



# 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: 916	National Provider Identifier: 1548514508
File Number: 13960122	
Provider/Facility: PLANNED PARENTHOOD OF SOUTH EAST AND NORTH FLORIDA	

## Provider/Facility Location Address

Street Address:	263 N UNIVERSITY DRIVE			(Bld, Suite, Floor, Villa, Apt)	
City:	PEMBROKE PINES	State:	FLORIDA	Zip:	33024
County:	BROWARD				
Telephone:	(954) 989-5747	Telephone Ext:		Fax:	(954) 989-2371
Provider Website:	None			Email Address:	abigail.keller@ppsenfl.org

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

Street Address:	2300 N FLORIDA MANGO ROAD			(Bld, Suite, Floor, Villa, Apt)
City:	WEST PALM BEACH	State:	FLORIDA	Zip: 33409
County:	PALM BEACH	Telephone:	(561) 848-6402	Telephone Ext:
Email Address	abigail.keller@ppsenfl.org			

## Contact Person

<b>Provider/Facility Contact Person for this application</b>			
Contact Person: Abigail Coplin Keller	Suffix:		
Telephone: (850) 574-7455	Telephone Ext:	Fax: None	
Email: abigail.keller@ppsenfl.org	<b>Note:</b> By providing your email address you agree to accept email correspondence from the Agency		

## Licensee Information

## Licensee Details

Description of Licensee:	Not For Profit	Ownership Type:	Corporation
Licensee Name:	PLANNED PARENTHOOD OF SOUTH FLORIDA AND THE TREASURE COAST INC		FEIN: 591391115
Mailing Address:	2300 N FLORIDA MANGO RD		(Bld, Suite, Floor, Villa, Apt.)
City:	WEST PALM BCH	State:	FLORIDA
		Zip:	33409-6416
County:	PALM BEACH		
Telephone:	(561) 848-6402	Telephone Ext:	
		Fax:	(305) 285-6956
Email:	abigail.keller@ppsenfl.org		

# 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.

**Note:** If any controlling interest qualifies as a nonimmigrant alien according to 8 U.S.C §1101 the Nonimmigrant Alien box must be selected next to their name.

## Procedures Performed

- ☒ First Trimester Abortions
- ☐ Second Trimester Abortions

### Medical Director

Full Name:	ROBERT PEARL	FL Medical License #:	
Effective Date:		End Date:	
Address Type:	Business		
Mailing Address:	10111 FOREST HILL BLVD # 1408	(Bld, Suite, Floor, Villa, Apt.):	
City:	WELLINGTON	County:	PALM BEACH
State:	FL	Zip:	33414-6108

## 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
MEMORIAL HOSPITAL PEMBROKE	4121	(954) 962-9650	7800 SHERIDAN ST, PEMBROKE PINES, FL, 33024

## 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:	LILLIAN	Middle:	A	Last Name:	TAMAYO
Suffix:		SSN:	xxx-xxx-xxxx	DOB:	10/1/1956
Address Type:	Business				
Street Name or P.O. Box:	2300 N FLORIDA MANGO RD	(Bld, Suite, Floor, Villa, Apt.):			
City:	WEST PALM BCH	State:	FLORIDA		
Zip:	33409-6416	County:	PALM BEACH		
Telephone:	(561) 848-6402	Telephone Ext:			
Email:	LILLIAN.TAMAYO@PPSENFL.ORG				

<u>Title</u>	<u>Effective Date</u>	<u>End Date</u>	<u>FL License Number</u>
Administrator / Facility Manager	8/9/1999		

First Name:	DAVID	Middle:		Last Name:	GARTNER
Suffix:		SSN:	xxx-xxx-xxxx	DOB:	
Address Type:	Business				
Street Name or P.O. Box:	2300 N FL MANGO RD	(Bld, Suite, Floor, Villa, Apt.):			
City:	WEST PALM BCH	State:	FLORIDA		
Zip:	33409-6416	County:	PALM BEACH		
Telephone:	(561) 848-6402	Telephone Ext:			
Email:	DAVID.GARTNER@PPSOFLO.ORG				

<u>Title</u>	<u>Effective Date</u>	<u>End Date</u>	<u>FL License Number</u>
Financial Officer	6/21/2013		

## **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 subsection 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

<u>Day</u>	<u>Opening Time</u>	<u>Closing Time</u>	<u>By Appointment</u>
MONDAY	12:00 PM	8:00 PM	
TUESDAY	10:00 AM	5:00 PM	
WEDNESDAY	9:00 AM	5:00 PM	
THURSDAY			
FRIDAY	9:00 AM	5:00 PM	
SATURDAY	8:00 AM	4:00 PM	
SUNDAY			

---

## Attestation

---

I **ABIGAIL KELLER** , 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.

**ABIGAIL KELLER**

Signature of Licensee or Authorized Representative

COMPLIANCE AND QUALITY RISK  
MANAGEMENT COORDINATOR

Title

09/16/2021

Date