

Background Screening Application

search by SSN or PersonID

Agency for Health Care Administration

Provider Account Information

Provider ID	5218	Administrator Name	REGINA NEARY
Provider Type	ABORTION CLINIC	Administrator Phone #	904-731-2755
Facility Name	ALL WOMEN'S HEALTH CENTER OF JACKSONVILLE	License Status	LICENSED
Address 1	1545 HUFFINGHAM RD	License Number	800
Address 2		Medicaid Number	
City	JACKSONVILLE	Medicare Number	
State	FL ZIP 32216-2721	File Number	13910038

Provider Contact Information

First Name	REGINA	Last Name	NEARY
Email	ryg615@gmail.com		
Phone	904-731-2755	FAX	

Employee Roster

Person ID	Person Name	SSN	Position	Last Screening Date	Provisional Hire Date	Hire Date	End Date
	MILLER, MELINDA		Chief Financial Officer			03/01/1992	
	BETANCOURT, FERNANDO		Medical Director			07/01/1992	
	NEARY, COLLEEN		ADMINISTRATOR			01/12/2004	
	DRESDEN, BRYAN		Controlling Interest with 5% or more interest			07/01/1985	
	DRESDEN, SCOTT		Controlling Interest with 5% or more interest			07/01/1985	
	DRESDEN, DARA		Controlling Interest with 5% or more interest			07/01/1985	
	OWENS, DEZRA		Other Licensed Health Care Professional			12/12/2011	
	RYGIEL, ROBIN		Other Licensed Health Care Professional			08/31/1992	
	DRESDEN, GARY		Other Licensed Health Care Professional			09/01/1980	

Screening Requests

Person ID	Person Name	Date Requested	Position
	TEMPLO, SUSAN ILSA		RN / LPN
	TEMPLO, SUSAN ILSA		RN / LPN

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