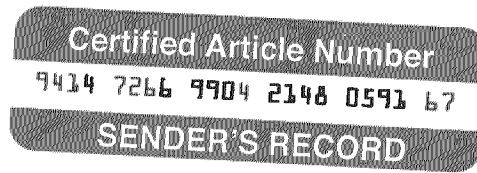




RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY



CERTIFIED

February 4, 2020

Crystal Valentine, Administrator
A Woman's Choice of Jacksonville
4131 University Blvd S Bldg 2
Jacksonville, FL 32216-4346

File Number: 13960038
Application Number: 1664
Provider Type: Abortion Clinic

RE: Complaint Number 2020001524, 4131 University Blvd S, Bldg 2, Jacksonville

Notice of Intent to Deny

Pending the outcome of the legal process, it is the intent of the Agency that the renewal application submitted by the above-named provider be denied.

The specific basis to deny this application is:

The provider is not in compliance with background screening licensing requirements due to failure to provide evidence of satisfactory level 2 background screening for an individual, who is the 100% controlling interest of the licensee, in accordance with s. 435.04, 408.809, 408.810 and 390.014(1), Florida Statutes (F.S.) and s. 59A-35.090, Florida Administrative Code (F.A.C.).

EXPLANATION OF RIGHTS

Pursuant to Section 120.569, F.S., you have the right to request an administrative hearing. In order to obtain a formal proceeding before the Division of Administrative Hearings under Section 120.57(1), F.S., your request for an administrative hearing must conform to the requirements in Section 28-106.201, Florida Administrative Code (F.A.C), and must state the material facts you dispute.

SEE ATTACHED ELECTION AND EXPLANATION OF RIGHTS FORMS.

If you need further assistance, please contact the General Counsel's Office at (850) 412-3630.

Noël Cronin Lawrence, Program Administrator
Jack Plagge, Manager
Hospital and Outpatient Services Unit
Agency for Health Care Administration

cc: Legal Intake Unit, MS 3



A Woman's Choice of Jacksonville
February 4, 2020

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: A Woman's Choice of Jacksonville

Case Number: 2020001524

ELECTION OF RIGHTS

This Election of Rights form is attached to a proposed Notice of Intent to Deem Incomplete and Withdraw from Further Review of the Agency for Health Care Administration (AHCA). The title may be **Notice of Intent to Deem Incomplete and Withdraw from Further Review or some other notice of intended action by AHCA.**

An Election of Rights must be returned by mail or by fax within 21 days of the day you receive the attached Notice of Intent to Deem Incomplete and Withdraw from Further Review or any other proposed action by AHCA.

If an Election of Rights with your selected option is not received by AHCA within twenty-one (21) days from the date you received this notice of proposed action, you will have given up your right to contest the Agency's proposed action and **a final order will be issued.**

(Please reply using this Election of Rights form unless you, your attorney or your representative prefer to reply according to Chapter 120, Florida Statutes (2006) and Rule 28, Florida Administrative Code.)

Please return your ELECTION OF RIGHTS to:

Agency for Health Care Administration
Attention: Agency Clerk
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308
Phone: (850) 412-3630 Fax: (850) 921-0158

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS:

OPTION ONE (1) _____ **I admit to the allegations of facts and law contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review, or other notice of intended action by AHCA and I waive my right to object and have a hearing.** I understand that by giving up my right to a hearing, a final order will be issued that adopts the proposed agency action and imposes the proposed penalty, fine or action.

OPTION TWO (2) _____ **I admit to the allegations of facts contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review, or other proposed action by AHCA, but I wish to be heard at an informal proceeding** (pursuant to Section 120.57(2), Florida Statutes) where I may submit testimony and written evidence to the Agency to show that the proposed administrative action is too severe or that the fine should be reduced.

OPTION THREE (3) _____ **I dispute the allegations of fact contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review or other proposed action by AHCA, and I request a formal hearing** (pursuant to Section 120.57(1), Florida Statutes) before an Administrative Law Judge appointed by the Division of Administrative Hearings.

