

2/1/18 MW



NA-R-23

| | |
|-----------------------|-----------|
| AHCA USE ONLY: | |
| File #: | 13910032 |
| Application #: | 1573 |
| Check #: | 5672 |
| Check Amt: | 1850.00 |
| Batch #: | 101000403 |

Health Care Licensing Application Abortion Clinic

APPLICANTS CAN NOW RENEW LICENSES ONLINE

The Agency for Health Care Administration (AHCA) has implemented the **ONLINE LICENSING SYSTEM** which allows the electronic submission of renewal applications and fees, along with the ability to upload supporting documentation. To renew online please go to: <http://ahca.myflorida.com/onlinelicensure>

Applications must be received **at least 60 days prior** to the expiration of the current license or effective date of a change of ownership to avoid a late fee. 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. The application will be withdrawn from review if all the required documents and fees are not included with your application or received within 21 days of an omission notice. Applications will not be considered for review until payment has been received. Renewal applications: Supporting documentation, responses to omissions and payments may be submitted using the online system even if the application was originally mailed to the Agency.

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 – Please complete the following for the abortion clinic name and location. Provider name, address and telephone number will be listed on http://www.floridahealthfinder.gov/ | | | |
| License # (for renewal & change of ownership applications) 777 | | National Provider Identifier (NPI) (if applicable) 1831347293 | |
| Name of Abortion Clinic (if operated under a fictitious name, enter as it appears in Florida Division of Corporations) All Women's Health Center of Gainesville, Inc. | | | |
| Street Address 1135 N.W. 23 rd Ave # N | | | |
| City Gainesville | County Alachua | State FL | Zip 32609 |
| Telephone Number 352-378-9191 | | Fax Number 352-372-4823 | |
| Mailing Address or <input checked="" type="checkbox"/> Same as above | | | |
| City | County | State | Zip |
| Telephone Number | | E-mail Address ryg615@gmail.com | |
| Provider Website floridaabortion.com | | NOTE: By providing your e-mail address you agree to accept e-mail correspondence from the Agency. | |

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|---|---|---|--------------|
| B. LICENSEE INFORMATION – Please complete the following for the entity seeking to operate the abortion clinic. | | | |
| Licensee Name (This is the owner of the abortion clinic) All Women's Health Center of Gainesville, Inc. | | Federal Employer Identification Number (EIN) 59-2114820 | |
| Mailing Address or <input type="checkbox"/> Same as above 1135 N.W. 23rd Ave # N | | | |
| City Gainesville | | State FL | Zip 32609 |
| Telephone Number 352-378-9191 | Fax Number 352-372-4823 | E-mail Address ryg615@gmail.com | |
| Description of Licensee (check one): | | | |
| <u>For Profit</u> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other | <u>Not for Profit</u> <input type="checkbox"/> Corporation <input type="checkbox"/> Religious Affiliation <input type="checkbox"/> Other | <u>Public</u> <input type="checkbox"/> State <input type="checkbox"/> City/County <input type="checkbox"/> Hospital District | |

| | |
|---|---|
| C. CONTACT PERSON - For this application | |
| Contact Person for this application Robin Rygiel | Contact Telephone Number 727-442-0445 ext. 28 |
| Contact e-mail address or <input type="checkbox"/> Do not have e-mail ryg615@gmail.com | NOTE: By providing your e-mail address you agree to accept e-mail correspondence from the Agency. |

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 fee. 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.

A. TYPE OF APPLICATION

- Initial licensure
 Was this entity previously licensed as an abortion clinic? 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: |
|-------|-------|----------------------|

- Renewal licensure
 Change of Ownership
 Change during Licensure (check all that apply):
- Name/address change of the provider
 Change in type of procedure performed
 Change in Personnel (No fee required)
- Proposed Effective Date:
 Proposed Effective Date:

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B. LICENSURE FEES

| ACTION | FEE | TOTAL FEES |
|--|----------|------------------|
| License Fee (Initial, Renewal and Change of Ownership): <input type="checkbox"/> License Fee Exemption (County or Municipal Government pursuant to 390.014(4), F.S.) = \$ 0.00 | \$550.50 | \$ 550.50 |
| Change During Licensure Period/Replacement License | \$25.00 | \$ |
| Biennial Assessment | \$300.00 | \$ 300.00 |
| Other: _____ | | \$ |
| TOTAL FEES INCLUDED WITH APPLICATION | | \$ 850.50 |
| Please make check or money order payable to the Agency for Health Care Administration (AHCA) | | |

3. Controlling Interests of Licensee

AUTHORITY:

Pursuant to Section 408.806(1)(a) and (b), F.S., an application for licensure must include: the name, address and social security number (SSN) 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.**

DEFINITION:

Controlling interests, as defined in Section 408.803(7), F.S., 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% 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% 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.

A. Individual and/or Entity Ownership of Licensee (as listed in section 1B above) – 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. *Note: This excludes Not-for-Profit and Publicly held licensees.*

| FULL NAME of INDIVIDUAL or ENTITY | PERSONAL/PRIMARY ADDRESS | TELEPHONE NUMBER | EIN (No SSNs) | % OWNERSHIP | EFFECTIVE DATE | END DATE |
|-----------------------------------|--------------------------------|------------------|---------------|-------------|----------------|----------|
| American Medical Management, Inc. | 2106 Drew Street # 103 Clw. FL | 727-442-0445 | 59-2024406 | 100% | 9/1/1980 | |
| | | | | | | |
| | | | | | | |

B. Board Members and Officers of Licensee – Provide the information for each individual or entity (corporation, partnership, association) that serves as an officer or is on the board of directors. Do not include voluntary board members.

| TITLE | FULL NAME | PERSONAL/PRIMARY ADDRESS | TELEPHONE NUMBER | EFFECTIVE DATE | END DATE |
|----------------------|----------------|--------------------------------|------------------|----------------|----------|
| Board Member/Officer | Gary Dresden | 2106 Drew Street # 103 Clw. FL | 727-442-0445 | 09/01/1980 | |
| Board Member/Officer | Robin Rygiel | same | same | 08/31/1992 | |
| Board Member/Officer | Melinda Miller | same | same | 01/13/1992 | |
| Board Member/Officer | Dezra Owens | same | same | 12/02/2002 | |
| Board Member/Officer | Dara Dresden | same | same | 12/19/2016 | |
| Board Member/Officer | | | | | |

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4. Management Company

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

If NO, skip to section 5 Personnel

If YES, provide the following information:

| | | | | |
|--|---|---|--|-----|
| Name of Management Company American Medical Management, Inc. | | EIN (No SSNs) 59-2024406 | Telephone Number / Fax 727-442-0445 / 727-447-3797 | |
| Street Address 2106 Drew Street # 103 | | | E-mail Address ryg615@gmail.com | |
| City Clearwater | County Pinellas | State FL | Zip 33765 | |
| Mailing Address or <input checked="" type="checkbox"/> Same as above | | | | |
| City | | | State | Zip |
| Contact Person Robin Rygiel | Contact E-mail ryg615@gmail.com | Contact Telephone Number 727-442-0445 ext. 28 | | |

DEFINITION:

Controlling interests, as defined in Section 408.803(7), F.S., 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% 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% 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.

- A. Individual and/or Entity Ownership of Management Company:** 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.

| FULL NAME of INDIVIDUAL or ENTITY | PRIMARY ADDRESS | TELEPHONE NUMBER | EIN (No SSNs) | % OWNERSHIP | EFFECTIVE DATE | END DATE |
|-----------------------------------|-----------------------------|------------------|---------------|-------------|----------------|----------|
| Bryan Dresden | 2106 Drew St. # 103 Clw. FL | 727-442-0445 | | 31.98 | 9/01/1980 | |
| Scott Dresden | same | same | | 31.98 | 9/01/1980 | |
| Dara Dresden | same | same | | 31.98 | 9/01/1980 | |

- B. Board Members and Officers of Management Company:** Provide the information for each individual or entity (corporation, partnership, association) that serves as an officer or is on the board of directors. Do not include voluntary board members.

| TITLE | FULL NAME | PERSONAL/PRIMARY ADDRESS | TELEPHONE NUMBER | EFFECTIVE DATE | END DATE |
|----------------------|----------------|-----------------------------|------------------|----------------|----------|
| Board Member/Officer | Gary Dresden | 2106 Drew St. # 103 Clw. FL | 727-442-0445 | 09/01/1980 | |
| Board Member/Officer | Robin Rygiel | same | same | 08/31/1992 | |
| Board Member/Officer | Melinda Miller | same | same | 01/13/1992 | |
| Board Member/Officer | Dezra Owens | same | same | 12/02/2002 | |
| Board Member/Officer | Bryan Dresden | same | same | 12/18/2014 | |
| Board Member/Officer | | | | | |

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5. Personnel

- A. Please provide information for the individual(s) who perform the following roles. NOTE: For the administrator, and financial officer an AHCA Screening through the Care Provider Background Screening Clearinghouse (Clearinghouse) is needed, or the Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008 if background screening was conducted by the Department of Financial Services for an applicant for a certificate of authority to operate a continuing care retirement community under Chapter 651, F.S. To verify who is to be screened, visit ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Rqrd_Screening.shtml.

| INFORMATION | ADMINISTRATOR/MANAGING EMPLOYEE | FINANCIAL OFFICER / PERSON RESPONSIBLE FOR FINANCIAL OPERATIONS |
|--------------------------|---|---|
| Full Name | Kathleen Olson | Melinda Miller |
| Date of Birth | 2/18/1951 | 5/23/1956 |
| Effective Date | 4/15/1981 | 3/01/1992 |
| Telephone Number | 352-378-9191 | 727-442-0445 |
| Email Address | allwomenshealthc@bellsouth.net | ammmrm@hotmail.com |
| Personal/Primary Address | 1135 N.W. 23 rd Ave. Ste N Gainesville, FL | 2106 Drew St. # 103 Clw. FL |

- B. Medical Director – Pursuant to section 390.012(3), F.S., if second trimester abortions are performed, provide the following information.

| INFORMATION | MEDICAL DIRECTOR |
|--|---|
| Full Name | Fernando Betancourt M.D. |
| Florida License Number (Dept. of Health) | ME 38573 |
| Effective Date | 2/09/2012 |
| Telephone Number | 352-378-9191 |
| Email Address | allwomenshealthc@bellsouth.net |
| Personal/Primary Address | 1135 N.W. 23 rd Ave. Ste N Gainesville, FL |

6. Required Disclosure

The following disclosures are required:

- A. Pursuant to section 408.809, 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(4), 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 section 408.809, Florida Statutes? YES NO

If YES, provide the following information the full legal name of the individual/entity and the position held

- 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/entity 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) or the entity
 A description/explanation of the exclusion, suspension, termination or involuntary withdrawal.

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C. Pursuant to Section 408.815(4), F.S., has the applicant or a controlling interest in the applicant, or any entity in which a controlling interest of the applicant was an owner or officer when the following actions occurred ever been:

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? YES NO

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

7. 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):

| AHCA CASE NUMBER | CMS | ASSESSED AMOUNT | DATE OF RELATED INSPECTION, APPLICATION, OR OVERPAYMENT | PAYMENT DUE DATE | PENDING APPEAL OF FINAL ORDER | |
|------------------|--------------------------|-----------------|---|------------------|-------------------------------|--------------------------|
| | | | | | YES | NO |
| | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

8. Procedure/Transfer/Admitting Information

PROCEDURES PERFORMED (check all that apply):

- First Trimester - which is the period of time from fertilization through the end of the 11th week of gestation.
- Second Trimester - which is the period of time from the beginning of the 12th week of gestation through the end of the 23rd week of gestation.

TRANSFER AGREEMENTS/ADMITTING PRIVILEGES (check all that apply):

- 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. If checked provide the hospital information below. Attach additional sheets if necessary.

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| | | | | | |
|--|-------------------|-------------|----------------------------------|-------------------------|--|
| Hospital Name UF Health Shands Hospital | | | | Central Services | |
| Street Address 1515 SW Archer Rd | | | Telephone Number 352-265-0111 | | |
| City Gainesville | County Alachua | State FL | Zip 32608 | | |

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).

| DAY OF THE WEEK | OPENING TIME | CLOSING TIME | BY APPOINTMENT |
|---|--------------|--------------|--------------------------|
| <input type="checkbox"/> Sunday | | | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Monday | 8:30 | 5:30 | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Tuesday | 8:30 | 5:30 | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Wednesday | 8:30 | 5:30 | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Thursday | 8:30 | 5:30 | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Friday | 8:30 | 5:30 | <input type="checkbox"/> |
| <input type="checkbox"/> Saturday | | | <input type="checkbox"/> |

10. Supporting Documentation

Applicants **must** include the following attachments as stated in Chapter 408, Part II and 390 F.S. and Chapters 59A-35 and 59A-9, F.A.C. **Note: Required documents listed below are dependent on the type of application submitted. (Initial, Renewal, Change of Ownership, Change during licensure period)**

| DOCUMENTS TO BE PROVIDED: | REQUIRED FOR: |
|---|---|
| Health Care Licensing Application Addendum, AHCA Form 3110-1024 | Initial, Renewal, Change in Personnel, and Change of Ownership application types |
| Proof of Property Occupancy, Examples: Lease, Mortgage, and Transfer Agreement | Initial, Change of Ownership, and Request to Change Name or Address of Provider application types |
| Documentation from the appropriate local government office showing that the applicant has met local zoning requirements | Initial, Change of Address, and Change of Ownership application types |
| Documentation of change of ownership transaction stating effective date and executed by all parties | Change of Ownership application type |
| Required disclosures related to actions taken by Medicare, Medicaid or CLIA, if applicable | All application types, if documentation is required due to responses provided in application |
| Approved repayment plan, if applicable | All application types |

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11. Attestation

I, Robin Rygiel, 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, under penalty of perjury, 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.

Robin L Rygiel
Signature of Licensee or Authorized Representative

President
Title

1/30/18
Date

NOTICE: If you are a **Medicaid** provider, you may have a separate obligation to notify the Medicaid program of a name/address change, change of ownership or other change of information. Please refer to your Medicaid handbooks for additional information about Medicaid program policy regarding changes to provider enrollment information.

RETURN THIS COMPLETED FORM WITH FEES AND ALL REQUIRED DOCUMENTS TO:

AGENCY FOR HEALTH CARE ADMINISTRATION
HOSPITAL AND OUTPATIENT SERVICES UNIT
2727 MAHAN DR., MS 31
TALLAHASSEE FL 32308-5407

Questions?

Review the information available at <http://ahca.myflorida.com/> or contact the Hospital & Outpatient Services Unit at (850) 412-4549

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The Agency for Health Care Administration scans all documents for electronic storage. In an effort to facilitate this process, we ask that you please remember to:

- Please place checks or money orders on top of the application
- Include license number or case number on your check
- Do not submit carbon copies of documents
- No staples, paperclips, binder clips, folders, or notebooks
- Please **do not bind any** of the documents submitted to the Agency

| Provider | Position | Hire Date | End Date |
|---|-------------------------|------------|----------|
| ALL WOMENS HEALTH CENTER OF SARASOTA INC | Chief Financial Officer | 03/01/1992 | |
| ALL WOMEN'S HEALTH CENTER OF JACKSONVILLE, INC. | Chief Financial Officer | 03/01/1992 | |
| ALL WOMENS HEALTH CENTER OF JACKSONVILLE INC | Chief Financial Officer | 03/01/1992 | |
| ALL WOMEN'S HEALTH CENTER OF TAMPA | Chief Financial Officer | 03/01/1992 | |
| ALL WOMENS HEALTH CENTER OF TAMPA | Chief Financial Officer | 03/01/1992 | |
| ALL WOMEN'S HEALTH CENTER | Chief Financial Officer | 03/01/1992 | |
| ALL WOMENS HEALTH CENTER INC | Chief Financial Officer | 03/01/1992 | |
| WOMEN'S OB-GYN CENTER OF COUNTRYSIDE | Chief Financial Officer | 03/01/1992 | |
| WOMENS OBGYN CENTER OF COUNTRYSIDE INC | Chief Financial Officer | 03/01/1992 | |
| ALL WOMEN'S HEALTH CENTER OF NORTH TAMPA | Chief Financial Officer | 03/01/1992 | |
| ALL WOMENS HEALTH CENTER OF NORTH TAMPA INC | Chief Financial Officer | 03/01/1992 | |
| FT MYERS WOMEN'S HEALTH CENTER, INC | Chief Financial Officer | 03/01/1992 | |
| FORT MYERS WOMENS HEALTH CENTER INC | Chief Financial Officer | 03/01/1992 | |
| LAKELAND WOMEN'S HEALTH CENTER | Chief Financial Officer | 03/01/1992 | |
| LAKELAND WOMENS HEALTH CENTER INC | Chief Financial Officer | 03/01/1992 | |

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ATTESTATION OF COMPLIANCE with Background Screening Requirements

Authority: This form may be used by all employees to comply with:

- the attestation requirements of **section 435.05(2), Florida Statutes**, which state that every employee required to undergo Level 2 background screening must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer; **AND**
- the proof of screening within the previous 5 years in **section 408.809(2), Florida Statutes** which requires proof of compliance with level 2 screening standards that have been screened through the Care Provider Background Screening Clearinghouse created under Section 435.12, F.S., or screened within the previous 5 years by the Agency, Department of Health, Department of Elder Affairs, the Agency for Persons with Disabilities, Department of Children and Families, or the Department of Financial Services for an applicant for a certificate of authority to operate a continuing care retirement community under Chapter 651, F.S., and in accordance with the standards in Section 408.809(2), F.S., if that agency is not currently implemented in the Care Provider Background Screening Clearinghouse.

This form must be maintained in the employee's personnel file. If this form is used as proof of screening for an administrator or chief financial officer to satisfy the requirements of an **application for a health care provider license**, please attach a copy of the screening results and submit with the licensure application.

| | |
|--------------------------------------|---------------------------------------|
| Employee/Contractor Name: | Melinda Miller |
| Health Care Provider/ Employer Name: | All Women's Health Center of Sarasota |
| Address of Health Care Provider: | 2700 South Tamiami Trail Sarasota |

I hereby attest to meeting the requirements for employment and that I have not been arrested for or been found guilty of, regardless of adjudication, or entered a plea of nolo contendere, or guilty to any offense, or have an arrest awaiting a final disposition prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction:

Criminal offenses found in section 435.04, F.S.

- (a) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- (b) Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- (c) Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
- (d) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
- (e) Section 782.04, relating to murder.

(f) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.

(g) Section 782.071, relating to vehicular homicide

(h) Section 782.09, relating to killing of an unborn quick child by injury to the mother.

(i) Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony.

(j) Section 784.011, relating to assault, if the victim of the offense was a minor.

(k) Section 784.03, relating to battery, if the victim of the offense was a minor.

(l) Section 787.01, relating to kidnapping.

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- (m) Section 787.02, relating to false imprisonment.
- (n) Section 787.025, relating to luring or enticing a child.
- (o) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- (p) Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
- (q) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.
- (r) Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
- (s) Section 794.011, relating to sexual battery.
- (t) Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.
- (u) Section 794.05, relating to unlawful sexual activity with certain minors.
- (v) Chapter 796, relating to prostitution.
- (w) Section 798.02, relating to lewd and lascivious behavior.
- (x) Chapter 800, relating to lewdness and indecent exposure.
- (y) Section 806.01, relating to arson.
- (z) Section 810.02, relating to burglary.
- (aa) Section 810.14, relating to voyeurism, if the offense is a felony.
- (bb) Section 810.145, relating to video voyeurism, if the offense is a felony.
- (cc) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.
- (dd) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.
- (ee) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- (ff) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- (gg) Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.
- (hh) Section 826.04, relating to incest.
- (ii) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.
- (jj) Section 827.04, relating to contributing to the delinquency or dependency of a child.
- (kk) Former s. 827.05, relating to negligent treatment of children.
- (ll) Section 827.071, relating to sexual performance by a child.
- (mm) Section 843.01, relating to resisting arrest with violence.
- (nn) Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.
- (oo) Section 843.12, relating to aiding in an escape.
- (pp) Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institutions.
- (qq) Chapter 847, relating to obscene literature.
- (rr) Section 874.05(1), relating to encouraging or recruiting another to join a criminal gang.
- (ss) Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.
- (tt) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
- (uu) Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
- (vv) Section 944.40, relating to escape.
- (ww) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.
- (xx) Section 944.47, relating to introduction of contraband into a correctional facility.
- (yy) Section 985.701, relating to sexual misconduct in juvenile justice programs.
- (zz) Section 985.711, relating to contraband introduced into detention facilities.
- (3) The security background investigations under this section must ensure that no person subject to this section has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense that constitutes domestic violence as defined in s. 741.28, whether such act was committed in this state or in another jurisdiction.

Criminal offenses found in section 408.809(4), F.S.

- (a) Any authorizing statutes, if the offense was a felony.
- (b) This chapter, if the offense was a felony.
- (c) Section 409.920, relating to Medicaid provider fraud.
- (d) Section 409.9201, relating to Medicaid fraud.
- (e) Section 741.28, relating to domestic violence.
- (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
- (g) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
- (h) Section 817.234, relating to false and fraudulent insurance claims.
- (i) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony.
- (j) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider.
- (k) Section 817.505, relating to patient brokering.
- (l) Section 817.568, relating to criminal use of personal identification information.

- (m) Section 817.60, relating to obtaining a credit card through fraudulent means.
- (n) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.
- (o) Section 831.01, relating to forgery.
- (p) Section 831.02, relating to uttering forged instruments.
- (q) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.
- (r) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.
- (s) Section 831.30, relating to fraud in obtaining medicinal drugs.
- (t) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony.
- (u) Section 895.03, relating to racketeering and collection of unlawful debts.
- (v) Section 896.101, relating to the Florida Money Laundering Act.

Received

I have been granted an Exemption from Disqualification through the Agency for Healthcare Administration (AHCA).

Date of Decision: _____

I have been granted an Exemption from Disqualification through the Florida Department of Health.

Date of Decision: _____

****A copy of the Exemption from Disqualification decision letter must be attached****

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Central Services

If you are also using this form to provide evidence of prior Level 2 screening (fingerprinting) in the last 5 years and have not been unemployed for more than 90 days, please provide the following information. **A copy of the prior screening results must be attached.**

Purpose of Prior Screening: CFO

Screening conducted by:

Date of Prior Screening: 3/29/17

- Agency for Healthcare Administration
- Department of Health
- Agency for Persons with Disabilities

- Department of Elder Affairs
- Department of Financial Services
- Department of Children and Family Services

Attestation

Under penalty of perjury, I, Melinda Miller, hereby swear or affirm that I meet the requirements for qualifying for employment in regards to the background screening standards set forth in Chapter 435 and section 408.809, F.S. In addition, I agree to immediately inform my employer if arrested or convicted of any of the disqualifying offenses while employed by any health care provider licensed pursuant to Chapter 408, Part II F.S.

Melinda P. Miller
Employee/Contractor Signature

V.P. / TREASURER
Title

1/25/18
Date

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Central Services



ATTESTATION OF COMPLIANCE with Background Screening Requirements

Authority: This form may be used by **all employees** to comply with:

- the attestation requirements of **section 435.05(2), Florida Statutes**, which state that every employee required to undergo Level 2 background screening must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer; **AND**
- the proof of screening within the previous 5 years in **section 408.809(2), Florida Statutes** which requires proof of compliance with level 2 screening standards that have been screened through the Care Provider Background Screening Clearinghouse created under Section 435.12, F.S., or screened within the previous 5 years by the Agency, Department of Health, Department of Elder Affairs, the Agency for Persons with Disabilities, Department of Children and Families, or the Department of Financial Services for an applicant for a certificate of authority to operate a continuing care retirement community under Chapter 651, F.S., and in accordance with the standards in Section 408.809(2), F.S., if that agency is not currently implemented in the Care Provider Background Screening Clearinghouse.

This form must be maintained in the employee's personnel file. If this form is used as proof of screening for an administrator or chief financial officer to satisfy the requirements of an **application for a health care provider license**, please attach a copy of the screening results and submit with the licensure application.

| |
|---|
| Employee/Contractor Name: Kathleen Olson |
| Health Care Provider/ Employer Name: All Women's Health Center of Gainesville, Inc |
| Address of Health Care Provider: 1135 N.W. 23 rd Ave. # N Gainesville |

I hereby attest to meeting the requirements for employment and that I have not been arrested for or been found guilty of, regardless of adjudication, or entered a plea of nolo contendere, or guilty to any offense, or have an arrest awaiting a final disposition prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction:

Criminal offenses found in section 435.04, F.S.

- (a) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- (b) Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- (c) Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
- (d) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
- (e) Section 782.04, relating to murder.

(f) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.

(g) Section 782.071, relating to vehicular homicide

(h) Section 782.09, relating to killing of an unborn quick child by injury to the mother.

(i) Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony.

(j) Section 784.011, relating to assault, if the victim of the offense was a minor.

(k) Section 784.03, relating to battery, if the victim of the offense was a minor.

(l) Section 787.01, relating to kidnapping.

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- (m) Section 787.02, relating to false imprisonment.
- (n) Section 787.025, relating to luring or enticing a child.
- (o) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- (p) Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
- (q) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.
- (r) Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
- (s) Section 794.011, relating to sexual battery.
- (t) Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.
- (u) Section 794.05, relating to unlawful sexual activity with certain minors.
- (v) Chapter 796, relating to prostitution.
- (w) Section 798.02, relating to lewd and lascivious behavior.
- (x) Chapter 800, relating to lewdness and indecent exposure.
- (y) Section 806.01, relating to arson.
- (z) Section 810.02, relating to burglary.
- (aa) Section 810.14, relating to voyeurism, if the offense is a felony.
- (bb) Section 810.145, relating to video voyeurism, if the offense is a felony.
- (cc) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.
- (dd) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.
- (ee) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- (ff) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- (gg) Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.

- (hh) Section 826.04, relating to incest.
 - (ii) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child
 - (jj) Section 827.04, relating to contributing to the delinquency or dependency of a child.
 - (kk) Former s. 827.05, relating to negligent treatment of children.
 - (ll) Section 827.071, relating to sexual performance by a child.
 - (mm) Section 843.01, relating to resisting arrest with violence.
 - (nn) Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.
 - (oo) Section 843.12, relating to aiding in an escape.
 - (pp) Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institutions.
 - (qq) Chapter 847, relating to obscene literature.
 - (rr) Section 874.05(1), relating to encouraging or recruiting another to join a criminal gang.
 - (ss) Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.
 - (tt) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
 - (uu) Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
 - (vv) Section 944.40, relating to escape.
 - (ww) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.
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 - (yy) Section 985.701, relating to sexual misconduct in juvenile justice programs.
 - (zz) Section 985.711, relating to contraband introduced into detention facilities.
- (3) The security background investigations under this section must ensure that no person subject to this section has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense that constitutes domestic violence as defined in s. 741.28, whether such act was committed in this state or in another jurisdiction.

Criminal offenses found in section 408.809(4), F.S.

- (a) Any authorizing statutes, if the offense was a felony.
- (b) This chapter, if the offense was a felony.
- (c) Section 409.920, relating to Medicaid provider fraud.
- (d) Section 409.9201, relating to Medicaid fraud.
- (e) Section 741.28, relating to domestic violence.
- (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
- (g) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
- (h) Section 817.234, relating to false and fraudulent insurance claims.
- (i) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony.
- (j) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider.
- (k) Section 817.505, relating to patient brokering.
- (l) Section 817.568, relating to criminal use of personal identification information.
- (m) Section 817.60, relating to obtaining a credit card through fraudulent means.
- (n) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.
- (o) Section 831.01, relating to forgery.
- (p) Section 831.02, relating to uttering forged instruments.
- (q) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.
- (r) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.
- (s) Section 831.30, relating to fraud in obtaining medicinal drugs.
- (t) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony.
- (u) Section 895.03, relating to racketeering and collection of unlawful debts.
- (v) Section 896.101, relating to the Florida Money Laundering Act.

I have been granted an Exemption from Disqualification through the Agency for Healthcare Administration (AHCA).

Date of Decision: _____

I have been granted an Exemption from Disqualification through the Florida Department of Health.

Date of Decision: _____

****A copy of the Exemption from Disqualification decision letter must be attached****

If you are also using this form to provide evidence of prior Level 2 screening (fingerprinting) in the last 5 years and have not been unemployed for more than 90 days, please provide the following information. **A copy of the prior screening results must be attached.**

Purpose of Prior Screening: Administrator

Screening conducted by:

Date of Prior Screening: 2/18/16

- Agency for Healthcare Administration
- Department of Health
- Agency for Persons with Disabilities

- Department of Elder Affairs
- Department of Financial Services
- Department of Children and Family Services

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Central Services

Attestation

Under penalty of perjury, I, Kathleen Olson, hereby swear or affirm that I meet the requirements for qualifying for employment in regards to the background screening standards set forth in Chapter 435 and section 408.809, F.S. In addition, I agree to immediately inform my employer if arrested or convicted of any of the disqualifying offenses while employed by any health care provider licensed pursuant to Chapter 408, Part II F.S.

Kathleen Olson
Employee/Contractor Signature

Director
Title

1-24-18
Date

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FEB 01 2018
Central Services



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FEB 01 2018

CENTRAL INTAKE



7033 3020 0000 0370 8068

AMERICAN MEDICAL MANAGEMENT, INC.
2106 DREW STREET SUITE 103
CLEARWATER, FL 33765

AGENCY FOR HEALTH CARE
ADMINISTRATION
HOSPITAL AND OUTPATIENT
SERVICES UNIT
2727 MAHAN DRIVE MS31
TALLAHASSEE, FL 32308-5407

