



UM 13 SJ

9/21

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

September 10, 2018

Certified Mail/Read Receipt

Heidi Mullis, Administrator
Women's Center Of Hyde Park LLC
502 S Magnolia Ave
Tampa, FL 33606-2257

Application Number: 1607
File Number: 13960053
License Number: 853
Provider Type: Abortion Clinic

C# 3609
\$ 275.25

Re: Omission Notice for Women's Center Of Hyde Park LLC, 502 S Magnolia Ave, Tampa

Dear Administrator:

B- 101000160

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 If the response to this letter does not satisfactorily address what is outlined below, the application will be withdrawn from consideration.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:

1. **Late Application Fee:** Pursuant section 408.806, Florida Statutes, the renewal application must be received by the agency at least 60 days but no more than 120 days before the expiration date or a late fee will be assessed. Your application was received on August 31, 2018; 44 days prior to the license expiration date, therefore a \$275.25 late fee has been added to your application fee.
2. **ITOP Report:** Please correct the ITOP Data for July 2018 regarding the third trimester and duplicate entry error.

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:

Agency for Health Care Administration
Hospital and Outpatient Services Unit, MS#31
2727 Mahan Drive
Tallahassee, Florida 32308

SEP 21 2018
Central Intake

2727 Mahan Drive • MS#31
Tallahassee, FL 32308
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

Women's Center Of Hyde Park LLC

Page 2

09/10/2018

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

SEP 21 2018
Central Intake

Pull to open.

▶ insert shipping document here

Central Intake
SEP 21 2018

Extremely Urgent

ORIGIN ID: ORLA (407) 228-2808
WOMEN'S CENTER OF HYDEPARK
808 VIRGINIA DR
ORLANDO, FL 32803
UNITED STATES US

SHIP DATE: 19SEP18
ACTWGST: 0.50 LB
CAD: 1002312401NET4040
BILL SENDER

TO AGENCY FOR HEALTH CARE ADMINISTRATI
HOSPITAL & OUTPATIENT SERVICES UNIT
2727 MAHAN DRIVE
MAIL STOP # 31
TALLAHASSEE FL 32308

65011760006

(850) 412-4500 REF: DEPT:



FRI - 21 SEP 10:30A
MORNING 2DAY

TRK# 7732 7492 8180
0201

SH TLHA

32308
FL-US TLH



cross



Pull to open.