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4/10

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY
A: 1521
3299
\$0.05

April 3, 2017

Theodor Lehrer, Administrator
All Women's Clinic LLC
2100 E Commercial Blvd
Fort Lauderdale, FL 33308-3822

File Number: 13960068 -
License Number: 865
Provider Type: Abortion Clinic

B- 101000493

Re: Omission Notice for All Women's Clinic LLC, 2100 E Commercial Blvd, Fort Lauderdale

Dear Administrator:

This letter is to acknowledge receipt of your renewal application for your Abortion Clinic license. After review, it was found to be incomplete. Applicants receive only one letter describing the errors or omissions that must be addressed to deem the application complete. If the response to this letter does not satisfactorily address what is outlined below, the application will be withdrawn from consideration. Therefore, pursuant to section 408.806, Florida Statutes, no further action can be taken until the following is received:

ok. We will wait

- **Case 2017-002487, while you submitted the \$200.00 fee, will need the case to be closed before the renewal application can be approved.**
- **Lab renewal application for ALL WOMENS CLINIC LLC, License 800005180, was not received with required payment.**
- **The CEO and CFO, Theodor Lehrer must document compliance with the level 2 background screening requirements in accordance with Chapter 408.809, Florida Statutes. We see a status of "screening in process". Review our Agency's Background Screening Unit at the website listed below:**

now it verify it

http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/index.shtml

paid by check 3299 dtd 4-5-17

- **An under payment of FIVE CENTS (.05) is due as the application fee is \$545.05 with an assignment fee of \$300.00. The amount paid was \$845.00 (five cents short).**
- **Application Addendum, AHCA Form 3110-1024, must be submitted.**
- **Abortion Clinic application, AHCA Form 3130-1000, needs the following section to be resubmitted:**
 - **Section 1.B should read the registered company name; ALL WOMEN'S CLINIC LLC (Section 1.A is ok as there is a DBA for All Women's Clinic).**
 - **Section 3.A requires the company/individual that owns the license. We show the owner of All Women's Clinic, LLC as the LEHRER AND RUBIN FAMILY IRREVOCABLE TRUST OF 2011. Correct application or update the Agency with the change of ownership and date of change.**

owner of L & R Family Irrevocable Trust of 2011 is Theodor Lehrer.

2727 Mahan Drive • MS#31
Tallahassee, FL 32308
AHCA.MyFlorida.com



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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C. 20537		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BL2099403	03-31-2019	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	02-02-2016
LEHRER, THEODOR MD 2100 E COMMERCIAL BLVD FORT LAUDERDALE, FL 33308 0000		
Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.		
THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.		

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Form DEA-223 (05/04)



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2/2/2016 11:57 AM

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Health Care Licensing Application ABORTION CLINIC

Under the authority of Chapters 408 Part II, and 390 Florida Statutes (F.S.), and Chapters 59A-35 and 59A-9, Florida Administrative Code (F.A.C.), an application is hereby made to operate an abortion clinic as indicated below:

1. Provider / Licensee Information

A. Provider Information			
License # (for renewal & change of ownership applications) 865		National Provider Identifier (NPI) (if applicable) 1205867769	
Name of Abortion Clinic (include fictitious name, if applicable) ALL WOMEN'S CLINIC			
Street Address 2100 E. Commercial Blvd			
City Kt. Lauderdale	County FL	State FL	Zip 33308
Telephone Number 954 772 0933	Fax Number 954 772 9680	E-mail Address allwomensclinic@mac.com	Provider Website allwomensclinic.com
Mailing Address or <input checked="" type="checkbox"/> Same as above (All mail will be sent to this address)			
City		State	Zip
Contact Person for this application Doreen Wilson MD		Contact Telephone Number 954 772 0933	
Contact e-mail address or <input type="checkbox"/> Do not have e-mail allwomensclinic@mac.com		By providing my e-mail address, I agree to accept e-mail correspondence from the Agency.	

B. Licensee Information - please complete the following for the entity seeking to operate the abortion clinic.			
Licensee Name (may be same name as listed in above) all Women's Clinic LLC		Federal Employer Identification Number (EIN) 12058607769	
Mailing Address or <input checked="" type="checkbox"/> Same as above			
City		State	Zip
Telephone Number 954 772 0933	Fax Number 954 772 9680	E-mail Address allwomensclinic@mac.com	
Description of Licensee (check one):			RECEIVED APR 10 2017 CENTRAL INTAKE
<input type="checkbox"/> For Profit <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other	<input type="checkbox"/> Not for Profit <input type="checkbox"/> Corporation <input type="checkbox"/> Religious Affiliation <input type="checkbox"/> Other	<input type="checkbox"/> Public <input type="checkbox"/> State <input type="checkbox"/> City/County <input type="checkbox"/> Hospital District	

2. Application Type and Fees

Indicate the type of application with an "X." Applications will not be processed if all applicable fees are not included. Pursuant to subsection 408.805(4), Florida Statutes, fees are nonrefundable. Renewal and Change of Ownership applications must be received 60 days prior to the expiration of the license or the proposed effective date of the change to avoid a late fine. If the renewal application is received by the Agency less than 60 days prior to the expiration date, it is subject to a late fee as set forth in statute. The applicant will receive notice of the amount of the late fee as part of the application process or by separate notice.

- Initial licensure
 Is this application to reactivate an expired license? YES NO

If yes, please provide the name of the agency (if different), the EIN # and the year the prior license expired or closed:

NAME:	EIN #	Year Expired/Closed:
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- Renewal licensure
 Change of ownership, proposed effective date: _____
 Change during licensure period proposed effective date: _____
 Name/address change of the provider
 Change in Administrator or Financial Officer (No fee required)

		TOTAL FEES
LICENSE FEE (Initial, Renewal and Change of Ownership):	\$545.05	\$ 845
<input type="checkbox"/> License Fee Exemption (County or Municipal Government pursuant to 390.014(4), F.S.) = \$ 0.00		
Change During Licensure Period/Replacement License	\$ 25.00	\$ -
Biennial Assessment (Renewal applications only)	\$300.00	\$ 300
Other: _____		\$ -
TOTAL FEES INCLUDED WITH APPLICATION:		\$ 845.00

3. Controlling Interests of Licensee

AUTHORITY:

Pursuant to section 408.806(1)(a) and (b), Florida Statutes, an application for licensure must include: the name, address and Social Security number of the applicant and each controlling interest, if the applicant or controlling interest is an individual; and the name, address, and federal employer identification number (EIN) of the applicant and each controlling interest, if the applicant or controlling interest is not an individual. Disclosure of Social Security number(s) is mandatory. The Agency for Health Care Administration shall use such information for purposes of securing the proper identification of persons listed on this application for licensure. However, in an effort to protect all personal information, do not include Social Security numbers on this form. All Social Security numbers must be entered on the Health Care Licensing Application Addendum, AHCA Form 3110-1024.

DEFINITIONS:

Controlling interests, as defined in subsection 408.803(7), Florida Statutes, are the applicant or licensee; a person or entity that serves as an officer of, is on the board of directors of, or has a 5-percent or greater ownership interest in the applicant or licensee; or a person or entity that serves as an officer of, is on the board of directors of, or has a 5-percent or greater ownership interest in the management company or other entity, related or unrelated, with which the applicant or licensee contracts to manage the provider. The term does not include a voluntary board member.

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In Sections A and B below, provide the information for each individual or entity (corporation, partnership, association) with 5% or greater ownership interest in the licensee. Attach additional sheets if necessary.

A. Individual and/or Entity Ownership of Licensee

FULL NAME	ADDRESS	PHONE NUMBER	TELEPHONE NUMBER	% OWNERSHIP INTEREST
THEODORE LEHNER	2100 E. Commercial Blvd Pt. Lauderdale, FL 33308	954 772 0933	30-6395823	100
NOTE: I own the license. Therefore, above information is correct				

B. Board Members and Officers of Licensee(Excludes Voluntary Board Members)

TITLE	NAME	ADDRESS	TELEPHONE NUMBER
Director/CEO	Theodore Lehner	2100 E Commercial Blvd Ft. Lauderdale	954 772 0933
President	" "	FL 33308	
Vice President	" "		
Secretary	" "		
Treasurer	" "		
Other:			

4. Management Company Control

Does a company other than the licensee manage the licensed provider? *NA*

If NO, skip to section 5 – Required Disclosure

If YES, provide the following information:

Name of Management Company		EIN (No SSNs)	Telephone Number / Fax	
Street Address			E-mail Address	
City	County	State	Zip	
Mailing Address or <input type="checkbox"/> Same as above				
City		State	Zip	
Contact Person	Contact E-mail	Contact Telephone Number		

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In Sections A and B below, provide the information for each individual or entity (corporation, partnership, association) with 5% or greater ownership interest in the management company. Attach additional sheets if necessary.

NA

A. Individual and/or Entity Ownership of Management Company

Individual or Entity Name	Address	City	State	% Ownership Interest

B. Board Members and Officers of Management Company (Excludes Voluntary Board Members)

Position	Name	Address	City	State
Director/CEO				
President				
Vice President				
Secretary				
Treasurer				
Other:				

5. Required Disclosure

The following disclosures are required:

A. Pursuant to subsection 408.809(1)(d), F.S., the applicant shall submit to the agency a description and explanation of any convictions of offenses prohibited by Sections 435.04 and 408.809, F.S., for each controlling interest.

Has the applicant or any individual listed in sections 3 and 4 of this application been convicted of any level 2 offense pursuant to subsection 408.809(1)(d), Florida Statutes? (These offenses are listed on the Affidavit of Compliance with Background Screening Requirements, AHCA Form #3100-0008.) YES NO

If yes, enclose the following information:

- The full legal name of the individual and the position held.
- A description/explanation of the conviction(s) - If the individual has received an exemption from disqualification for the offense, include a copy.

B. Pursuant to Section 408.810(2), F.S., the applicant must provide a description and explanation of any exclusions, suspensions, or terminations from the Medicare, Medicaid, or federal Clinical Laboratory Improvement Amendment (CLIA) programs.

Has the applicant or any individual listed in Sections 3 and 4 of this application been excluded, suspended, terminated or involuntarily withdrawn from participation in Medicare or Medicaid in any state? YES NO

If yes, enclose the following information:

- The full legal name of the individual and the position held
- A description/explanation of the exclusion, suspension, termination or involuntary withdrawal.

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- C. Pursuant to Section 408.815(4), F.S., does the applicant or any controlling interest in an applicant have any of the following:
- YES NO Convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, chapter 893, 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, Medicaid fraud, Medicare fraud, or insurance fraud, within the previous 15 years prior to the date of this application;
- YES NO Terminated for cause from the Medicare program or a state Medicaid program.
 If yes, has applicant been in good standing with the Medicare program or a state Medicaid program for the most recent 5 years and the termination occurred at least 20 years before the date of the application. YES NO

6. Provider Fines and Financial Information

Pursuant to subsection 408.831(1)(a), Florida Statutes, the Agency may take action against the applicant, licensee, or a licensee which shares a common controlling interest with the applicant if they have failed to pay all outstanding fines, liens, or overpayments assessed by final order of the agency or final order of the Centers for Medicare and Medicaid Services (CMS), not subject to further appeal, unless a repayment plan is approved by the agency.

Are there any incidences of outstanding fines, liens or overpayments as described above? YES NO

If yes, please complete the following for each incidence (attach additional sheets if necessary):

Amount: \$ _____ assessed by: Agency for Health Care Administration CMS

Date of related inspection, application or overpayment period if applicable: _____

Due date of payment: _____

Is there an appeal pending from a Final Order? YES NO

Please attach a copy of the approved repayment plan if applicable.

7. Procedure / Director / Hospital Information

PROCEDURES PERFORMED (check all that apply):

- First Trimester Abortions (the first 12 weeks of pregnancy)
- Second Trimester Abortions (the portion of the pregnancy following the 12th week through the 24th week)

DESIGNATED MEDICAL DIRECTOR: <i>Theodor Cohen</i>		FLORIDA MEDICAL LICENSE NUMBER: <i>ME 19365</i>	
MEDICAL DIRECTOR HAS: <input checked="" type="checkbox"/> Admitting privileges and/or <input type="checkbox"/> A transfer agreement With the following hospital: <i>Broward General Medical Center</i>			
Hospital Street Address <i>1800 S. Andrews Av, Fort Lauderdale</i>		Telephone Number <i>954 355 4578</i>	
City <i>Fort Lauderdale</i>	County <i>Broward</i>	State <i>FL</i>	Zip <i>33316</i>

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8. Personnel

Administrative Personnel:

Administrator/Facility Manager	<i>Theresa Whinn</i>	9547720933	all women clinic mac c...
Financial Officer			

9. Hours of Operation

List the regular operating hours (NOTE: Site inspections by surveyors will occur during the business hours submitted. Failure to be open during the listed hours may result in a fine.)

<input type="checkbox"/> Sunday		
<input checked="" type="checkbox"/> Monday	} 8:30	} 17
<input checked="" type="checkbox"/> Tuesday		
<input checked="" type="checkbox"/> Wednesday		
<input checked="" type="checkbox"/> Thursday		
<input checked="" type="checkbox"/> Friday		
<input checked="" type="checkbox"/> Saturday	8:00	13:00

10. Attestation

Theresa Whinn, under penalty of perjury, attest as follows:

- (1) Pursuant to section 837.06, Florida Statutes, I have not knowingly made a false statement with the intent to mislead the Agency in the performance of its official duty.
- (2) Pursuant to section 408.815, Florida Statutes, I acknowledge that false representation of a material fact in the license application or omission of any material fact from the license application by a controlling interest may be used by the Agency for denying and revoking a license or change of ownership application.
- (3) Pursuant to section 408.806, Florida Statutes, the applicant is in compliance with the provisions of section 408.806 and Chapter 435, Florida Statutes.
- (4) Pursuant to sections 408.809 and 435.05, Florida Statutes, every employee of the applicant required to be screened has attested, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to Chapter 408, Part II, and Chapter 435, Florida Statutes, and has agreed to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer.
- (5) Pursuant to section 435.05, Florida Statutes, the applicant has conducted a level 2 background screening through the Agency on every employee required to be screened under Chapter 408, Part II, or Chapter 435, Florida Statutes, as a condition of employment and continued employment and that every such employee has satisfied the level 2 background screening standards or obtained an exemption from disqualification from employment.

Theresa Whinn
Signature of Licensee or Authorized Representative

Medical Director
Title

3-24-17
Date

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Section 59A-9.020(1), Florida Administrative Code

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DEA# _____

ALL WOMEN'S CLINIC, LLC
THEODOR LEHRER, M.D., F.A.C.O.G.
 DIPL. AM BOARD OBSTETRICS & GYNECOLOGY
 2100 E COMMERCIAL BOULEVARD
 FORT LAUDERDALE, FL 33308-3822
 TEL: (954) 772-0933 FAX: (954) 772-9680
 WWW.ALLWOMENSCLINIC.COM
 BY APPOINTMENT

Name _____ Age _____

Address _____

SECURITY FEATURES ON BACK Date 4-5-17

Rx *Dear Mark*
Hope the enclosed
application is acceptable.
I have tried the
best I could

Label

Refill _____ times PRN NR

TL

RXS130701211636200

This prescription may be filled with a generically equivalent drug product unless the words "Medically Necessary" are written, in the practitioner's own handwriting on this prescription form.

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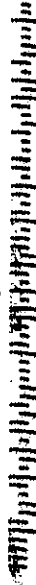
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Dr. Theodor Lehrer
2100 E Commercial Blvd
Ft Lauderdale, FL 33308-3822



A H C A
~~2727~~ 2727 Mahan Drive, MS # 31
Tallahassee, FL 32308

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