



Health Care Licensing Application Abortion Clinic - Renewal Licensure

Provider/Facility Information

Under the authority of Chapters 408, Part II and 390, Florida Statutes (F.S.), and Chapters 59A-35 and 59A-9, Florida Administrative Code (F.A.C.), an application is hereby made to operate an abortion clinic as indicated below.

Pursuant to sections 408.806 (1)(a) and (b), F.S., an application for licensure must include: the name, address and social security number of the applicant, administrator or similarly titled person who is responsible for the day to day operation of the provider, financial officer or similarly titled person who is responsible for the financial operation of the licensee or provider and each controlling interest, if the applicant or controlling interest is an individual; and the name, address, and federal employer identification number (EIN) of the applicant and each controlling interest, if the applicant or controlling interest is not an individual. Disclosure of social security number(s) is mandatory.

The Agency for Health Care Administration (AHCA) shall use such information for purposes of securing the proper identification of persons listed on this application for licensure.

Review the information below and make any necessary edits. The Provider/Facility name, address and telephone number will be listed on Florida Health Finder (<http://www.floridahealthfinder.gov>).

Provider/Facility Information

License Number: 928

National Provider Identifier: 1598964694

File Number: 13960129

Provider/Facility: GYNECOLOGY AND MORE INC

Provider/Facility Location Address

Street Address: 1933 W 60TH ST

(Bld, Suite, Floor,
Villa, Apt)

City: HIALEAH

State: FLORIDA

Zip: 33012

County: MIAMI-DADE

Telephone: (305) 824-1788

Telephone Ext:

Fax: (305) 456-2393

Provider Website: Gynecology and More. com

Email Address: olomie@gmail.com

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

Street Address: 1933 W 60TH ST

(Bld, Suite, Floor,
Villa, Apt)

City: HIALEAH

State: FLORIDA

Zip: 33012

County: MIAMI-DADE

Telephone: (786) 234-2125

Telephone Ext:

Email Address olomie@gmail.com

Contact Person

Provider/Facility Contact Person for this application

Contact Person: Laura Fuentes

Suffix:

Telephone: (786) 824-2125

Telephone Ext:

Fax: (305) 456-2393

Email: Laura Fuentes@gynecologyandmore.com

Note: By providing your email address you agree to accept email correspondence from the Agency

Licensee Information

Licensee Details

Description of Licensee: For Profit		Ownership Type: Corporation
Licensee Name: GYNECOLOGY AND MORE INC		FEIN: 473182343
Mailing Address: 1933 W 60 ST		(Bld, Suite, Floor, Villa, Apt.)
City: HIALEAH	State: FLORIDA	Zip: 33012
County: MIAMI-DADE		
Telephone: (786) 824-2125	Telephone Ext:	Fax: (305) 456-2393
Email: Laura.fuentes@gynecologyandmore.com		

Controlling Interest of Licensee

Controlling Interests, as defined in section 408.803(7), F.S., are the applicant or licensee; a person or entity that serves as an officer of, is on the board of directors of, or has a 5% or greater ownership interest in the applicant or licensee; or a person or entity that serves as an officer of, is on the board of directors of, or has a 5% or greater ownership interest in the management company or other entity, related or unrelated, with which the applicant or licensee contracts to manage the provider. The term does not include a voluntary board member.

Note: For each controlling interest, an AHCA screening through the Care Provider Background Screening Clearinghouse is needed, or the Attestation of Compliance with the Background Screening Requirements, AHCA Form 3100-0008 if background screening was conducted by the Department of Financial Services for an applicant for a certificate of authority to operate a continuing care retirement community under Chapter 651, F.S. To verify who must be screened, visit the Background Screening site.

Person and/or Entity Ownership of Licensee

Do any individuals or entities possess 5% or greater ownership interest in the licensee or function as a board member or officer?		<input checked="" type="checkbox"/>
Full Name of Individual/Entity: LAURA ISELA FUENTES		SSN/EIN: xxx-xxx-xxxx
Board Member/ Officer: NO		Suffix:
% Ownership: 100.00		
Effective Date: 07/24/2015		End Date:
Mailing Address Type: Business		
Street Address: 1084 CREEKFORD DR		(Bld, Suite, Floor, Villa, Apt)
City: WESTON	State: FL	
Zip: 33326	County: BROWARD	
Telephone: (786) 824-2125	Telephone Ext.:	
Email: olomie@gmail.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 Information

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

Management Company Controlling Interest

Controlling interests, as defined in section 408.803(7), F.S., are the applicant or licensee; a person or entity that serves as an officer of, is on the board of directors of, or has a 5% or greater ownership interest in the applicant or licensee; or a person or entity that serves as an officer of, is on the board of directors of, or has a 5% or greater ownership interest in the management company or other entity, related or unrelated, with which the applicant or licensee contracts to manage the provider. The term does not include a voluntary board member.

Note: For each controlling interest, an AHCA screening through the Care Provider Background Screening Clearinghouse is needed, or the Attestation of Compliance with the Background Screening Requirements, AHCA Form 3100-0008 if background screening was conducted by the Department of Financial Services for an applicant for a certificate of authority to operate a continuing care retirement community under Chapter 651, F.S. To verify who must be screened, visit the Background Screening site.

Procedures Performed

- ☐ First Trimester Abortions
- ☒ Second Trimester Abortions

Medical Director

Full Name: ALEX BIRMAN	FL Medical License #: ME99515
Effective Date: 11/04/2021	End Date:
Address Type: Personal	
Mailing Address: 1933 W 60TH ST	(Bld, Suite, Floor, Villa, Apt.):
City: HIALEAH	County: MIAMI-DADE
State: FL	Zip: 33012

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

Note: For the administrator and financial officer, an AHCA Screening through the Care Provider Background Screening Clearinghouse (Clearinghouse) is needed, or the Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008 if background screening was conducted by the Department of Financial Services for an applicant for a certificate of authority to operate a continuing care retirement community under Chapter 651, F.S. To verify who must be screened, visit the Background Screening site.

Personnel

First Name: LAURA	Middle: ISELA	Last Name: FUENTES
Suffix:	SSN: xxx-xxx-xxxx	DOB: 6/4/1974
Address Type:		
Street Name or P.O. Box:	(Bld, Suite, Floor, Villa, Apt.):	
City: WESTON	State: FLORIDA	
Zip: 33326	County: BROWARD	
Telephone: (786) 824-2125	Telephone Ext:	
Email: olomie@gmail.com		

<u>Title</u>	<u>Effective Date</u>	<u>End Date</u>	<u>FL License Number</u>
Administrator / Facility Manager	5/23/2011		
Financial Officer	5/23/2011		

Required Disclosures

Convictions

Pursuant to section 408.809, F.S., the applicant shall submit to the agency a description and explanation of any convictions or offenses 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 offense pursuant to section 408.809, F.S.?

N

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.

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?

N

Felonies / Terminations

Pursuant to section 408.815(4), F.S., has the applicant or a controlling interest in the applicant, or any entity in which a controlling interest of the applicant was an owner or officer when the following actions occurred ever been:

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, Medicaid fraud, Medicare fraud or insurance fraud, 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?

N

Days and Hours of Operation

Note: Site inspections by surveyors will occur during the business hours submitted. Failure to be open during the listed hours may result in a fine or denial of an application.

<u>Day</u>	<u>Opening Time</u>	<u>Closing Time</u>	<u>By Appointment</u>
MONDAY	10:00 AM	3:00 PM	
TUESDAY	10:00 AM	3:00 PM	
WEDNESDAY	10:00 AM	3:00 PM	
THURSDAY	10:00 AM	3:00 PM	
FRIDAY	10:00 AM	3:00 PM	
SATURDAY			
SUNDAY			

Attestation

I **LAURA FUENTES** , attest as follows:

- (1) Pursuant to section 837.06, Florida Statutes 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 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, the applicant is in compliance with the provisions of section 408.806 and Chapter 435, Florida Statutes.
- (4) Pursuant to section 408.809 and 435.05, Florida Statutes 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 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, 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, 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.
- (6) Pursuant to section 408.810(12), Florida Statutes, the licensee ensures that no person holds any ownership interests, either directly or indirectly, regardless of ownership structure; who has a disqualifying offense pursuant to section 408.809, Florida Statutes or in a provider that had a license revoked or application denied pursuant to section 408.815, Florida Statutes.

LAURA FUENTES

Signature of Licensee or Authorized Representative

ADMINISTRATOR

Title

01/19/2022

Date