



AHCA USE ONLY:

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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/onlinelicense>

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 *The application will be withdrawn from review if all the required documents and fees are not included with your application or received within 21 days of an omission notice.* Applications will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 406 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) <i>Pending</i>		National Provider Identifier (NPI) (if applicable) <i>N/A NO NPI number</i>	
Name of Abortion Clinic (if operated under a fictitious name, enter as it appears in Florida Division of Corporations) <i>Women's Center of Ft. Lauderdale, LLC</i>			
Street Address <i>2001 W. Oakland Park Blvd Ft Lauderdale, FL 33311</i>			
City <i>Ft. Lauderdale</i>	County <i>Broward</i>	State <i>FL</i>	Zip <i>33311</i>
Telephone Number <i>954-733-0121</i>		Fax Number <i>954-733-3870</i>	
Mailing Address or <input checked="" type="checkbox"/> Same as above			
City	County	State	Zip
Telephone Number <i>954-733-0121</i>		E-mail Address <i>Tracy Orlando @ aol.com</i>	
Provider Website <i>N/A</i>		NOTE: By providing your e-mail address you agree to accept e-mail correspondence from the Agency.	

Hajdukiewicz, Mark

From: Aisha Loaiza <aloveish@gmail.com>
Sent: Thursday, January 11, 2018 3:28 PM
To: Hajdukiewicz, Mark
Subject: Ab License
Attachments: Ai.pdf

Here is the revision for the abortion clinic license. Please let me know when you have received this form. Thank you for your attention to this matter.

Aisha