Health Care Licensing Application
Abortion Clinic - Renewal Licensure

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	Zip:	33317
County:	BROWARD				
Telephone:	(954) 792-9198	Telephone Ext:		Fax:	(954) 792-4437
Provider Website:	aastrawomenscenter.com		Email Address:	cindy@caprihealthcare.com	
Transparency Page:					

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	Zip:	33317
County:	BROWARD	Telephone:	(954) 792-9198	Telephone Ext:	
Email Address	CINDY@CAPRIHEALTHCARE.COM				

Contact Details

Contact Person

Contact Person:	AASTRA WOMEN'S CENTER		Suffix:		
Telephone:	(954) 792-9198	Telephone Ext:		Fax:	(954) 792-4437
Email:	Cindy@caprihealthcare.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:	Corporation	
Licensee Name:	CAPRI HEALTHCARE, INC			FEIN:	020601301
Mailing Address:	1740 NORTHEAST 9TH STREET			(Bld, Suite, Floor, Villa, Apt.)	
City:	FORT LAUDERDALE	State:	FLORIDA	Zip:	33304
County:	BROWARD				
Telephone:	(954) 792-9198	Telephone Ext:		Fax:	(954) 792-4437
Email:	cindy@caprihealthcare.com				

Ownership Information

Y	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
Board Member/ Officer:	YES	Suffix:	
% Ownership:	50.00		
Effective Date:	02/10/2003	End Date:	
Mailing Address Type:	Business		
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.:	
Email:	cindy@caprihealthcare.com		
Full Name of Individual/Entity:	RICHARD T STOCKMAN	SSN/EIN:	xxx-xxx-xxxx
Board Member/ Officer:	YES	Suffix:	
% Ownership:	50.00		
Effective Date:	02/10/2003	End Date:	
Mailing Address Type:	Business		
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.:	
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?

Procedures Performed

☐ First Trimester Abortions

☐ Second Trimester Abortions

Medical Director

Full Name:		FL Medical License #:	
Effective Date:		End Date:	
Address Type:			
Mailing Address:		(Bld, Suite, Floor, Villa, Apt.):	
City:		County:	
State:		Zip:	

Transfer Agreement / Admitting Privileges

Transfer Agreement / Admitting Privileges

☐ 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.

Transfer Agreement Hospitals

Provider Name	License Number	Telephone	Street Address
			, , ,

Personnel Information

Personnel

First Name:	CYNTHIA	Middle:	D	Last Name:	STOCKMAN
Suffix:		SSN:	xxx-xxx-xxxx	DOB:	
Address Type:					
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				

Title	Effective Date	End Date	FL License Number
Administrator / Facility Manager	3/5/1999		
Financial Officer	3/5/1999		

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)

Full Name	SSN	Description	Exemption

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?

Full Name	SSN	Description

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.

Days and Hours of Operation

Day	Opening Time	Closing Time	By Appointment
MONDAY			X
TUESDAY			X
WEDNESDAY	8:30 AM	5:00 PM	
THURSDAY			X
FRIDAY			X
SATURDAY			X
SUNDAY			X

Affidavit

I **CYNTHIA STOCKMAN** , under penalty of perjury, attest as follows:

(1) 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.

(2) Pursuant to section 408.815, Florida Statues (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.

(3) Pursuant to section 408.806, Florida Statues (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	OWNER	11/27/2017
Signature of Licensee or Authorized Representative	Title	Date