



# 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 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: 833                      National Provider Identifier: None

File Number: 13910053

Provider/Facility: A WOMAN'S CARE

## Provider/Facility Location Address

Street Address: 68-A NE 167TH STREET                      (Bld, Suite, Floor, Villa, Apt)

City: MIAMI                      State: FLORIDA                      Zip: 33162

County: MIAMI-DADE

Telephone: (305) 947-0885                      Telephone Ext:                      Fax: (305) 919-7481

Provider Website: awomanscare.com                      Email Address: siomaraguzman@aol.com

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

Street Address: 68-A NE 167TH STREET                      (Bld, Suite, Floor, Villa, Apt)

City: MIAMI                      State: FLORIDA                      Zip: 33162

County: MIAMI-DADE

Telephone: (305) 947-0885                      Telephone Ext:

Email Address siomaraguzman@aol.com

## Contact Person

### Provider/Facility Contact Person for this application

Contact Person: siomara senises                      Suffix:

Telephone: (954) 829-2327                      Telephone Ext:                      Fax: (954) 964-9528

Email: siomaraguzman@aol.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: A WOMAN'S CARE INC	FEIN: 650122192	
Mailing Address: 68 NE 167 STREET	(Bld, Suite, Floor, Villa, Apt.) SUITE A	
City: MIAMI	State: FLORIDA	Zip: 33162
County: MIAMI-DADE		
Telephone: (305) 947-0885	Telephone Ext:	Fax: (954) 964-9530
Email: siomaraguzman@aol.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: MARIA PEGUERO

SSN/EIN: xxx-xxx-xxxx

Board Member/ Officer: NO

Suffix:

% Ownership: 50.00

Effective Date: 09/18/2017

End Date:

Mailing Address Type: Business

Street Address: 68 NE 167 STREET

(Bld, Suite, Floor, Villa, Apt) SUITE A

City: MIAMI

State: FL

Zip: 33162

County: MIAMI-DADE

Telephone: (305) 947-0885

Telephone Ext.:

Email: siomaraguzman@aol.com

Full Name of Individual/Entity: SIOMARA SENISES

SSN/EIN: xxx-xxx-xxxx

Board Member/ Officer: YES

Suffix:

% Ownership: 50.00

Effective Date: 09/18/2017

End Date:

Mailing Address Type: Business

Street Address: 68 NE 167 STREET

(Bld, Suite, Floor, Villa, Apt) SUITE A

City: MIAMI

State: FL

Zip: 33162

County: MIAMI-DADE

Telephone: (954) 829-2327

Telephone Ext.:

Email: siomaraguzman@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 Information

Does a company other than the licensee manage the licensed 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: PIERRE BERNARD EUGENE	FL Medical License #: ME123097
Effective Date: 12/15/2021	End Date:
Address Type: Personal	
Mailing Address: 6464 N MIAMI AVE	(Bld, Suite, Floor, Villa, Apt.):
City: MIAMI	County: MIAMI-DADE
State: FL	Zip: 33150-4520

## 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: SIOMARA	Middle:	Last Name: SENISES
Suffix:	SSN: xxx-xxx-xxxx	DOB:
Address Type:		
Street Name or P.O. Box: 68 NE 167 STREET	(Bld, Suite, Floor, Villa, Apt.): SUITE A	
City: MIAMI	State: FLORIDA	
Zip: 33162	County: MIAMI-DADE	
Telephone: (954) 829-2327	Telephone Ext:	
Email: siomaraguzman@aol.com		

<b><u>Title</u></b>	<b><u>Effective Date</u></b>	<b><u>End Date</u></b>	<b><u>FL License Number</u></b>
Financial Officer	9/10/2015		

  

First Name: MILTA	Middle:	Last Name: TURBIDES
Suffix:	SSN: xxx-xxx-xxxx	DOB:
Address Type:		
Street Name or P.O. Box: 8855 NW 188TH ST	(Bld, Suite, Floor, Villa, Apt.):	
City: HIALEAH	State: FLORIDA	
Zip: 33018-6285	County: MIAMI-DADE	
Telephone: (305) 785-4934	Telephone Ext:	
Email: mjt95@aol.com		

<b><u>Title</u></b>	<b><u>Effective Date</u></b>	<b><u>End Date</u></b>	<b><u>FL License Number</u></b>
Administrator / Facility Manager	7/8/2021		

## **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

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## **Days and Hours of Operation**

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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

<b>Day</b>	<b>Opening Time</b>	<b>Closing Time</b>	<b>By Appointment</b>
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			X
SUNDAY			

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## **Attestation**

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I **SIOMARA SENISES**, 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.

**SIOMARA SENISES**

Signature of Licensee or Authorized Representative

**MANAGER**

Title

**12/15/2021**

Date