# Health Care Licensing Application
# Abortion Clinic - Renewal Licensure

## Provider/Facility Information

**Provider Information**
*Provider name, address, telephone number will be listed on Florida Health Finder at: http://www.floridahealthfinder.gov/*

| | | | | | |
|---|---|---|---|---|---|
| License Number: | 824 | National Provider Identifier: | None | | |
| File Number: | 13920002 | | | | |
| Provider/Facility: | A HIALEAH WOMAN'S CARE CENTER INC | | | | |
| **Street Address** | | | | | |
| Street Address: | 952 EAST 25TH ST | | | (Bld, Suite, Floor, Villa, Apt) | |
| City: | HIALEAH | State: | FLORIDA | Zip: | 33013 |
| County: | MIAMI-DADE | | | | |
| Telephone: | (305) 836-9701 | Telephone Ext: | | Fax: | (305) 696-1500 |
| Provider Website: | www.ahialeahwomencenter.com | | Email Address: | dturbides@aol.com | |
| Transparency Page: | | | | | |
| **Mailing Address** (All mail will be sent to this address) | | | | | |
| Street Address: | 952 EAST 25TH ST | | | (Bld, Suite, Floor, Villa, Apt) | |
| City: | HIALEAH | State: | FLORIDA | Zip: | 33013 |
| County: | MIAMI-DADE | Telephone: | (305) 836-9701 | Telephone Ext: | |
| Email Address | DTURBIDES@AOL.COM | | | | |

## Contact Details

| | | | | | |
|---|---|---|---|---|---|
| **Contact Person** | | | | | |
| Contact Person: | Dayana E Turbides | | Suffix: | | |
| Telephone: | (305) 992-3259 | Telephone Ext: | | Fax: | (305) 696-1500 |
| Email: | dturbides@aol.com | | | ***Note**: By providing your email address you agree to accept email correspondence from the Agency* | |

## Licensee Information

| | | | | | |
|---|---|---|---|---|---|
| Description of Licensee: | For Profit | | Ownership Type: | Corporation | |
| Licensee Name: | A HIALEAH WOMAN'S CARE CENTER INC | | | FEIN: | 474862745 |
| Mailing Address: | 952 E 25 ST | | | (Bld, Suite, Floor, Villa, Apt.) | |
| City: | HIALEAH | State: | FLORIDA | Zip: | 33013 |
| County: | MIAMI-DADE | | | | |
| Telephone: | (305) 836-9701 | Telephone Ext: | | Fax: | (305) 696-1500 |
| Email: | dturbides@aol.com | | | | |

## Ownership Information

Y Does any person or entity serve as an officer of, is on the board of directors of, or have a 5% or greater ownership interest in the applicant or licensee?

### Person and/or Entity Ownership of Licensee

| | | | |
|---|---|---|---|
| Full Name of Individual/Entity: | DAYANA TURBIDES | SSN/EIN: | xxx-xxx-xxxx |
| Board Member/ Officer: | YES | Suffix: | |
| % Ownership: | 90.00 | | |
| Effective Date: | 06/22/2016 | End Date: | |
| Mailing Address Type: | Business | | |
| Street Address: | 2742 SW 8TH ST | (Bld, Suite, Floor, Villa, Apt) | STE 20 |
| City: | MIAMI | State: | FL |
| Zip: | 33135-4635 | County: | MIAMI-DADE |
| Telephone: | (305) 649-4599 | Telephone Ext.: | |
| Email: | DTURBIDES@AOL.COM | | |
| Full Name of Individual/Entity: | VERONIA CURRY | SSN/EIN: | xxx-xxx-xxxx |
| Board Member/ Officer: | YES | Suffix: | |
| % Ownership: | 10.00 | | |
| Effective Date: | 06/22/2016 | End Date: | |
| Mailing Address Type: | Business | | |
| Street Address: | 952 E 25 ST | (Bld, Suite, Floor, Villa, Apt) | |
| City: | HIALEAH | State: | FL |
| Zip: | 33013 | County: | MIAMI-DADE |
| Telephone: | (305) 836-9701 | Telephone Ext.: | |
| Email: | None | | |

If the percentage of ownership interest indicated above does not equal 100%, please explain why in the space below:

## Management Company Information

### Management Company

N Does a company other than the licensee manage the licensed provider?

## Procedures Performed

☐ First Trimester Abortions

☒ Second Trimester Abortions

### Medical Director

| | | | |
|---|---|---|---|
| Full Name: | DAVID S BROWN | FL Medical License #: | ME57999 |
| Effective Date: | 03/09/2018 | End Date: | |
| Address Type: | Personal | | |
| Mailing Address: | 952 EAST 25TH ST | (Bld, Suite, Floor, Villa, Apt.): | |
| City: | HIALEAH | County: | MIAMI-DADE |
| State: | FL | Zip: | 33013 |

## Transfer Agreement / Admitting Privileges

### Transfer Agreement / Admitting Privileges

☐ All the physicians performing abortions have admitting privileges at a hospital within reasonable proximity.

☒ The abortion clinic has a transfer agreement with a hospital within reasonable proximity.

### Transfer Agreement Hospitals

| Provider Name | License Number | Telephone | Street Address |
|---|---|---|---|
| MEMORIAL REGIONAL HOSPITAL SOUTH | 4411 | (954) 518-5001 | 3600 WASHINGTON ST, HOLLYWOOD, FL, 33021 |
| MEMORIAL HOSPITAL MIRAMAR | 4480 | (954) 538-4800 | 1901 SW 172ND AVE, MIRAMAR, FL, 33029 |

## Personnel Information

### Personnel

| | | | | | |
|---|---|---|---|---|---|
| First Name: | DAYANA | Middle: | | Last Name: | TURBIDES |
| Suffix: | | SSN: | xxx-xxx-xxxx | DOB: | 4/12/1971 |
| Address Type: | | | | | |
| Street Name or P.O. Box: | 2742 SW 8TH ST | | (Bld, Suite, Floor, Villa, Apt.): | | STE 20 |
| City: | MIAMI | State: | FLORIDA | | |
| Zip: | 33135-4635 | County: | MIAMI-DADE | | |
| Telephone: | (305) 649-4599 | Telephone Ext: | | | |
| Email: | DTURBIDES@AOL.COM | | | | |

| Title | Effective Date | End Date | FL License Number |
|---|---|---|---|
| Financial Officer | 6/22/2016 | | |
| Administrator / Facility Manager | 6/22/2016 | | |

## Required Disclosures

### Convictions

Pursuant to subsection 408.809(1)(d), F.S., the applicant shall submit to the agency a description and explanation of any convictions or offences prohibited by sections 435.04 and 408.809(4), F.S., for each controlling interest.

N Has the applicant or any individual listed in the Controlling Interests or Management Company Controlling Interests sections of this application been convicted of any level 2 offence pursuant to subsection 408.809(1)(d), Florida Statutes?(These offences are listed on the Affidavit of Compliance with Background Screening Requirements, AHCA Form (#3100-0008)

| Full Name | SSN | Description | Exemption |
|---|---|---|---|

### Exclusions

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.

N Has the applicant or any individual listed in the Controlling Interests or Management Company Controlling Interests sections of this application been excluded, suspended, terminated or involuntarily withdrawn from participation in Medicare or Medicaid in any state?

| Full Name | SSN | Description |
|---|---|---|

### Felonies / Terminations

Pursuant to section 408.815(4), F.S., does the applicant or any controlling interest in an applicant have any of the following:

N 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, within the previous 15 years prior to the date of this application?

N Terminated for cause from the Medicare program or a state Medicaid program.

## Days and Hours of Operation

| Day | Opening Time | Closing Time | By Appointment |
|---|---|---|---|
| MONDAY | 9:00 AM | 3:00 PM | |
| TUESDAY | 9:00 AM | 3:00 PM | |
| WEDNESDAY | 9:00 AM | 3:00 PM | |
| THURSDAY | 9:00 AM | 3:00 PM | |
| FRIDAY | 9:00 AM | 3:00 PM | |
| SATURDAY | 9:00 AM | 3:00 PM | |
| SUNDAY | | | |

## Affidavit

I **DAYANA TURBIDES** , under penalty of perjury, attest as follows:

(1) Pursuant to section 837.06, Florida Statutes (F.S.), 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 Statues (F.S.), 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 Statues (F.S.), the applicant is in compliance with the provisions of section 408.806 and Chapter 435, Florida Statutes (F.S.).

(4) Pursuant to section 408.809 and 435.05, Florida Statutes (F.S.), 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 (F.S.), 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 (F.S.), 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 (F.S.), 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.

| **DAYANA TURBIDES** | ADMINISTRATOR | 03/26/2018 |
|---|---|---|
| Signature of Licensee or Authorized Representative | Title | Date |