



# Health Care Licensing Application Abortion Clinic - Renewal Licensure

## Provider/Facility Information

### Provider Information

Provider name, address, telephone number will be listed on Florida Health Finder at: <http://www.floridahealthfinder.gov/>

License Number:	860	National Provider Identifier:	1659580991
File Number:	13960062		
Provider/Facility:	FLORIDA WOMEN'S CENTER		

### Street Address

Street Address:	3599 UNIVERSITY BLVD S STE 1200		(Bld, Suite, Floor, Villa, Apt)
City:	JACKSONVILLE	State:	FLORIDA
County:	DUVAL	Zip:	32216-4288
Telephone:	(904) 398-8005	Telephone Ext:	
Provider Website:	www.floridawomenscenter.com		Email Address:
			PATRICK@KELLYMDJD.COM

Transparency Page:

### Mailing Address (All mail will be sent to this address)

Street Address:	3599 UNIVERSITY BLVD S STE 1200		(Bld, Suite, Floor, Villa, Apt)
City:	JACKSONVILLE	State:	FLORIDA
County:	DUVAL	Zip:	32216-4288
Telephone:	(904) 398-8005	Telephone Ext:	
Email Address	PATRICK@KELLYMDJD.COM		

## Contact Details

### Contact Person

Contact Person:	Patrick Joseph Kelly	Suffix:	
Telephone:	(904) 398-8005	Telephone Ext:	
Email:	patrick@kellymdjd.com		<b>Note:</b> By providing your email address you agree to accept email correspondence from the Agency

## Licensee Information

Description of Licensee:	For Profit	Ownership Type:	Corporation
Licensee Name:	FLORIDA WOMENS CENTER INC		FEIN:
			593605145
Mailing Address:	3599 UNIVERSITY BLVD S STE 1200		(Bld, Suite, Floor, Villa, Apt.)
City:	JACKSONVILLE	State:	FLORIDA
County:	DUVAL	Zip:	32216-4288
Telephone:	(904) 398-8005	Telephone Ext:	
Email:	PATRICK@KELLYMDJD.COM		

## Ownership Information

☒ Does any person or entity serve as an officer of, is on the board of directors of, or have a 5% or greater ownership interest in the applicant or licensee?

### Person and/or Entity Ownership of Licensee

Full Name of Individual/Entity:	PATRICK KELLY	SSN/EIN:	xxx-xxx-xxxx
Board Member/ Officer:	YES	Suffix:	
% Ownership:	100.00		
Effective Date:	01/30/2015	End Date:	
Mailing Address Type:	Business		
Street Address:	PO BOX 55095	(Bld, Suite, Floor, Villa, Apt)	
City:	JACKSONVILLE	State:	FL
Zip:	32216-0095	County:	DUVAL
Telephone:	(904) 398-8005	Telephone Ext.:	
Email:	PATRICK@KELLYMDJD.COM		

If the percentage of ownership interest indicated above does not equal 100%, please explain why in the space below:

## Management Company Information

### Management Company

☐ Does a company other than the licensee manage the licensed provider?

## Procedures Performed

- ☐ First Trimester Abortions
- ☐ Second Trimester Abortions

### Medical Director

Full Name:		FL Medical License #:	
Effective Date:		End Date:	
Address Type:			
Mailing Address:		(Bld, Suite, Floor, Villa, Apt.):	
City:		County:	
State:		Zip:	

## Transfer Agreement / Admitting Privileges

### Transfer Agreement / Admitting Privileges

- ☐ All the physicians performing abortions have admitting privileges at a hospital within reasonable proximity.
- ☒ The abortion clinic has a transfer agreement with a hospital within reasonable proximity.

### Transfer Agreement Hospitals

Provider Name	License Number	Telephone	Street Address
UF HEALTH JACKSONVILLE	4063	(904) 244-0411	655 W 8TH ST, JACKSONVILLE, FL, 32209

## Personnel Information

## Personnel

First Name:	PATRICK	Middle:		Last Name:	KELLY
Suffix:		SSN:	xxx-xxx-xxxx	DOB:	
Address Type:					
Street Name or P.O. Box:	PO BOX 55095	(Bld, Suite, Floor, Villa, Apt.):			
City:	JACKSONVILLE	State:	FLORIDA		
Zip:	32216-0095	County:	DUVAL		
Telephone:	(904) 398-8005	Telephone Ext:			
Email:	PATRICK@KELLYMDJD.COM				

Title	Effective Date	End Date	FL License Number
Administrator / Facility Manager	7/23/2004		ME69167
Financial Officer	7/23/2004		ME69167

## Required Disclosures

### Convictions

Pursuant to subsection [408.809\(1\)\(d\)](#), F.S., the applicant shall submit to the agency a description and explanation of any convictions or offences prohibited by sections [435.04](#) and [408.809\(4\)](#), F.S., for each controlling interest.

☐ N

Has the applicant or any individual listed in the Controlling Interests or Management Company Controlling Interests sections of this application been convicted of any level 2 offence pursuant to subsection [408.809\(1\)\(d\)](#), Florida Statutes?(These offences are listed on the Affidavit of Compliance with Background Screening Requirements, AHCA Form (#3100-0008))

Full Name	SSN	Description	Exemption
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### Exclusions

Pursuant to section 408.810(2), F.S., the applicant must provide a description and explanation of any exclusions, suspensions, or terminations from the Medicare, Medicaid, or Federal Clinical Laboratory Improvement Amendment (CLIA) programs.

☐ N

Has the applicant or any individual listed in the Controlling Interests or Management Company Controlling Interests sections of this application been excluded, suspended, terminated or involuntarily withdrawn from participation in Medicare or Medicaid in any state?

Full Name	SSN	Description
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### Felonies / Terminations

Pursuant to section [408.815\(4\)](#), F.S., does the applicant or any controlling interest in an applicant have any of the following:

☐ N

Convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter [409](#), chapter [817](#), chapter [893](#), [21 U.S.C. ss. 801-970](#), or [42 U.S.C. ss. 1395-1396](#), within the previous 15 years prior to the date of this application?

☐ N

Terminated for cause from the Medicare program or a state Medicaid program.

## Days and Hours of Operation

Day	Opening Time	Closing Time	By Appointment
MONDAY	9:00 AM	3:00 PM	
TUESDAY	9:00 AM	3:00 PM	
WEDNESDAY	9:00 AM	3:00 PM	
THURSDAY	9:00 AM	3:00 PM	
FRIDAY	9:00 AM	3:00 PM	
SATURDAY			
SUNDAY			

## Affidavit

I **PATRICK KELLY** , under penalty of perjury, attest as follows:

- (1) Pursuant to section 837.06, Florida Statutes (F.S.), I have not knowingly made a false statement with the intent to mislead the Agency in the performance of its official duty.
- (2) Pursuant to section 408.815, Florida Statutes (F.S.), I acknowledge that false representation of a material fact in the license application or omission of any material fact from the license application by a controlling interest may be used by the Agency for denying and revoking a license or change of ownership application.
- (3) Pursuant to section 408.806, Florida Statutes (F.S.), the applicant is in compliance with the provisions of section 408.806 and Chapter 435, Florida Statutes (F.S.).
- (4) Pursuant to section 408.809 and 435.05, Florida Statutes (F.S.), every employee of the applicant required to be screened has attested, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to Chapter 408, Part II and Chapter 435, Florida Statutes (F.S.), and has agreed to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer.
- (5) Pursuant to section 435.05, Florida Statutes (F.S.), the applicant has conducted a level 2 background screening through the Agency on every employee required to be screened under Chapter 408, Part II or Chapter 435, Florida Statutes (F.S.), as a condition of employment and continued employment and that every such employee has satisfied the level 2 background screening standards or obtained an exemption from disqualification from employment.

**PATRICK KELLY**

Signature of Licensee or Authorized Representative

MD

Title

12/13/2018

Date