

PLEASE KEEP THIS FOR YOUR RECORDS

Current Date : 03/05/2018
File # : 13910034
License # : 894
Application # : 1570
Provider Type : 13 - Abortion Clinic
Licensure Unit : Hospital and Outpatient Services Unit

Paid to:

Agency for Health Care Administration
2727 Mahan Drive; (MS #31)
Tallahassee, FL 32308

Online Licensing (Renewal Licensure) Payment

BREAD AND ROSES WELL WOMAN CARE
1233 NW 10TH AVENUE
GAINESVILLE, FL 32601

Pay Now	Description	Type	Amount Due	Due Date	Payment
<input checked="" type="checkbox"/>	Application Fee <input type="checkbox"/>		\$550.50	3/6/2018	\$550.50
<input checked="" type="checkbox"/>	Biennial Assessment <input type="checkbox"/>	13BA	\$300.00	3/6/2018	\$300.00
Total:*					\$850.50

* Amounts shown may not reflect recent payments.

****NOTE****

Your application will not be considered received until all monies owed have been received. Please remember that you will be assessed a late fee if your application and application fees are not received by 03/06/2018 in accordance with Section 408.806(1), F.S.

Division	Account Number	Date/Time
BREAD AND ROSES WELL WOMAN CARE	13-13910034	03/05/2018 12:25:17 PM
Amount	Service Charge	Total Amount
\$850.50	\$0.18	\$850.68
Payment Method	Payment Status	Approval Code
Check	Approved	9PJFBFPFT3

For Agency Use Only

AHCA LOGO

Agency for Health Care Administration
2727 Mahan Drive; (MS #31)
Tallahassee, FL 32308
Phone: (850) 412-4402