

Background Screening Application

search by SSN or PersonID

Agency for Health Care Administration

Provider Account Information

Provider ID	5281	Administrator Name	PATRICK KELLY
Provider Type	ABORTION CLINIC	Administrator Phone #	904-398-8005
Facility Name	FLORIDA WOMENS CENTER	License Status	LICENSED
Address 1	3599 UNIVERSITY BLVD S STE 1200	License Number	860
Address 2		Medicaid Number	
City	JACKSONVILLE	Medicare Number	
State	FL ZIP 32216-4288	File Number	13960062

Provider Contact Information

First Name	PATRICK	Last Name	KELLY
Email	PATRICK@KELLYMDJD.COM		
Phone	904-398-8005	FAX	

Employee Roster

Person ID	Person Name	SSN	Position	Last Screening Date	Provisional Hire Date	Hire Date	End Date
	KELLY, PATRICK		Medical Director			04/01/2007	
	KELLY, PATRICK		ADMINISTRATOR			04/01/2007	
	KELLY, PATRICK		Chief Financial Officer			04/01/2007	
	KELLY, PATRICK		Medical Director			04/01/2007	

Screening Requests

Person ID	Person Name	Date Requested	Position
	KELLY, PATRICK		ADMINISTRATOR
	KELLY, PATRICK		ADMINISTRATOR
	KELLY, PATRICK		ADMINISTRATOR
	KELLY, PATRICK		ADMINISTRATOR
	KELLY, PATRICK		ADMINISTRATOR

1/2