



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: 873	National Provider Identifier: None	
File Number: 13960083		
Provider/Facility: AASTRA WOMEN'S CENTER		

Street Address

Street Address: 10 SW 44TH AVE	(Bld, Suite, Floor, Villa, Apt)
City: PLANTATION	State: FLORIDA
County: BROWARD	Zip: 33317
Telephone: (954) 792-9198	Telephone Ext:
Provider Website: aastrawomenscenter.com	Fax: (954) 792-4437
Email Address: cindy@caprihealthcare.com	

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

Street Address: 10 SW 44th AVENUE	(Bld, Suite, Floor, Villa, Apt)
City: PLANTATION	State: FLORIDA
County: BROWARD	Zip: 33317
Telephone: (954) 792-9198	Telephone Ext:
Email Address: CINDY@CAPRIHEALTHCARE.COM	

Contact Person

Contact Person: Cynthia Stockman	Suffix:
Telephone: (954) 792-9198	Telephone Ext:
Email: cindy@caprihealthcare.com	Fax: (954) 792-4437
<i>Note: By providing your email address you agree to accept email correspondence from the Agency</i>	

Licensee Information

Description of Licensee: For Profit	Ownership Type: Corporation
Licensee Name: CAPRI HEALTHCARE, INC	FEIN: 020601301
Mailing Address: 1740 NORTHEAST 9TH STREET	(Bld, Suite, Floor, Villa, Apt.)
City: FORT LAUDERDALE	State: FLORIDA
County: BROWARD	Zip: 33304
Telephone: (954) 792-9198	Telephone Ext:
Email: cindy@caprihealthcare.com	Fax: (954) 792-4437

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:	CYNTHIA D STOCKMAN	SSN/EIN:	xxx-xxx-xxxx
Title:	Director/CEO	Suffix:	
% Ownership:	50.00		
Begin Date:	02/10/2003	End Date:	
Mailing Address Type:	Personal		
Street Address:	1740 NORTHEAST 9TH STREET	(Bld, Suite, Floor, Villa, Apt)	
City:	FORT LAUDERDALE	State:	FL
Zip:	33304	County:	BROWARD
Telephone:	(954) 792-9198	Telephone Ext.:	
Fax:	(954) 792-4437		
Email:	cindy@caprihealthcare.com		

Full Name of Individual/Entity:	RICHARD T STOCKMAN	SSN/EIN:	xxx-xxx-xxxx
Title:	President	Suffix:	
% Ownership:	50.00		
Begin Date:	02/10/2003	End Date:	
Mailing Address Type:	Personal		
Street Address:	1740 NORTHEAST 9TH STREET	(Bld, Suite, Floor, Villa, Apt)	
City:	FORT LAUDERDALE	State:	FL
Zip:	33304	County:	BROWARD
Telephone:	(954) 792-9198	Telephone Ext.:	
Fax:	(954) 792-4437		
Email:	cindy@caprihealthcare.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>
------------------	------------	--------------------	------------------

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>
------------------	------------	--------------------

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.

Personnel Information

Personnel

First Name:	CYNTHIA	Middle:	D	Last Name:	STOCKMAN
Suffix:		SSN:	xxx-xxx-xxxx	DOB:	
Address Type:	Personal				
Street Name or P.O. Box:	1740 NORTHEAST 9TH STREET	(Bld, Suite, Floor, Villa, Apt.):			
City:	FORT LAUDERDALE	State:	FLORIDA		
Zip:	33304	County:	BROWARD		
Telephone:	(954) 792-9198	Telephone Ext:			
Email:	cindy@caprihealthcare.com				

<u>Title</u>	<u>Begin Date</u>	<u>End Date</u>	<u>FL License Number</u>
Administrator / Facility Manager	3/5/1999		
Financial Officer	3/5/1999		

Affidavit

I **CYNTHIA STOCKMAN** , 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.).

(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.

CYNTHIA STOCKMAN

Signature of Licensee or Authorized Representative

OWNER

Title

11/21/2015

Date