



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: 766	National Provider Identifier: None		
File Number: 13940024			
Provider/Facility: ADVANCE WOMAN'S CARE CENTER, INC			

Street Address

Street Address: 2742 SW 8TH STREET 20		(Bld, Suite, Floor, Villa, Apt)	
City: MIAMI	State: FLORIDA	Zip: 33147	
County: MIAMI-DADE			
Telephone: (305) 649-4599	Telephone Ext:	Fax: (305) 649-4580	
Provider Website: advancedwomancarecenter.com	Email Address: dturbides@aol.com		

Transparency Page:

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

Street Address: 2742 SW 8TH STREET 20		(Bld, Suite, Floor, Villa, Apt)	
City: MIAMI	State: FLORIDA	Zip: 33135	
County: MIAMI-DADE	Telephone: (305) 649-4599	Telephone Ext:	
Email Address: dturbides@aol.com			

Contact Details

Contact Person

Contact Person: Dayana Turbides	Suffix:	
Telephone: (305) 992-3259	Telephone Ext:	Fax: None
Email: dturbides@aol.com	<i>Note: By providing your email address you agree to accept email correspondence from the Agency</i>	

Licensee Information

Description of Licensee: For Profit	Ownership Type: Corporation
Licensee Name: ADVANCE WOMAN'S CARE CENTER, INC.	FEIN: 650438182
Mailing Address: 2742 SW 8TH STREET	(Bld, Suite, Floor, Villa, Apt.) SUITE 20
City: MIAMI	State: FLORIDA
County: MIAMI-DADE	Zip: 33135
Telephone: (305) 649-4599	Telephone Ext:
	Fax: (305) 649-4580
Email: dturbides@aol.com	

Ownership Information

Y 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:	ARMEIRA CEDENO	SSN/EIN:	xxx-xxx-xxxx
Board Member/ Officer:	NO	Suffix:	
% Ownership:	50.00		
Effective Date:	03/01/2007	End Date:	
Mailing Address Type:	Business		
Street Address:	2742 SW 8TH STREET	(Bld, Suite, Floor, Villa, Apt)	SUITE 20
City:	MIAMI	State:	FL
Zip:	33135	County:	MIAMI-DADE
Telephone:	(850) 222-2222	Telephone Ext.:	
Email:	None		
Full Name of Individual/Entity:	DAYANA TURBIDES	SSN/EIN:	xxx-xxx-xxxx
Board Member/ Officer:	NO	Suffix:	
% Ownership:	50.00		
Effective Date:	03/18/2005	End Date:	
Mailing Address Type:	Business		
Street Address:	2742 SW 8TH ST	(Bld, Suite, Floor, Villa, Apt)	STE 20
City:	MIAMI	State:	FL
Zip:	33135-4635	County:	MIAMI-DADE
Telephone:	(305) 649-4599	Telephone Ext.:	
Email:	DTURBIDES@AOL.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

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

Procedures Performed

- First Trimester Abortions
 Second Trimester Abortions

Medical Director

Full Name:	vlad van rosenthal	FL Medical License #:	ME45574
Effective Date:	05/03/2019	End Date:	
Address Type:	Personal		
Mailing Address:	3250 S DIXIE HWY	(Bld, Suite, Floor, Villa, Apt.):	
City:	MIAMI	County:	MIAMI-DADE
State:	FL	Zip:	33133-3617

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

Personnel Information

Personnel

First Name:	ARMEIRA	Middle:		Last Name:	CEDENO
Suffix:		SSN:	xxx-xxx-xxxx	DOB:	
Address Type:	Personal				
Street Name or P.O. Box:	2742 SW 8TH STREET	(Bld, Suite, Floor, Villa, Apt.):	SUITE 20		
City:	MIAMI	State:	FLORIDA		
Zip:	33135	County:	MIAMI-DADE		
Telephone:	(786) 217-2596	Telephone Ext:			
Email:	advancedwomanscare@gmail.com				

Title	Effective Date	End Date	FL License Number
Financial Officer	2/3/2011		

First Name:	DAYANA	Middle:		Last Name:	TURBIDES
Suffix:		SSN:	xxx-xxx-xxxx	DOB:	4/12/1971
Address Type:	Personal				
Street Name or P.O. Box:	2742 SW 8TH ST	(Bld, Suite, Floor, Villa, Apt.):	STE 20		
City:	MIAMI	State:	FLORIDA		
Zip:	33135-4635	County:	MIAMI-DADE		
Telephone:	(305) 992-3259	Telephone Ext:			
Email:	DTURBIDES@AOL.COM				

Title	Effective Date	End Date	FL License Number
Administrator / Facility Manager	4/1/2005		

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.

- 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	9:00 AM	3:00 PM	
SUNDAY			

Affidavit

I **DAYANA TURBIDES**, 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.

DAYANA TURBIDES

Signature of Licensee or Authorized Representative

ADMINISTRATOR

Title

05/08/2019

Date