



# 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:	894	National Provider Identifier:	None
File Number:	13910034		
Provider/Facility:	BREAD AND ROSES WELL WOMAN CARE		
<b>Street Address</b>			
Street Address:	1233 NW 10TH AVENUE	(Bld, Suite, Floor, Villa, Apt)	
City:	GAINESVILLE	State:	FLORIDA
		Zip:	32601
County:	ALACHUA		
Telephone:	(352) 372-1664	Telephone Ext:	
		Fax:	(352) 372-3222
Provider Website:	breadroses.com	Email Address:	breadroses@hotmail.com

Transparency Page:

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

Street Address:	1233 NW 10TH AVENUE	(Bld, Suite, Floor, Villa, Apt)	
City:	GAINESVILLE	State:	FLORIDA
		Zip:	32601
County:	ALACHUA		
Telephone:	(352) 372-1664	Telephone Ext:	
Email Address	BREADROSES@HOTMAIL.COM		

## Contact Details

### Contact Person

Contact Person:	Kristin Davy	Suffix:	
Telephone:	(352) 372-1664	Telephone Ext:	
		Fax:	(352) 372-3222
Email:	breadroses@hotmail.com	<b>Note:</b> By providing your email address you agree to accept email correspondence from the Agency	

## Licensee Information

Description of Licensee:	For Profit	Ownership Type:	Limited Liability Company
Licensee Name:	GAINESVILLE WOMAN CARE, LLC	FEIN:	201789123
Mailing Address:	1233 NW 10TH AVENUE	(Bld, Suite, Floor, Villa, Apt.)	
City:	GAINESVILLE	State:	FLORIDA
		Zip:	32601
County:	ALACHUA		
Telephone:	(352) 372-1664	Telephone Ext:	
		Fax:	(352) 372-3222
Email:	BREADROSES@HOTMAIL.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:	KRISTIN DAVY	SSN/EIN:	xxx-xxx-xxxx
Board Member/ Officer:	NO	Suffix:	
% Ownership:	100.00		
Effective Date:	04/02/2003	End Date:	
Mailing Address Type:	Business		
Street Address:	1233 NW 10TH AVENUE	(Bld, Suite, Floor, Villa, Apt)	
City:	GAINESVILLE	State:	FL
Zip:	32601	County:	ALACHUA
Telephone:	(352) 372-1664	Telephone Ext.:	
Email:	BREADROSES@HOTMAIL.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

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

### Procedures Performed

- First Trimester Abortions
- Second Trimester Abortions

#### Medical Director

Full Name:		FL Medical License #:	
Effective Date:		End Date:	
Address Type:			
Mailing Address:		(Bld, Suite, Floor, Villa, Apt.):	
City:		County:	
State:		Zip:	

### 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>
UF HEALTH SHANDS HOSPITAL	4286	(352) 733-1500	1600 SW ARCHER RD, GAINESVILLE, FL, 32610

### Personnel Information



## Personnel

First Name:	KRISTIN	Middle:		Last Name:	DAVY
Suffix:		SSN:	xxx-xxx-xxxx	DOB:	
Address Type:					
Street Name or P.O. Box:	1233 NW 10TH AVENUE	(Bld, Suite, Floor, Villa, Apt.):			
City:	GAINESVILLE	State:	FLORIDA		
Zip:	32601	County:	ALACHUA		
Telephone:	(352) 372-1664	Telephone Ext:			
Email:	BREADROSES@HOTMAIL.COM				

<u>Title</u>	<u>Effective Date</u>	<u>End Date</u>	<u>FL License Number</u>
Administrator / Facility Manager	4/2/2003		
Financial Officer	4/2/2003		

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## Required Disclosures

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### 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:

- 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

<u>Day</u>	<u>Opening Time</u>	<u>Closing Time</u>	<u>By Appointment</u>
MONDAY	9:00 AM	5:00 PM	
TUESDAY	9:00 AM	5:00 PM	
WEDNESDAY	9:00 AM	5:00 PM	
THURSDAY	9:00 AM	5:00 PM	
FRIDAY	9:00 AM	5:00 PM	
SATURDAY			
SUNDAY			

## Affidavit

I **KRISTIN DAVY**, 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.

**KRISTIN DAVY**

Signature of Licensee or Authorized Representative

**DIRECTOR**

Title

**03/05/2018**

Date