



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: 874	National Provider Identifier: 1023221546	
File Number: 13960081		
Provider/Facility: PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA, INC		

Provider/Facility Location Address

Street Address: 6418 COMMERCE PARK DR	(Bld, Suite, Floor, Villa, Apt)
City: FORT MYERS	State: FLORIDA
County: LEE	Zip: 33966
Telephone: (727) 432-0912	Telephone Ext:
	Fax: (941) 957-1050
Provider Website: www.myplannedparenthood.org	Email Address: sheridan.seguban@ppswcf.org

Transparency Page:

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

Street Address: 736 CENTRAL AVENUE	(Bld, Suite, Floor, Villa, Apt)
City: SARASOTA	State: FLORIDA
County: SARASOTA	Zip: 34236
Telephone: (727) 432-0912	Telephone Ext:
Email Address: sheridan.seguban@ppswcf.org	

Contact Person

Provider/Facility Contact Person for this application			
Contact Person: Sheridan Seguban	Suffix:		
Telephone: (727) 432-0912	Telephone Ext:	Fax: (941) 957-1050	
Email: sheridan.seguban@ppswcf.org	Note: 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 SOUTHWEST AND CENTRAL FLORIDA INC	FEIN:	591274328		
Mailing Address:	736 CENTRAL AVE	Bld, Suite, Floor, Villa, Apt.)			
City:	SARASOTA	State:	FLORIDA	Zip:	34236
County:	SARASOTA				
Telephone:	(727) 432-0912	Telephone Ext:		Fax:	(941) 957-1050
Email:	sheridan.seguban@ppswcf.org				

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:	SUJATHA PRABHAKARAN	FL Medical License #:	ME104661
Effective Date:	12/22/2020	End Date:	
Address Type:	Personal		
Mailing Address:	736 CENTRAL AVE	(Bld, Suite, Floor, Villa, Apt.):	
City:	SARASOTA	County:	SARASOTA
State:	FL	Zip:	34236-4042

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
CAPE CORAL HOSPITAL	4366		636 DEL PRADO BLVD, CAPE CORAL, FL, 33990

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:	PAULINE	Middle:		Last Name:	PARRISH
Suffix:		SSN:	xxx-xxx-xxxx	DOB:	
Address Type:	Personal				
Street Name or P.O. Box:	736 CENTRAL AVE	(Bld, Suite, Floor, Villa, Apt.):			
City:	SARASOTA	State:	FLORIDA		
Zip:	34236-4042	County:	SARASOTA		
Telephone:	(941) 365-1105	Telephone Ext:			
Email:	PAULINE.PARRISH@ppswcf.org				

<u>Title</u>	<u>Effective Date</u>	<u>End Date</u>	<u>FL License Number</u>
Financial Officer	10/19/2010		

First Name:	STEPHANIE	Middle:		Last Name:	FRAIM
Suffix:		SSN:	xxx-xxx-xxxx	DOB:	4/11/1958
Address Type:	Personal				
Street Name or P.O. Box:	736 CENTRAL AVE	(Bld, Suite, Floor, Villa, Apt.):			
City:	SARASOTA	State:	FLORIDA		
Zip:	34236-4042	County:	SARASOTA		
Telephone:	(941) 365-3913	Telephone Ext:			
Email:	stephanie.fraim@ppswcf.org				

<u>Title</u>	<u>Effective Date</u>	<u>End Date</u>	<u>FL License Number</u>
Administrator / Facility Manager	2/1/2018		

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?

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?

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	8:30 AM	5:30 PM	
TUESDAY	8:30 AM	5:30 PM	
WEDNESDAY	9:00 AM	4:00 PM	
THURSDAY	9:00 AM	4:00 PM	
FRIDAY	8:30 AM	5:30 PM	
SATURDAY			
SUNDAY			

Affidavit

I **SHERIDAN SEGUBAN** , 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.

SHERIDAN SEGUBAN

Signature of Licensee or Authorized Representative

SR HEALTH CENTER MANAGER

Title

05/18/2021

Date