

**PLEASE KEEP THIS FOR YOUR RECORDS**

Current Date : 08/07/2018  
File # : 13950034  
License # : 819  
Application # : 1605  
Provider Type : 13 - Abortion Clinic  
Licensure Unit : Hospital and Outpatient Services Unit

Paid to:

Agency for Health Care Administration  
2727 Mahan Drive; (MS #31)  
Tallahassee, FL 32308

## Online Licensing (Renewal Licensure) Payment

A WOMAN'S CHOICE, LLC  
18400 NW 75 PL SUITE 118  
HIALEAH, FL 33015

Pay Now	Description	Type	Amount Due	Due Date	Payment
<input checked="" type="checkbox"/>	Application Fee <input type="checkbox"/>		\$550.50	8/7/2018	\$550.50
<input checked="" type="checkbox"/>	Biennial Assessment <input type="checkbox"/>	13BA	\$300.00	8/7/2018	\$300.00
Total:*					\$850.50

*\* Amounts shown may not reflect recent payments.*

**\*\*NOTE\*\***

Your application will not be considered received until all monies owed have been received. Please remember that you will be assessed a late fee if your application and application fees are not received by 08/07/2018 in accordance with Section 408.806(1), F.S.

<b><u>Division</u></b>	<b><u>Account Number</u></b>	<b><u>Date/Time</u></b>
A WOMAN'S CHOICE, LLC	13-13950034	08/07/2018 10:26:15 AM
<b><u>Amount</u></b>	<b><u>Service Charge</u></b>	<b><u>Total Amount</u></b>
\$850.50	\$27.64	\$878.14
<b><u>Payment Method</u></b>	<b><u>Payment Status</u></b>	<b><u>Approval Code</u></b>
Credit	Approved	HY1KH7CCBW

For Agency Use Only



Agency for Health Care Administration  
2727 Mahan Drive; (MS #31)  
Tallahassee, FL 32308  
Phone: (850) 412-4402