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AHCA  
AGENCY CLERK

2009 SEP 15 A 10:31

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

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

AHCA NO: 2009004441

vs.

ORLANDO WOMEN'S CENTER,  
RESPONDENT.

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**FINAL ORDER**

Having reviewed the Notice of Intent to Impose Late Renewal Fine dated April 14, 2009, and all other matters of record, the Agency for Health Care Administration finds and concludes as follows:

**FINDINGS OF FACT**

1. On April 14, 2009, the Agency issued a Notice of Intent against the Respondent, Orlando Women's Center, 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 mailed the Notice of Intent on April 14, 2009, by U.S. Certified Mail, return receipt requested.
3. Enclosed with the Notice of Intent was an Election of Rights form (Exhibit 2), which advised Respondent of its right to a hearing pursuant to Section 120.57(1) or 120.57(2), Florida Statutes. Respondent failed to timely return the Election of Rights form.

### CONCLUSIONS OF LAW

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

5. Agency may assess an administrative fine against the Respondent as stated in the Notice of Intent.

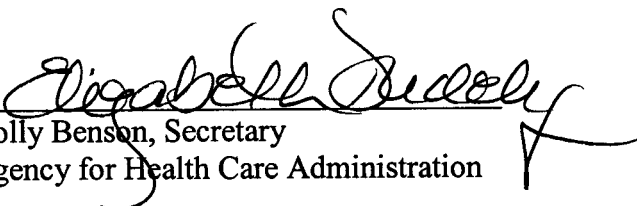
6. Respondent received a Notice of Intent setting forth the Agency's intended action. By failing to timely respond to the Notice of Intent, Respondent waived the right to challenge the allegations and the penalty set forth therein. See Lamar Advertising Co. v. Dept. of Transportation, 523 So. 2d 712 (Fla. 1<sup>st</sup> DCA 1988) (where party failed to exercise its right to seek administrative review within the time specified in the notice, the opportunity to seek relief was waived).

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

#### **ORDERED:**

1. An administrative fine of \$257 is hereby imposed upon the Respondent and has been paid.
2. The above case is hereby closed.

**DONE and ORDERED** this 14 day of September, 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:**

ADMINISTRATOR  
ORLANDO WOMEN'S CENTER  
1103 LUCERNE TER.  
ORLANDO, FL 32806  
(U.S. Mail)

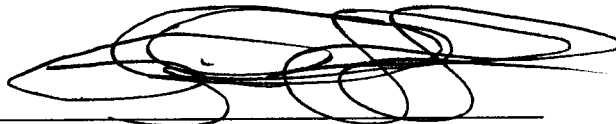
Finance & Accounting  
Agency for Health Care Administration  
2727 Mahan Drive, Bldg #2  
Mail Stop Code #14  
Tallahassee, Florida 32308  
(Interoffice Mail)

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 15<sup>th</sup> day of

September, 2009.



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

2009004441



Certified Article Number

7160 3901 9849 9864 9520

SENDERS RECORD

CHARLIE CRIST  
GOVERNOR

HOLLY BENSON  
SECRETARY

April 14, 2009

CARMEN TURIYA VELEZ  
ORLANDO WOMEN'S CENTER  
1103 LUCERNE TER.  
ORLANDO, FL 32806

RECEIVED  
GENERAL COUNSEL

APR 15 2009

Agency for Health Care Administration

LICENSE NUMBER: 902

CASE #: 2009004441

**NOTICE OF INTENT TO IMPOSE LATE RENEWAL FINE**

Pursuant to Section 408.806(2) and Chapter 390, Florida Statutes (F.S.), a fine of \$257 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 March 11, 2009 but was not received until March 31, 2009 making the application 20 days 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 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

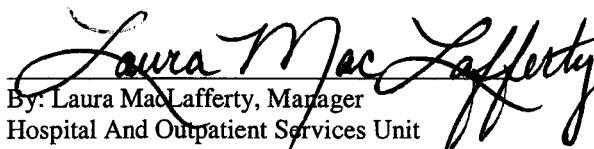
Include License Number: 902 and Case Number: 2009004441 in check memo field

**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

2727 Mahan Drive, MS#31  
Tallahassee, Florida 32308



Visit A  
<http://ahca>

EXHIBIT

1

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

**RE: ORLANDO WOMEN'S CENTER**

**CASE NO: 2009004441**

**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.**

**EXHIBIT**

2

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: 902

Licensee Name: ORLANDO WOMEN'S CENTER

Contact person: \_\_\_\_\_  
Name Title

Address: \_\_\_\_\_  
Street and number City Zip Code

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

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: \_\_\_\_\_