

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED  
AHCA  
AGENCY CLERK

2015 MAR -3 P 2:26

STATE OF FLORIDA, AGENCY FOR  
HEALTH CARE ADMINISTRATION,

Petitioner,

v.

AHCA NO. 2015000002

OCALA WOMEN'S CENTER, LLC,

Respondent.

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**FINAL ORDER**

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

1. The Agency issued the above-named Respondent the attached Notice of Intent to Impose Fine and Election of Rights form. (Ex. 1) The Election of Rights form advised of the right to an administrative hearing pursuant to Sections 120.57(1) and 120.57(2), Florida Statutes. The Respondent selected Option 1 on the Election of Rights form waiving the right to a hearing and the right to contest the allegations within the Notice of Intent. (Ex. 2)

2. By selecting Option 1, the Respondent waived the right to a hearing and waived the right to contest the allegations within the Notice of Intent. The findings of fact, conclusions of law and proposed sanction set forth within the Notice of Intent are adopted and incorporated by reference.

Based upon the foregoing, it is **ORDERED**:

3. An administrative fine of \$200.00 is imposed on the Respondent. If full payment has already been made, the cancelled check is your receipt and no further payment is required. If full payment has not been made, payment is due within 30 days of the Final Order. Overdue amounts are subject to statutory interest and may be referred to collections. A check payable to the "Agency for Health Care Administration" and containing the AHCA case number should be sent to:

Office of Finance and Accounting  
Revenue Management Unit  
Agency for Health Care Administration  
2727 Mahan Drive, MS 14  
Tallahassee, Florida 32308

ORDERED at Tallahassee, Florida, on this 3 day of March, 2015.



Elizabeth Dudak, Secretary  
Agency for Health Care Administration

**NOTICE OF RIGHT TO JUDICIAL REVIEW**

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.

**CERTIFICATE OF SERVICE**

I CERTIFY that a true and correct copy of this Final Order was served on the below-named persons by the method designated on this 3<sup>rd</sup> day of March, 2015.



Richard Shoop, Agency Clerk  
Agency for Health Care Administration  
2727 Mahan Drive, Bldg. #3, Mail Stop #3  
Tallahassee, Florida 32308-5403  
Telephone: (850) 412-3630

Facilities Intake Unit (Electronic Mail)	Finance & Accounting Revenue Management Unit (Electronic Mail)
Ocala Women's Center, LLC Megan Clemente, Administrator 108 NW Pine Avenue Ocala, FL 34475	



Certified Article Number

7196 9008 9111 2522 1426

SENDERS RECORD

201500002

RICK SCOTT  
GOVERNOR

ELIZABETH DUKE  
SECRETARY  
RECEIVED  
LEGAL INTAKE UNIT

January 2, 2015

CERTIFIED JAN 05 2015

Megan Clemente, Administrator  
Ocala Women'S Center, Llc  
108 NW Pine Ave  
Ocala, FL 34475

Provider Type: Abortion Clinic for Health  
License Number: 850  
File Number: 13960051  
Care Administration

RE: Case Number 201500002, 108 NW Pine Ave, Ocala, FL 34475

**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 November 2014. 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  
Attention: Hospital & Outpatient Unit  
2727 Mahan Drive, MS#31  
Tallahassee, FL 32308

Include License Number 850 and Case Number 201500002 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.

for *Jerem Wooten*  
Jack Plagge, Manager  
Hospital And Outpatient Services Unit  
Agency for Health Care Administration

cc: Legal Intake Unit, Mail Stop 3



STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: Ocala Women'S Center, Llc

Case Number: 201500002

ELECTION OF RIGHTS

This Election of Rights form is attached to a proposed Notice of Intent to Deem Incomplete and Withdraw from Further Review of the Agency for Health Care Administration (AHCA). The title may be **Notice of Intent to Deem Incomplete and Withdraw from Further Review 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 Deem Incomplete and Withdraw from Further Review 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) 412-3630 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 Deem Incomplete and Withdraw from Further Review, 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 contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review, 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 fact contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review 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 Subsection 120.57(1), Florida Statutes. It must be 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.

License Type: Abortion Clinic

License Number: 850

Licensee Name: Ocala Women's Center, LLC

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:** \_\_\_\_\_

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

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

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: Ocala Women'S Center, Llc

Case Number: 2015000002

FILED  
AHCA  
AGENCY CLERK

2015 FEB -4 A 8:00

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4. A statement of when and how you received notice of the Agency's proposed action;
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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.

License Type: Abortion Clinic

License Number: 850

Licensee Name: Ocala Women's Center, LLC

Contact Person: Megan Clemente Administrator  
Name Title

Address: 108 NW Pine Ave Ocala 31475  
Street and Number City Zip Code

Telephone Nbr. 352-401-9288 Fax Nbr. 352-401-7457

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: Megan Clemente Date: 2-2-15

Print Name: Megan Clemente Title: Administrator