



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 4, 2019

Certified Mail/Read Receipt

Lleana Maria Rodriguez Laurent, Administrator  
A Hialeah Women Center, Inc  
697 E 9th Street  
Hialeah, FL 33010

File Number: 13960098  
License Number: 891  
Provider Type: Abortion Clinic

Re: Omission Notice for A Hialeah Women Center, Inc, 697 E 9th Street, Hialeah

Dear Administrator:

This letter is to acknowledge receipt of your Renewal application for your Abortion Clinic license. After review, it was found to be incomplete. Applicants receive only **one** letter describing the errors or omissions that must be addressed to deem the application complete. If the response to this letter does not satisfactorily address what is outlined below, the application will be withdrawn from consideration. Therefore, pursuant to section 408.806, Florida Statutes, no further action can be taken until the following is received:

- **Late Reporting Fee of \$275.25:** On 2/25/2019 the Agency received a renewal application. Therefore, the Agency for Health Care Administration assesses a fine for \$275.25. Pursuant section 408.806 (2)(c), Florida Statutes, applications must be received by the agency at least 60 days, but no more than 120 days, before the expiration date or a late fee will be assessed. Please submit the \$275.25 via a check or money order made payable to the Agency for Health Care Administration and include with your response a copy of this letter. To avoid delay in processing this renewal application, include the license and file number in the memo field of the check. [See s. 408.806(2)(c) and s. 408.806(2)(d), F.S.]
- **Application Section 1.A:** Provider Information for your National Provider ID# and your Provider Website or write "N/A" if the facility does not have one or any of these numbers. ;
- **Application Section 3.A:** Provider the entity that has ownership of A Hialeah Women Center, Inc. This Section must match Section 2.A of the Addendum.
- **Application Addendum Section 2.A:** Provider the entity that has ownership of A Hialeah Women Center, Inc. This Section must match Section 3.A of the Application.

Additionally, section 408.831, Florida Statutes, requires any outstanding fines, liens, or overpayments assessed by Final Order of AHCA or the Centers for Medicare and Medicaid Services by the licensee or a common controlling interest to be paid prior to license/registration issuance. Failure to comply with any repayment plan may result in the denial, suspension or revocation of a license, registration or certificate.



A Hialeah Women Center, Inc

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03/04/2019

**The required information must be submitted to the Agency no later than 21 calendar days from receipt of this letter. You may submit this information to the Agency by Email or by US Mail.**

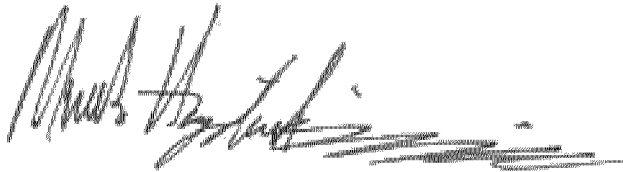
- Email: [Mark.Hajdukiewicz@ahca.myflorida.com](mailto:Mark.Hajdukiewicz@ahca.myflorida.com)
- US Mail: Please include a copy of this letter with your response:

Agency for Health Care Administration  
Hospital and Outpatient Services Unit,MS#31  
2727 Mahan Drive  
Tallahassee, Florida 32308

If the applicant fails to submit all the information required in the application within 21 days of being notified by AHCA of the omissions, the application will be withdrawn from consideration and the fees will be forfeited pursuant to section 408.806(3)(b), Florida Statutes.

If you have any questions or need further assistance, please call Mark Hajdukiewicz at 850-412-4364 or (850) 412-4549 or email at [Mark.Hajdukiewicz@ahca.myflorida.com](mailto:Mark.Hajdukiewicz@ahca.myflorida.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Hajdukiewicz", is written over a horizontal line. The signature is cursive and somewhat stylized.

Mark Hajdukiewicz  
Hospital and Outpatient Services Unit  
Agency for Health Care Administration

## Hajdukiewicz, Mark

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**From:** Hajdukiewicz, Mark  
**Sent:** Monday, March 4, 2019 12:11 PM  
**To:** 'ahialeahwomenscenter@gmail.com'  
**Subject:** Omission Notice for A HIALEAH WOMEN CENTER, INC 13960098  
**Attachments:** A HIALEAH WOMEN CENTER, INC 13960098 (2).pdf; A HIALEAH WOMEN CENTER, INC 13960098 Pages.pdf

Dear Administrator,

Attached is an omission letter requesting that you review and submit the necessary requirements for your abortion clinic. If you have any questions my contact information is listed below.

Thank you,

Mark Hajdukiewicz

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**Mark Hajdukiewicz - HEALTH SERVICES & FACILITIES  
CONSULTANT**



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Building 1, Room 254 - HOSPITALS  
2727 MAHAN DRIVE TALLAHASSEE, FL 32308  
850-412-4364 (Office) - (850) 922-4351 (Fax)  
[Mark.Hajdukiewicz@ahca.myflorida.com](mailto:Mark.Hajdukiewicz@ahca.myflorida.com)



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## Hajdukiewicz, Mark

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**From:** Microsoft Outlook  
**To:** 'ahialeahwomenscenter@gmail.com'  
**Sent:** Monday, March 4, 2019 12:12 PM  
**Subject:** Relayed: Omission Notice for A HIALEAH WOMEN CENTER, INC 13960098

**Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:**

'ahialeahwomenscenter@gmail.com' (ahialeahwomenscenter@gmail.com)

Subject: Omission Notice for A HIALEAH WOMEN CENTER, INC 13960098