

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: 898	National Provider Identifier: 1952541591		
File Number: 13960105			
Provider/Facility: TODAY'S WOM	IEN MEDICAL CENTER		
Provider/Facility Location Add	dress		
Street Address: 3250 S DIXIE H	IIGHWAY	(Bld, Suite, Floor, Villa, Apt)	
City: MIAMI	State: FLORIDA	Zip: 33133	
County: MIAMI-DADE			
Telephone: (305) 441-0304	Telephone Ext:	Fax: (305) 441-2947	
Provider Website: todayswomenm	edicalcenters.com Email Address:	viadrosenthal@bellsouth.net	
ransparency Page:			
Provider/Facility Mailing Addr	ress (All mail will be sent to this address)		
Street Address: 3250 S DIXIE H	IIGHWAY	(Bld, Suite, Floor, Villa, Apt)	
City: MIAMI	State: FLORIDA	Zip: 33133	

Contact Person

Provider/Facility Contact Person for this application

Trovide in definity contact it cross for this application			
Contact Person: Vlad Rosenthal		Suffix:	
Telephone: (305) 441-0304	Telephone Ext:	Fax: (305) 441-2947	
Email: vladrosenthal@bellsouth		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: 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 Fax: (305) 441-2947 Ext: 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 Υ Do any individuals or entities possess 5% or greater ownership interest in the licensee or function as a board member or officer? 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

Telephone: (305) 441-0304

County: MIAMI-DADE

Telephone Ext.:

Management Company Information

Management Company Information

Does a company other than the licensee manage the licensed provider?

N

Mana	gement	Ownership	2

			ctors of, or has a 5-percent or greater ow which the applicant or licensee contracts	
ile provider.				
Procedures Performed				
☐ First Trimester Abortions				
Medical Director				
Full Name: VLADIMIR	ROSENTHAL	F	L Medical License #: ME45574	
Effective Date: 10/16/2019			End Date:	
Address Type: Personal				
Mailing Address: 3250 SOUT	H DIXIE HWY	(B	d, Suite, Floor, Villa, Apt.):	
City: MIAMI			County: MIAMI-DADE	
State: FL			Zip: 33133	
Transfer Agreement / Ad	mitting Privilege	s		
Transfer Agreement / Admitt	ng Privileges			
X All the physicians performing a	bortions have admitting	privileges at a hospit	al within reasonable proximity.	
☐ The abortion clinic has a transf	er agreement with a hos	spital within reasonab	le proximity.	
Transfer Agreement Hospital	s			
<u>Provider Name</u>	License Number	<u>Telephone</u>	Street Address	
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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. 3250 SOUTH DIXIE HWY Box:	(Bld, Suite, Floor, Villa	, Apt.):
City: MIAMI	State: FLORIDA	
Zip: 33133	County: MIAMI-DADE	
Telephone: (305) 632-5838	Telephone Ext:	

<u>Title</u>	Effective Date	End Date	FL License Number
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?



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?



Terminated for cause from the Medicare program or a state Medicaid program.

Email: vladrosenthal@bellsouth.net

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>	Opening Time	Closing Time	By Appointment
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 Statues 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 Statues, 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	MD	<u>07/15/2021</u>
Signature of Licensee or Authorized Representative	Title	Date