



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:	925	National Provider Identifier:	1023221546
File Number:	13960133		
Provider/Facility:	PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA		

Street Address

Street Address:	610 OAK COMMONS BLVD	(Bld, Suite, Floor, Villa, Apt)	
City:	KISSIMMEE	State:	FLORIDA
County:	OSCEOLA	Zip:	34741
Telephone:	(941) 365-3913	Telephone Ext:	1006
Provider Website:	ppswcf.org	Email Address:	judith.merritt@ppswcf.org

Transparency Page:

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

Street Address:	736 CENTRAL AVE	(Bld, Suite, Floor, Villa, Apt)	
City:	SARASOTA	State:	FLORIDA
County:	SARASOTA	Zip:	34236
Telephone:	(941) 365-3913	Telephone Ext:	1006
Email Address	judith.merritt@ppswcf.org		

Contact Details

Contact Person

Contact Person:	judith merritt	Suffix:	
Telephone:	(941) 365-3913	Telephone Ext:	1006
Email:	judith.merritt@ppswcf.org	Fax:	None
Note: By providing your email address you agree to accept email correspondence from the Agency			

Licensee Information

Description of Licensee:	Not For Profit	Ownership Type:	Corporation
Licensee Name:	PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA INC	FEIN:	591274328
Mailing Address:	736 CENTRAL AVE	(Bld, Suite, Floor, Villa, Apt.)	
City:	SARASOTA	State:	FLORIDA
County:	SARASOTA	Zip:	34236
Telephone:	(941) 365-3913	Telephone Ext:	1006
Email:	judith.merritt@ppswcf.org	Fax:	None

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:	SUJATHA PRABHAKARAN	FL Medical License #:	ME104661
Effective Date:	07/06/2009	End Date:	
Address Type:	Personal		
Mailing Address:	736 CENTRAL AVE	(Bld, Suite, Floor, Villa, Apt.):	
City:	SARASOTA	County:	SARASOTA
State:	FL	Zip:	34236-4042

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
OSCEOLA REGIONAL MEDICAL CENTER	4450		700 W OAK ST, KISSIMMEE, FL, 34741
ADVENTHEALTH KISSIMMEE	4369	(407) 846-4343	2450 N ORANGE BLOSSOM TRL, KISSIMMEE, FL, 34744

Personnel Information

Personnel

First Name:	PAULINE	Middle:		Last Name:	PARRISH
Suffix:		SSN:	xxx-xxx-xxxx	DOB:	
Address Type:	Business				
Street Name or P.O. Box:	736 CENTRAL AVE	(Bld, Suite, Floor, Villa, Apt.):			
City:	SARASOTA	State:	FLORIDA		
Zip:	34236-4042	County:	SARASOTA		
Telephone:	(941) 365-1105	Telephone Ext:			
Email:	PAULINE.PARRISH@MYPLANNEDPARENTHOOD.ORG				

Title	Effective Date	End Date	FL License Number
Financial Officer	7/1/2015		

First Name:	STEPHANIE	Middle:		Last Name:	KIGHT
Suffix:		SSN:	xxx-xxx-xxxx	DOB:	4/11/1958
Address Type:	Business				
Street Name or P.O. Box:	736 CENTRAL AVE	(Bld, Suite, Floor, Villa, Apt.):			

City:	SARASOTA	State:	FLORIDA
Zip:	34236-4042	County:	SARASOTA
Telephone:	(941) 365-3913	Telephone Ext:	
Email:	stephanie.fraim@ppswcf.org		

<u>Title</u>	<u>Effective Date</u>	<u>End Date</u>	<u>FL License Number</u>
Administrator / Facility Manager	2/1/2018		

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)

<u>Full Name</u>	<u>SSN</u>	<u>Description</u>	<u>Exemption</u>
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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?

<u>Full Name</u>	<u>SSN</u>	<u>Description</u>
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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

<u>Day</u>	<u>Opening Time</u>	<u>Closing Time</u>	<u>By Appointment</u>
MONDAY	9:00 AM	5:30 PM	
TUESDAY	9:00 AM	5:00 PM	
WEDNESDAY	9:00 AM	3:00 PM	
THURSDAY	9:00 AM	7:00 PM	
FRIDAY	9:00 AM	3:00 PM	
SATURDAY	9:00 AM	3:00 PM	
SUNDAY			

Affidavit

I **JUDITH MERRITT** , 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.

JUDITH MERRITT

Signature of Licensee or Authorized Representative

DIR. CRQM

Title

03/22/2019

Date