



# Licensee Information

## Licensee Details

Description of Licensee: For Profit	Ownership Type: Corporation	
Licensee Name: DOCTOR'S OFFICE FOR WOMEN, INC.	FEIN: 650249379	
Mailing Address: 3250 SOUTH DIXIE HWY	(Bld, Suite, Floor, Villa, Apt.)	
City: MIAMI	State: FLORIDA	Zip: 33133
County: MIAMI-DADE		
Telephone: (305) 441-0304	Telephone Ext:	Fax: (305) 441-2947
Email: vladrosenthal@bellsouth.net		

## 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?

Y

Full Name of Individual/Entity: VLADIMIR ROSENTHAL	SSN/EIN: xxx-xxx-xxxx
Board Member/ Officer: NO	Suffix:
% Ownership: 100.00	
Effective Date: 07/15/2021	End Date:
Mailing Address Type: Personal	
Street Address: 3250 SOUTH DIXIE HWY	(Bld, Suite, Floor, Villa, Apt)
City: MIAMI	State: FL
Zip: 33133	County: MIAMI-DADE
Telephone: (305) 441-0304	Telephone Ext.:
Email: vladrosenthal@bellsouth.net	

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: VLADIMIR ROSENTHAL	FL Medical License #: ME45574
Effective Date: 10/16/2019	End Date:
Address Type: Personal	
Mailing Address: 3250 SOUTH DIXIE HWY	(Bld, Suite, Floor, Villa, Apt.):
City: MIAMI	County: MIAMI-DADE
State: FL	Zip: 33133

## 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: VLADIMIR Middle: Last Name: ROSENTHAL

Suffix:

SSN: xxx-xxx-xxxx

DOB:

Address Type:

Street Name or P.O. Box: 3250 SOUTH DIXIE HWY

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

City: MIAMI

State: FLORIDA

Zip: 33133

County: MIAMI-DADE

Telephone: (305) 632-5838

Telephone Ext:

Email: vladrosenthal@bellsouth.net

<u>Title</u>	<u>Effective Date</u>	<u>End Date</u>	<u>FL License Number</u>
Financial Officer	4/2/2019		
Administrator / Facility Manager	4/2/2019		me45574

## 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	8:00 AM	5:00 PM	
TUESDAY	8:00 AM	5:00 PM	
WEDNESDAY	8:00 AM	5:00 PM	
THURSDAY	8:00 AM	5:00 PM	
FRIDAY	8:00 AM	5:00 PM	
SATURDAY	8:00 AM	12:00 PM	
SUNDAY			

## Affidavit

I **VLAD ROSENTHAL**, 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.

**VLAD ROSENTHAL**

Signature of Licensee or Authorized Representative

**MD**

Title

**07/15/2021**

Date