



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:	904	National Provider Identifier:	None
File Number:	13960112		
Provider/Facility:	A WOMAN'S CENTER OF HOLLYWOOD		

Street Address

Street Address:	3829 W HOLLYWOOD BLVD, UNIT C	(Bld, Suite, Floor, Villa, Apt)	
City:	HOLLYWOOD	State:	FLORIDA
County:	BROWARD	Zip:	33021
Telephone:	(954) 964-9528	Telephone Ext:	
		Fax:	(954) 964-9530
Provider Website:	None	Email Address:	SIOMARAGUZMAN@AOL.COM

Transparency Page:

Mailing Address (All mail will be sent to this address)

Street Address:	3829 W HOLLYWOOD BLVD UNIT C	(Bld, Suite, Floor, Villa, Apt)	
City:	HOLLYWOOD	State:	FLORIDA
County:	BROWARD	Zip:	33021
Telephone:	(954) 964-9528	Telephone Ext:	
Email Address	SIOMARAGUZMAN@AOL.COM		

Contact Details

Contact Person

Contact Person:	siomara j senises	Suffix:	
Telephone:	(954) 829-2327	Telephone Ext:	
		Fax:	(954) 964-9530
Email:	siomaraguzman@aol.com		<i>Note: By providing your email address you agree to accept email correspondence from the Agency</i>

Licensee Information

Description of Licensee:	For Profit	Ownership Type:	Corporation
Licensee Name:	GUZSES, INC	FEIN:	208212683
Mailing Address:	3829 W HOLLYWOOD BLVD		(Bld, Suite, Floor, Villa, Apt.) UNIT D
City:	HOLLYWOOD	State:	FLORIDA
County:	BROWARD	Zip:	33021
Telephone:	(954) 964-9528	Telephone Ext:	
		Fax:	(954) 964-9530
Email:	siomaraguzman@aol.com		

Ownership Information

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:	FREDDY GUZMAN	SSN/EIN:	xxx-xxx-xxxx
Board Member/ Officer:	NO	Suffix:	
% Ownership:	50.00		
Effective Date:	04/21/2008	End Date:	
Mailing Address Type:	Personal		
Street Address:	3829 HOLLYWOOD BLVD	(Bld, Suite, Floor, Villa, Apt)	
City:	HOLLYWOOD	State:	FL
Zip:	33021-6790	County:	BROWARD
Telephone:	(786) 251-3179	Telephone Ext.:	
Email:	freddyguzman113@gmail.com		
Full Name of Individual/Entity:	SIOMARA SENISES	SSN/EIN:	xxx-xxx-xxxx
Board Member/ Officer:	NO	Suffix:	
% Ownership:	50.00		
Effective Date:	04/21/2008	End Date:	
Mailing Address Type:	Personal		
Street Address:	68 NE 167 STREET	(Bld, Suite, Floor, Villa, Apt)	SUITE A
City:	MIAMI	State:	FL
Zip:	33162	County:	MIAMI-DADE
Telephone:	(954) 829-2327	Telephone Ext.:	
Email:	siomaraguzman@aol.com		

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

Management Company Information

Management Company

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:	04/02/2018	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

<u>Provider Name</u>	<u>License Number</u>	<u>Telephone</u>	<u>Street Address</u>
MEMORIAL REGIONAL HOSPITAL SOUTH	4411	(954) 518-5001	3600 WASHINGTON ST, HOLLYWOOD, FL, 33021

Personnel Information

Personnel

First Name:	FREDDY	Middle:		Last Name:	GUZMAN
Suffix:		SSN:	xxx-xxx-xxxx	DOB:	
Address Type:	Personal				
Street Name or P.O. Box:	6161 MIRAMAR PARKWAY		(Bld, Suite, Floor, Villa, Apt.):		
City:	MIRAMAR	State:	FLORIDA		
Zip:	33023	County:	BROWARD		
Telephone:	(786) 251-3179	Telephone Ext:			
Email:	freddyguzman113@gmail.com				

<u>Title</u>	<u>Effective Date</u>	<u>End Date</u>	<u>FL License Number</u>
Administrator / Facility Manager	4/21/2008		
Financial Officer	4/21/2008		

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)

<u>Full Name</u>	<u>SSN</u>	<u>Description</u>	<u>Exemption</u>
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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?

<u>Full Name</u>	<u>SSN</u>	<u>Description</u>
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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:

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?

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

Days and Hours of Operation

<u>Day</u>	<u>Opening Time</u>	<u>Closing Time</u>	<u>By Appointment</u>
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	12:00 PM	
SUNDAY			

Affidavit

I **SIOMARA SENISES**, 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 Statutes (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 Statutes (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.

SIOMARA SENISES

Signature of Licensee or Authorized Representative

MANAGER

Title

04/02/2018

Date