

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General & Secretary

Vision: To be the **Healthiest State** in the Nation

Application

Application Detail

License Type:	Medical Doctor
Profession Number:	1501 - Medical Doctor
License Number:	92426
Application:	Renew My Medical Doctor License
Application Date:	01/10/2019

Suitability Question(s)

Have you reviewed and confirmed your profile?	Yes
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Personal Detail

Title:	Dr.
First Name:	CECIL
Middle/Second Name:	RODWELL
Last Name/Surname:	JONAS

Addresses

Mailing Address

Address:	6055 VERDE TRAIL SOUTH
	PALM BEACH
	Boca Raton, FL
	33433-4423
	US

Phone Number:	954-438-9943
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Extension:

E-mail Address:	crj55@bellsouth.net
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Home

Place of Practice

Address: 1378 Coral Way
MIAMI-DADE
MIAMI, FL
33145
US

Phone Number:

Extension:

Satellite Location

Address: 8177 W. GLADES ROAD
PALM BEACH
BOCA RATON, FL
33434
US

Phone Number:

Extension:

E-mail Address:

Satellite Location

Address: 263 N. UNIVERSITY DRIVE
BROWARD
PEMBROKE PINES, FL
33024
US

Phone Number:

Extension:

E-mail Address:

Satellite Location

Address: 585 NW 161ST STREET
MIAMI-DADE
MIAMI, FL
33145
US

Phone Number:

Extension:

E-mail Address:

Questions related to Section 456.0635(3), Florida Statutes

On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar offense(s) in another state or jurisdiction? **No**

On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? **No**

On or after July 1, 2009, have you been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? **No**

On or after July 1, 2009, have you been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? **No**

Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities? **No**

Availability for Disaster

Are you willing to provide health care services in special need shelters or to work with disaster medical teams during times of emergency or major disasters? **No**

Financial Responsibility/Exemption

Financial Responsibility **3. LIABILITY NOT LESS THAN \$100,000**

Fees

FDLE Background Chec	\$24.00
Active Renewal	\$350.00
Unlicensed Activity	\$5.00
Dispensing	\$100.00
Total Amount Due:	\$479.00

Attestation

By submitting the appropriate renewal fees to the Department, I certify compliance with all requirements for renewal. I am responsible for knowing these requirements as set forth in the laws and rules that govern my profession.

Attestation Answer: Yes

AC# **COPY**

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/10/2019	ME 92426	652436

The **MEDICAL DOCTOR** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2021**
CECIL RODWELL JONAS
1378 CORAL WAY
MIAMI, FL 33145

QUALIFICATION(S):
DISPENSING PRACTITIONER

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	AC#	CONTROL NO.
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COPY - NOT A VALID LICENSE - COPY

LICENSEE SIGNATURE

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GOVERNOR

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **JANUARY 31, 2021**

QUALIFIC
Dispensing Practitioner

Your license number is ME 92426. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

Medical Quality Assurance has a new and improved Online Services Portal. In the new system, you have the ability to renew your license, update your mailing and practice location addresses, request a name change, request a duplicate license and update your profile information all from the convenience of your online account.

- Go to www.FLHealthSource.gov.
- Click on "Provider Services" and select "Manage Your License."
- Select your profession and license type and click "Submit."
- The question "Have you Renewed or Applied Online Since 2015?" will display.
 - Click on "No" if you have not registered for an account in the new system and follow the instructions provided for new user registration.
 - Click on "Yes" if you are a returning user. Enter the user ID and password you selected during the registration process, then select "Sign In" to access your MQA Online Services Portal account.

IMPORTANT ANNOUNCEMENTS

Are You Renewal Ready?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit www.FLHealthSource.gov/AYRR

Grounds for Discipline

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed.

Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SUPPORT SERVICES UNIT
4052 BALD CYPRESS WAY, BIN #C-10
TALLAHASSEE, FLORIDA 32399-3260



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CECIL RODWELL JONAS
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BOCA RATON, FL 33433-4423

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