



# Health Care Licensing Application Abortion Clinic - Renewal Licensure

## Provider/Facility Information

Under the authority of Chapters 408, Part II and 429, Florida Statutes (F.S.), and Chapters 59A-35 and 59A-36, Florida Administrative Code (F.A.C.), an application is hereby made to operate an 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: 891

National Provider Identifier: None

File Number: 13960098

Provider/Facility: A HIALEAH WOMEN CENTER, INC

## Provider/Facility Location Address

Street Address: 697 E 9TH STREET

(Bld, Suite, Floor,  
Villa, Apt)

City: HIALEAH

State: FLORIDA

Zip: 33010

County: MIAMI-DADE

Telephone: (305) 887-3001

Telephone Ext:

Fax: (305) 887-3055

Provider Website: [abortionhialeahwomenscenter.com](http://abortionhialeahwomenscenter.com)

Email Address: [ahialeahwomenscenter@gmail.com](mailto:ahialeahwomenscenter@gmail.com)

Transparency Page:

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

Street Address: 697 E 9TH STREET

(Bld, Suite, Floor,  
Villa, Apt)

City: HIALEAH

State: FLORIDA

Zip: 33010

County: MIAMI-DADE

Telephone: (305) 887-3001

Telephone Ext:

Email Address: [AHIALEAHWOMENCENTER@GMAIL.COM](mailto:AHIALEAHWOMENCENTER@GMAIL.COM)

## Contact Person

### Provider/Facility Contact Person for this application

Contact Person: Ileana M Rodriguez

Suffix:

Telephone: (305) 887-3001

Telephone Ext:

Fax: (305) 887-3055

Email: [ahialeahwomenscenter@gmail.com](mailto:ahialeahwomenscenter@gmail.com)

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

## Licensee Information

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### Licensee Details

|  |                   |                                     |
|--|-------------------|-------------------------------------|
| Description of Licensee: For Profit        |                   | Ownership Type: Corporation         |
| Licensee Name: A HIALEAH WOMEN CENTER, INC |                   | FEIN: 510518946                     |
| Mailing Address: 697 E 9TH ST              |                   | (Bld, Suite, Floor,<br>Villa, Apt.) |
| City: HIALEAH                              | State: FLORIDA    | Zip: 33010-4523                     |
| County: MIAMI-DADE                         |                   |                                     |
| Telephone: (305) 887-3001                  | Telephone<br>Ext: | Fax: (305) 887-3055                 |
| Email: ahialeahwomenscenter@gmail.com      |                   |                                     |

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### Controlling Interest of Licensee

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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?

Y

Full Name of Individual/Entity: ILEANA MARIA RODRIGUEZ  
LAURENT

SSN/EIN: xxx-xxx-xxxx

Board Member/ Officer: YES

Suffix:

% Ownership: 50.00

Effective Date: 03/02/2015

End Date:

Mailing Address Type: Business

Street Address: 697 EAST 9 ST

(Bld, Suite, Floor, Villa, Apt)

City: HIALEAH

State: FL

Zip: 33010

County: MIAMI-DADE

Telephone: (305) 887-3001

Telephone Ext.:

Email: None

Full Name of Individual/Entity: ISRAEL LUIS CABLES

SSN/EIN: xxx-xxx-xxxx

Board Member/ Officer: YES

Suffix:

% Ownership: 50.00

Effective Date: 03/02/2015

End Date:

Mailing Address Type: Business

Street Address: 697 EAST 9 ST

(Bld, Suite, Floor, Villa, Apt)

City: HIALEAH

State: FL

Zip: 33010

County: MIAMI-DADE

Telephone: (305) 887-3001

Telephone Ext.:

Email: None

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 provider? N

Management Ownership

Please list a person or entity that serves as an officer of, is on the board of directors of, or has a 5-percent 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.

Procedures Performed

- First Trimester Abortions
- Second Trimester Abortions

Medical Director

|                  |                                   |
|------------------|-----------------------------------|
| Full Name:       | FL Medical License #:             |
| Effective Date:  | End Date:                         |
| Address Type:    |                                   |
| Mailing Address: | (Bld, Suite, Floor, Villa, Apt.): |
| City:            | County:                           |
| State:           | Zip:                              |

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: ILEANA Middle: MARIA Last Name: RODRIGUEZ LAURENT

Suffix:

SSN: xxx-xxx-xxxx

DOB:

Address Type: Personal

Street Name or P.O. Box: 697 EAST 9 ST

(Bld, Suite, Floor, Villa, Apt.):

City: HIALEAH

State: FLORIDA

Zip: 33010

County: MIAMI-DADE

Telephone: (305) 887-3001

Telephone Ext:

Email: ahialeahwomenscenter@gmail.com

**Title**

**Effective Date**

**End Date**

**FL License Number**

Administrator / Facility Manager

3/2/2015

First Name: ISRAEL

Middle: LUIS

Last Name: CABLES

Suffix:

SSN: xxx-xxx-xxxx

DOB:

Address Type: Personal

Street Name or P.O. Box: 697 EAST 9 ST

(Bld, Suite, Floor, Villa, Apt.):

City: HIALEAH

State: FLORIDA

Zip: 33010

County: MIAMI-DADE

Telephone: (305) 887-3001

Telephone Ext:

Email: ahialeahwomenscenter@gmail.com

**Title**

**Effective Date**

**End Date**

**FL License Number**

Financial Officer

3/2/2015

## 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 section 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, Florida Statutes?

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/entity 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

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

## Affidavit

I ILEANA RODRIGUEZ , 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.

ILEANA RODRIGUEZ

Signature of Licensee or Authorized Representative

VICE-PRESIDENT

Title

02/18/2021

Date