



# Health Care Licensing Application Abortion Clinic

## Provider/Facility Information

### Provider Information

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

License Number: 924 National Provider Identifier: 1487607586

File Number: 13960132

Provider/Facility: NORTH FLORIDA WOMENS SERVICES

### Street Address

Street Address: 1345 CROSS CREEK CIR (Bld, Suite, Floor, Villa, Apt)

City: TALLAHASSEE State: FLORIDA Zip: 32301

County: LEON

Telephone: (850) 877-3183 Telephone Ext: Fax: (850) 877-1250

Provider Website: ABOUTABORTION.ORG Email Address: INFO@ABOUTABORTION.ORG

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

Street Address: 1345 CROSS CREEK CIR (Bld, Suite, Floor, Villa, Apt)

City: TALLAHASSEE State: FLORIDA Zip: 32301

County: LEON Telephone: (850) 321-5525 Telephone Ext:

Email Address: stephenduncanmd@yahoo.com

### Contact Person

Contact Person: STEPHEN WILEY DUNCAN Suffix:

Telephone: (850) 325-1212 Telephone Ext: Fax: (850) 325-1375

Email: stephenduncanmd@yahoo.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: Limited Liability Company

Licensee Name: North Florida Women's Services LLC FEIN: 463400566

Mailing Address: 1345 CROSS CREEK CIR (Bld, Suite, Floor, Villa, Apt.)

City: TALLAHASSEE State: FLORIDA Zip: 32301-3729

County: LEON

Telephone: (850) 877-3183 Telephone Ext: Fax: (850) 877-1250

Email: info@aboutabortion.org

## 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: STEPHEN WILEY DUNCAN	SSN/EIN: xxx-xxx-xxxx
Title:	Suffix:
% Ownership: 100.00	
Begin Date: 09/23/2013	End Date:
Mailing Address Type: Personal	
Street Address: PO BOX 14225	(Bld, Suite, Floor, Villa, Apt)
City: TALLAHASSEE	State: FL
Zip: 32317-4225	County: LEON
Telephone: (850) 321-5525	Telephone Ext.:
Fax: (850) 325-1375	
Email: stephenduncanmd@yahoo.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?

## Procedure / Director / Hospital Information

- 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)

## 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.

## Personnel Information

### Personnel

First Name: STEPHEN Middle: WILEY Last Name: DUNCAN  
Suffix: SSN: xxx-xxx-xxxx DOB:  
Address Type: Personal  
Street Name or P.O. Box: PO BOX 14225 (Bld, Suite, Floor, Villa, Apt.):  
City: TALLAHASSEE State: FLORIDA  
Zip: 32317-4225 County: LEON  
Telephone: (850) 325-1212 Telephone Ext:  
Email: stephenduncanmd@yahoo.com

<u>Title</u>	<u>Begin Date</u>	<u>End Date</u>	<u>FL License Number</u>
Administrator / Facility Manager	10/1/2014		
Financial Officer	11/1/2013		

## Affidavit

I **AMANDA MULLEN**, under penalty of perjury, attest as follows:

- 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.
- 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.
- 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.).
- 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.
- 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.

**AMANDA MULLEN**

Signature of Licensee or Authorized Representative

**OFFICE MANAGER**

Title

**05/03/2016**

Date