



OM 1339

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

October 31, 2018

Certified Mail/Read Receipt

Tanya Spatz, Administrator
All Women's Health Center
4131 Central Ave
St Petersburg, FL 33713-8229

Application Number: 1611
File Number: 13910031
License Number: 838
Provider Type: Abortion Clinic
CA 005680
\$ 500.00

Re: Omission Notice for All Women's Health Center, 4131 Central Ave, St Petersburg

B- 101000236

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 If the response to this letter does not satisfactorily address what is outlined below, the application will be withdrawn from consideration.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 Notification of Personnel Change:** Pursuant section 59A-35.110, F.A.C., any change or expiration of any information that is required to be reported under Chapter 408, Part II, F. S., or authorizing statutes for the provider type specified in Section 408.803 (3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change. Based on the effective date listed on your application, notification of the new administrator was not received in a timely manner therefore a \$500 late fee has been assessed.
- Provider/Licensee Information:** You have indicated in section 1B of the Health Care Licensing Application that American Medical Management Inc is the owner for the above license however; our records show All Women's Health Center, Inc as the owner. If American Medical Management Inc is now the licensee then a change of ownership (CHOW) has taken place and a CHOW application will need to be submitted. However if All Women's Health Center, Inc is still the licensee please correct and resubmit section 1B 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.

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: Ferronda.Burke@ahca.myflorida.com
- US Mail: Please include a copy of this letter with your response:

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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 Ferronda Burke at (850) 412-4361 or email at Ferronda.Burke@ahca.myflorida.com.

Sincerely,

Ferronda L. Burke

Ferronda L. Burke
Hospital and Outpatient Services Unit
Agency for Health Care Administration

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Central Services

B. LICENSEE INFORMATION – Please complete the following for the entity seeking to operate the abortion clinic.

Licensee Name (This is the owner of the abortion clinic) All Women's Health Center, Inc.		Federal Employer Identification Number (EIN) 59-1608821	
Mailing Address or <input type="checkbox"/> Same as above 4131 Central Avenue			
City St. Petersburg		State FL	Zip 33713
Telephone Number 727-327-3300	Fax Number 727-321-8433	E-mail Address ryg615@gmail.com	
Description of Licensee (check one):			
<u>For Profit</u> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other	<u>Not for Profit</u> <input type="checkbox"/> Corporation <input type="checkbox"/> Religious Affiliation <input type="checkbox"/> Other	<u>Public</u> <input type="checkbox"/> State <input type="checkbox"/> City/County <input type="checkbox"/> Hospital District	

C. CONTACT PERSON – Please complete the following for the contact person for this application.

Contact Person for this application Robin Rygiel	727-442-0445 ext. 28
Contact e-mail address or <input type="checkbox"/> Do not have e-mail ryg615@gmail.com	NOTE: By providing your e-mail address, you agree to accept e-mail correspondence from the Agency.

2. Application Type and Fees

Indicate the type of application with an "X." **Applications will not be processed if all applicable fees are not included. Pursuant to subsection 408.805(4), F.S., fees are nonrefundable.** Renewal and Change of Ownership applications must be received 60 days prior to the expiration of the license or the proposed effective date of the change 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.

A. TYPE OF APPLICATION

Initial licensure
 Was this entity previously licensed as an abortion clinic? YES NO

If YES, please provide the name of the provider (if different), the EIN # and the year the prior license expired or closed:

NAME:	EIN #	Year Expired/Closed:
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Renewal licensure
 Change of Ownership
 Change During Licensure Period - select all that apply:
Fee Required
 Provider Name
 Provider Address
 Services/Qualifications:
 Change in type of procedure performed

Proposed Effective Date:
 Proposed Effective Date:
No Fee Required
 Personnel
 Management Company
 Change of Controlling Interest less than 51%

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 Central Services