



NM 13 KAC

3/11

RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 4, 2019

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

-A# 1627 Certified Mail/Read Receipt  
- File Number: 13960098  
License Number: 891  
Provider Type: Abortion Clinic

C# 1974 \$ 275.25

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

Dear Administrator:

-B- 101000478

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 If the response to this letter does not satisfactorily address what is outlined below, the application will be withdrawn from consideration.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.

Received

MAR 11 2019

2727 Mahan Drive • MS#31  
Tallahassee, FL 32308  
AHCA.MyFlorida.com



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Youtube.com/AHCAFlorida  
Twitter.com/AHCA\_FL  
SlideShare.net/AHCAFlorida

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A Hialeah Women Center, Inc

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**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.**

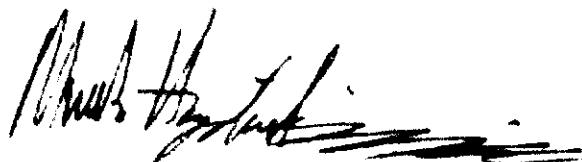
- Email: [Mark.Hajdukiewicz@ahca.myflorida.com](mailto:Mark.Hajdukiewicz@ahca.myflorida.com)
- US Mail: Please include a copy of this letter with your response:

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,



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

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**Central Services**



2/25/19 MW

AHCA USE ONLY:

File #: 13960098
Application #: 16287
Check #: 1967
Check Amt: 5850.50
Batch #: 101000430

NA-R-13

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/onlinelicensure

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 408 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

Form with fields for Provider Information, License #, National Provider Identifier (NPI), Name of Abortion Clinic, Street Address, City, County, State, Zip, Telephone Number, Fax Number, Mailing Address, E-mail Address, and Provider Website.

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**B. LICENSURE FEES**

ACTION	FEE	TOTAL FEES
License Fee (Initial, Renewal and Change of Ownership): <input type="checkbox"/> License Fee Exemption (County or Municipal Government pursuant to 390.014(4), F.S.) = \$ 0.00	\$550.50	\$ 550. <sup>50</sup> / <sub>100</sub>
Change During Licensure Period/Replacement License	\$25.00	\$
Biennial Assessment	\$300.00	\$ 300. <sup>00</sup> / <sub>100</sub>
Other: _____		\$
<b>TOTAL FEES INCLUDED WITH APPLICATION</b>		<b>\$ 850.<sup>50</sup>/<sub>100</sub></b>

Please make check or money order payable to the Agency for Health Care Administration (AHCA)

**3. Controlling Interests of Licensee**

**AUTHORITY:**

Pursuant to Section 408.806(1)(a) and (b), F.S., an application for licensure must include: the name, address and social security number (SSN) of the applicant and each controlling interest, if the applicant or controlling interest is an individual; and the name, address, and federal employer identification number (EIN) of the applicant and each controlling interest, if the applicant or controlling interest is not an individual. Disclosure of social security number(s) is mandatory. The Agency for Health Care Administration shall use such information for purposes of securing the proper identification of persons listed on this application for licensure. However, in an effort to protect all personal information, do not include social security numbers on this form. All social security numbers must be entered on the Health Care Licensing Application Addendum, AHCA Form 3110-1024.

**DEFINITION:**

Controlling interests, as defined in Section 408.803(7), F.S., are the applicant or licensee; a person or entity that serves as an officer of, is on the board of directors of, or has a 5% or greater ownership interest in the applicant or licensee; or a person or entity that serves as an officer of, is on the board of directors of, or has a 5% or greater ownership interest in the management company or other entity, related or unrelated, with which the applicant or licensee contracts to manage the provider. The term does not include a voluntary board member.

A. Individual and/or Entity Ownership of Licensee (as listed in section 1B above) – Provide the information for each individual or entity (corporation, partnership, association) with 5% or greater ownership interest in the licensee. Attach additional sheets if necessary. Note: This excludes Not-for-Profit and Publicly held licensees.

FULL NAME of INDIVIDUAL or ENTITY	PERSONAL/PRIMARY ADDRESS	TELEPHONE NUMBER	EIN (No SSNs)	% OWNERSHIP	EFFECTIVE DATE	END DATE
<del>Atlanta Woman Center, Inc</del>	<del>697 East, 9<sup>th</sup> Street, Hialeah, FL 33010</del>	<del>(305) 887 2001</del>	<del>31-051-0716</del>	<del>100</del>	<del>02-08-2019</del>	
Israel Luis Cables	697 East, 9 <sup>th</sup> Street, Hialeah	(305) 887 3001		50	12-23-2014	
Ileana Maria Rodriguez LAURIA	697 East, 9 <sup>th</sup> Street, Hialeah	(305) 887 3001		50	12-23-2014	

B. Board Members and Officers of Licensee – Provide the information for each individual or entity (corporation, partnership, association) that serves as an officer or is on the board of directors. Do not include voluntary board members.

TITLE	FULL NAME	PERSONAL/PRIMARY ADDRESS	TELEPHONE NUMBER	EFFECTIVE DATE	END DATE
Board Member/Officer	Israel Luis Cables	697 East, 9 <sup>th</sup> Street, Hialeah, FL	(305) 887 3001	12-23-2014	
Board Member/Officer	Ileana M Rodriguez LAURIA	697 East, 9 <sup>th</sup> Street, Hialeah, FL	(305) 887 3001	12-23-2014	
Board Member/Officer					
Board Member/Officer					
Board Member/Officer					
Board Member/Officer					

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**Received**  
 FEB 25 2019  
 MAR 11 2019  
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