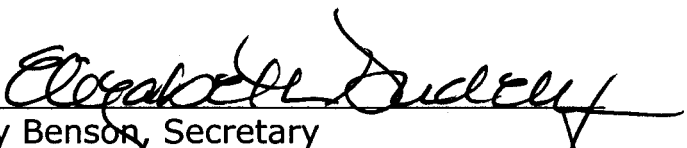
4. Unpaid amounts pursuant to this Order will be subject to statutory interest and may be collected by all methods legally available.

5. Each party shall bear its own costs and attorney's fees.

6. The Respondent's petition for formal administrative proceedings is hereby withdrawn

7. The above-styled case is hereby closed.

**DONE** and **ORDERED** this 28 day of April, 2009,  
in Tallahassee, Leon County, Florida.

  
\_\_\_\_\_  
Holly Benson, 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

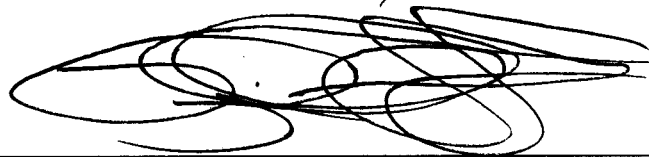
AGENCY MAINTAINS ITS HEADQUARTERS OR WHERE A PARTY RESIDES. REVIEW OF PROCEEDINGS SHALL BE CONDUCTED IN ACCORDANCE WITH THE FLORIDA APPELLATE RULES. THE NOTICE OF APPEAL MUST BE FILED WITHIN 30 DAYS OF RENDITION OF THE ORDER TO BE REVIEWED.

Copies furnished to:

<p>Kertch J. Conze,          Miramar Woman Center, Inc.,          801 N.E. 167<sup>th</sup> Street          Second Floor          Fort Lauderdale, Florida 33316          (U.S. Mail)</p>	<p>Thomas J. Walsh II, Esq.          Agency for Health Care Admin.          Assistant General Counsel          525 Mirror Lake Drive N., #330G          St. Petersburg, Florida 33701          (Interoffice Mail)</p>
<p>Jan Mills          Agency for Health Care Admin.          2727 Mahan Drive, Bldg #3, MS #3          Tallahassee, Florida 32308          (Interoffice Mail)</p>	<p>Agency for Health Care Admin.          Office of Finance and Accounting          Revenue Management and Acct.          2727 Mahan Drive, MS #14          Tallahassee, Florida 32308          (Interoffice Mail)</p>
<p>Stuart M. Lerner, ALJ          Div. of Administrative Hearings          1230 Apalachee Parkway          Tallahassee, Florida 32399          (Interoffice Mail)</p>	

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order was served on the above-named person(s) and entities by U.S. Mail, or the method designated, on this the 1<sup>st</sup> day of May, 2009.



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



CHARLIE CRIST  
GOVERNOR

Certified Article Number  
7160 3901 9849 9867 3396  
SENDERS RECORD

HOLLY BENSON  
SECRETARY

February 4, 2009

NATALI E VERGARA  
MIRAMAR WOMAN CENTER  
6161 MIRAMAR PKWY  
#300  
MIRAMAR, FL 33023

LICENSE NUMBER: 895

CASE #: 2009001169

**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 December, 2008. 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

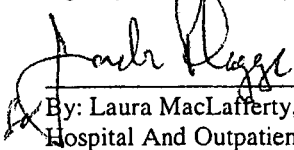
Include License Number: 895 and Case Number: 2009001169 in check memo field

**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

  
By: Laura MacLafferty, Manager  
Hospital And Outpatient Services Unit

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

**EXHIBIT**

1



STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: MIRAMAR WOMAN CENTER

CASE NO: 2009001169

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.

**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: 895

Licensee Name: MIRAMAR WOMAN CENTER

Contact person: Natali Vergara President

Address: 6161 Miramar Parkway #300 Miramar FL 33023  
Name Title  
Street and number City Zip Code

Telephone No. 954 986 0030 Fax No. 954 986 3097

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: Natali Vergara Date: 2/17/09

Print Name: Natali Vergara Title: President



7009001169

Certified Article Number

7160 3901 9849 9867 3396

SENDERS RECORD

HOLLY BENSON  
SECRETARY

CHARLIE CRIST  
GOVERNOR

February 4, 2009

NATALIE VERGARA  
MIRAMAR WOMAN CENTER  
6161 MIRAMAR PKWY  
#300  
MIRAMAR, FL 33023

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CASE #: 2009001169

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

Include License Number: 895 and Case Number: 2009001169 in check memo field

**EXPLANATION OF RIGHTS**

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

Agency for Health Care Administration

By: Laura MacLafferty, Manager  
Hospital And Outpatient Services Unit

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





[Track & Confirm](#)

[FAQs](#)

## Track & Confirm

### Search Results

Label/Receipt Number: **7160 3901 9849 9867 3396**  
Status: **Delivered**

Your item was delivered at 9:46 AM on February 7, 2009 in HOLLYWOOD, FL 33023.

### 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 >](#)

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FOIA



United States Postal Service



Member Services



STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

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

vs.

FRAES No.: 2009001169  
DOAH No.: 09-1125

MIRAMAR WOMAN CENTER, INC.,  
Respondent.

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**SETTLEMENT AGREEMENT**

Petitioner, State of Florida, Agency for Health Care Administration (hereinafter the "Agency"), through its undersigned representatives, and Respondent, Miramar Woman Center, Inc. (hereinafter "Respondent"), pursuant to Section 120.57(4), Florida Statutes, each individually, a "party," collectively as "parties," hereby enter into this Settlement Agreement ("Agreement") and agree as follows:

**WHEREAS**, the Respondent is an abortion clinic licensed pursuant to Chapters 390 and 408, Part II, Florida Statutes, and Chapter 59A-9, Florida Administrative Code; and

**WHEREAS**, the Agency has jurisdiction by virtue of being the regulatory and licensing authority over licensure of Respondent; and

**WHEREAS**, the Agency served the Respondent with a Notice of Intent to Impose Administrative Fine notifying the Respondent of its intent to impose an administrative fine in the sum of two hundred dollars (\$200.00); and

**WHEREAS**, the Respondent requested an administrative hearing by filing an election of rights form or petition; and

**EXHIBIT**

**WHEREAS**, the parties have agreed that a fair, efficient, and cost effective resolution of this dispute would avoid the expenditure of substantial sums to litigate the dispute; and

**WHEREAS**, the parties stipulate to the adequacy of considerations to be exchanged; and

**NOW THEREFORE**, in consideration of the mutual promises and recitals herein, the parties intending to be legally bound, agree as follows:

1. All recitals are true and correct and are expressly incorporated herein.
2. Both parties agree that the “whereas” clauses incorporated herein are binding findings of the parties.
3. Upon full execution of this Agreement, Respondent agrees to a withdrawal of its request for an administrative proceeding; agrees to waive any and all proceedings and appeals to which it may be entitled including, but not limited to, an informal proceeding under Subsection 120.57(2), a formal proceeding under Subsection 120.57(1), appeals under Section 120.68, Florida Statutes; and declaratory and all writs of relief in any court or quasi-court (DOAH) of competent jurisdiction; and further agrees to waive compliance with the form of the Final Order (findings of fact and conclusions of law) to which it may be entitled. Provided, however, that no agreement herein, shall be deemed a waiver by either party of its right to judicial enforcement of this Agreement.
4. Upon full execution of this Agreement, Respondent shall remit to the Agency, within thirty (30) days of the entry of a Final Order adopting this Agreement, administrative fines in the sum of one hundred dollars (\$100.00).

5. Venue for any action brought to interpret, challenge, or enforce the terms of this Agreement or the Final Order entered pursuant hereto shall lie solely in the Circuit Court in Leon County, Florida.

6. By executing this Agreement, the Respondent neither admits nor denies the facts and legal conclusions raised in the Notice of Intent referenced herein. Nothing in this Agreement shall be deemed to preclude the Agency from using this assessment of fines in weighing future administrative actions regarding the Respondent including, but not limited to, decisions regarding the licensure of Respondent, including, but not limited to, licensure for limited mental health, limited nursing services, or extended congregate care. The Agency is not precluded from using the subject events for any purpose within the jurisdiction of the Agency. Further, Respondent acknowledges and agrees that this Agreement shall not preclude or estop any other federal, state or local agency or office from pursuing any cause of action or taking any action, even if based on or arising from, in whole or in part, the facts raised in the Notice of Intent.

7. Upon full execution of this Agreement, the Agency shall enter a Final Order adopting and incorporating the terms of this Agreement and closing the above-styled case(s).

8. Each party shall bear its own costs and attorney's fees.

9. This Agreement shall become effective on the date upon which it is fully executed by all the parties.

10. The Respondent, for itself and for its related or resulting organizations, its successors or transferees, attorneys, heirs, and executors or administrators, does hereby discharge the Agency, and its agents, representatives, and attorneys of and from all claims, demands, actions, causes of action, suits, damages, losses, and expenses, of any and every

nature whatsoever, arising out of or in any way related to this matter and the Agency's actions, including, but not limited to, any claims that were or may be asserted in any federal or state court or administrative forum, including any claims arising out of this Agreement, by or on behalf of the Respondent or related or resulting organizations.

11. This Agreement is binding upon all parties herein and those identified in the aforementioned paragraph of this Agreement.

12. The undersigned have read and understand this Agreement and have authority to bind their respective principals to it.

13. In the event that Respondent was a Medicaid provider at the subject time of the actions alleged in the Notice of Intent referenced herein, this Agreement does not prevent the Agency from seeking Medicaid overpayments related to the subject issues or from imposing any sanctions pursuant to Rule 59G-9.070, Florida Administrative Code. This Agreement does not settle any federal issues pending against Respondent.


14. Respondent agrees that if any funds to be paid under this agreement to the Agency are not paid within thirty-one (31) days of entry of the Final Order in this matter, the Agency may deduct the amounts assessed against Respondent in the Final Order, or any portion thereof, owed by Respondent to the Agency from any present or future funds owed to Respondent by the Agency, and that the Agency shall hold a lien against present and future funds owed to Respondent by the Agency for said amounts until paid.

15. This Agreement contains the entire understandings and agreements of the parties.

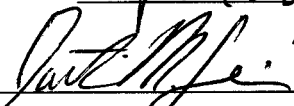
16. This Agreement supersedes any prior oral or written agreements between the parties. This Agreement may not be amended except in writing. Any attempted assignment of this Agreement shall be void.

17. All parties agree that a facsimile signature suffices for an original signature.

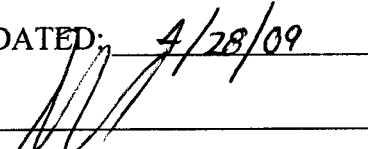
18. The following representatives hereby acknowledge that they are duly authorized to enter into this Agreement.

  
Elizabeth Dudek  
Deputy Secretary  
Health Quality Assurance  
Agency for Health Care Administration  
2727 Mahan Drive  
Tallahassee, Florida 32308

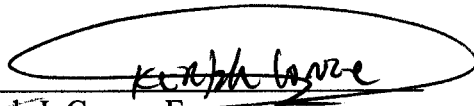
DATED: April 28, 2009

  
Justin M. Senior, General Counsel  
Agency for Health Care Administration  
2727 Mahan Drive, Mail Stop #3  
Tallahassee, Florida 32308  
Florida Bar No. 648914

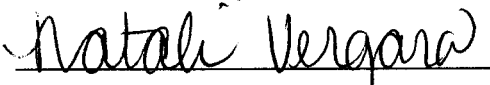
DATED: 4/28/09

  
Thomas J. Walsh II, Senior Attorney  
Florida Bar No. 566365  
Agency for Health Care Administration  
525 Mirror Lake Drive, Suite 330G  
St. Petersburg, Florida 33701

DATED: 4/21/9

  
Kertch J. Conze, Esq.  
Counsel for Respondent  
801 N.E. 167<sup>th</sup> Street  
Second Floor  
Fort Lauderdale, FL 33316  
Florida Bar No. 233020

DATED: 4/15/09

  
Name: Natali Vergara  
Title: President  
Miramar Woman Center, Inc.

DATED: 4/13/09