



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

July 17, 2019

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

Certified Article Number

9414 7266 9904 2148 0544 69

SENDER'S RECORD

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

RE: Case Number 2019010416, 502 S Magnolia Ave, Tampa, FL 33606-2257

Notice of Intent to Impose Fine

Pursuant to s. 408.813 and 390.0112(5), Florida Statutes (F.S.), the Agency intends to impose a fine of \$200 for the above provider's failure to timely submit its monthly report of induced terminations of pregnancy for the month of May 2019. The monthly report is due no later than 30 days following the preceding month. Pursuant to Section 390.0112(5) F.S., any person required to report who fails to report may be subject to a \$200 fine.

**TO PAY NOW, PAYMENT SHOULD BE MADE WITHIN 21 DAYS
AND MAILED WITH A COPY OF THE ENCLOSED PAYMENT STATEMENT TO:**

Agency for Health Care Administration
Attention: Hospital And Outpatient Services Unit
2727 Mahan Drive, MS 31
Tallahassee, Florida 32308

Include License Number 853 and Case Number 2019010416 in the check memo field.

EXPLANATION OF RIGHTS

Pursuant to Section 120.569, F.S., you have the right to request an administrative hearing. In order to obtain a formal proceeding before the Division of Administrative Hearings under Section 120.57(1), F.S., your request for an administrative hearing must conform to the requirements in Section 28-106.201, Florida Administrative Code (F.A.C), and must state the material facts you dispute.

SEE ATTACHED ELECTION AND EXPLANATION OF RIGHTS FORMS.

Jack Plagge, Manager
Hospital and Outpatient Services Unit
Agency for Health Care Administration

cc: Legal Intake Unit, MS 3



Women's Center of Hyde Park LLC
July 17, 2019

**STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION**

RE: Women's Center of Hyde Park LLC

Case Number: 2019010416

ELECTION OF RIGHTS

This Election of Rights form is attached to a proposed Notice of Intent to Deem Incomplete and Withdraw from Further Review of the Agency for Health Care Administration (AHCA). The title may be **Notice of Intent to Deem Incomplete and Withdraw from Further Review or some other notice of intended action by AHCA.**

An Election of Rights must be returned by mail or by fax within 21 days of the day you receive the attached Notice of Intent to Deem Incomplete and Withdraw from Further Review or any other proposed action by AHCA.

If an Election of Rights with your selected option is not received by AHCA within twenty-one (21) days from the date you received this notice of proposed action, you will have given up your right to contest the Agency's proposed action and **a final order will be issued.**

(Please reply using this Election of Rights form unless you, your attorney or your representative prefer to reply according to Chapter 120, Florida Statutes (2006) and Rule 28, Florida Administrative Code.)

Please return your ELECTION OF RIGHTS to:

Agency for Health Care Administration
Attention: Agency Clerk
2727 Mahan Drive, MS #3
Tallahassee, Florida 32308
Phone: (850) 412-3630 Fax: (850) 921-0158

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS:

OPTION ONE (1) _____ **I admit to the allegations of facts and law contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review, or other notice of intended action by AHCA and I waive my right to object and have a hearing.** I understand that by giving up my right to a hearing, a final order will be issued that adopts the proposed agency action and imposes the proposed penalty, fine or action.

OPTION TWO (2) _____ **I admit to the allegations of facts contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review, or other proposed action by AHCA, but I wish to be heard at an informal proceeding** (pursuant to Section 120.57(2), Florida Statutes) where I may submit testimony and written evidence to the Agency to show that the proposed administrative action is too severe or that the fine should be reduced.

OPTION THREE (3) _____ **I dispute the allegations of fact contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review or other proposed action by AHCA, and I request a formal hearing** (pursuant to Section 120.57(1), Florida Statutes) before an Administrative Law Judge appointed by the Division of Administrative Hearings.



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GOVERNOR

MARY C. MAYHEW
SECRETARY

PAYMENT STATEMENT

Remit To:

Agency for Health Care Administration
Attention: Hospital and Outpatient Services Unit
2727 Mahan Drive, MS 31
Tallahassee, FL 32308

Facility Information:

Women's Center of Hyde Park LLC
502 S Magnolia Ave
Tampa, FL 33606-2257
File Number: 13960053 License Number: 853
Provider Type: Abortion Clinic

Payment Information

Please remit this statement with payment to the address above. Make checks payable to: AHCA.

Legal Cases - 2019010416	
Charge Code	Amount
13FN	\$200.00
Total Amount:	\$200.00

Please remember the Election of Rights form must be returned to the Agency to close this case. If you have any questions, please contact the Agency Clerk at 850-412-3630.

Division of Health Quality Assurance

