



# Health Care Licensing Application Abortion Clinic - Renewal Licensure

## Provider/Facility Information

Under the authority of Chapters 408, Part II and 390, Florida Statutes (F.S.), and Chapters 59A-35 and 59A-9, Florida Administrative Code (F.A.C.), an application is hereby made to operate an abortion clinic 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: 824	National Provider Identifier: None	
File Number: 13920002		
Provider/Facility: A HIALEAH WOMAN'S CARE CENTER		

## Provider/Facility Location Address

Street Address: 1065 E 4TH AVE	(Bld, Suite, Floor, Villa, Apt)
City: HIALEAH	State: FLORIDA
County: MIAMI-DADE	Zip: 33010-4103
Telephone: (305) 836-9701	Telephone Ext:
	Fax: (305) 696-1500
Provider Website: <a href="http://www.ahialeahwomanscarecenter.com">www.ahialeahwomanscarecenter.com</a>	Email Address: <a href="mailto:hialeahwomans@gmail.com">hialeahwomans@gmail.com</a>

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

Street Address: 1065 E 4TH AVE	(Bld, Suite, Floor, Villa, Apt)
City: HIALEAH	State: FLORIDA
County: MIAMI-DADE	Zip: 33010-4103
Telephone: (305) 836-9701	Telephone Ext:
Email Address: <a href="mailto:DTURBIDES@AOL.COM">DTURBIDES@AOL.COM</a>	

## Contact Person

Provider/Facility Contact Person for this application			
Contact Person:	Dayana Turbides	Suffix:	
Telephone:	(305) 992-3259	Telephone Ext:	Fax: None
Email:	dturbides@aol.com	<b>Note:</b> 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 HIALEAH WOMAN'S CARE CENTER, INC.	FEIN:	474862745
Mailing Address:	1065 E 4TH AVE	(Bld, Suite, Floor, Villa, Apt.)	
City:	HIALEAH	State:	FLORIDA
		Zip:	33010-4103
County:	MIAMI-DADE		
Telephone:	(305) 836-9701	Telephone Ext:	Fax: (305) 696-1500
Email:	Hialeahwomans@gmail.com		

## 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:	DAYANA TURBIDES	SSN/EIN:	xxx-xxx-xxxx
Board Member/ Officer:	NO	Suffix:	
% Ownership:	90.00		
Effective Date:	03/11/2016	End Date:	
Mailing Address Type:	Business		
Street Address:	2742 SW 8TH ST	(Bld, Suite, Floor, Villa, Apt)	STE 20
City:	MIAMI	State:	FL
Zip:	33135-4635	County:	MIAMI-DADE
Telephone:	(305) 992-3259	Telephone Ext.:	
Email:	DTURBIDES@AOL.COM		
Full Name of Individual/Entity:	VERONIA CURRY	SSN/EIN:	xxx-xxx-xxxx
Board Member/ Officer:	NO	Suffix:	
% Ownership:	10.00		
Effective Date:	03/11/2016	End Date:	
Mailing Address Type:	Business		
Street Address:	952 E 25 ST	(Bld, Suite, Floor, Villa, Apt)	
City:	HIALEAH	State:	FL
Zip:	33013	County:	MIAMI-DADE
Telephone:	(305) 836-9701	Telephone Ext.:	
Email:	None		

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/registered 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:	DAVID STEVEN BROWN	FL Medical License #:	me57999
Effective Date:	06/05/2010	End Date:	
Address Type:	Personal		
Mailing Address:	2627 NE 203RD ST STE 109	(Bld, Suite, Floor, Villa, Apt.):	
City:	AVENTURA	County:	MIAMI-DADE
State:	FL	Zip:	33180

## 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	End Date
MEMORIAL REGIONAL HOSPITAL SOUTH	4411		3600 WASHINGTON ST, HOLLYWOOD, FL, 33021	
MEMORIAL HOSPITAL MIRAMAR	4480		1901 SW 172ND AVE, MIRAMAR, FL, 33029	

## Personnel

**Note:** The administrator, medical director and financial officer are required pursuant to section 408.809, F.S. to have an Agency screening through the Care Provider Background Screening Clearinghouse or submit 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:	DAYANA	Middle:		Last Name:	TURBIDES
Suffix:		SSN:	xxx-xxx-xxxx	DOB:	4/12/1971
Address Type:					
Street Name or P.O. Box:	2742 SW 8TH ST	(Bld, Suite, Floor, Villa, Apt.):	STE 20		
City:	MIAMI	State:	FLORIDA		
Zip:	33135-4635	County:	MIAMI-DADE		
Telephone:	(305) 992-3259	Telephone Ext:			
Email:	DTURBIDES@AOL.COM				

<u>Title</u>	<u>Effective Date</u>	<u>End Date</u>	<u>FL License Number</u>
Financial Officer	6/22/2016		
Administrator / Managing Employee	6/22/2016		

## 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

## 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 or denial of an application.

<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	9:00 AM	3:00 PM	
SUNDAY			

## Attestation

I **DAYANA TURBIDES**, 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.
- (7) Pursuant to sections 408.810(14) and 408.051(3), Florida Statutes, the licensee ensures that all patient information stored in an offsite physical or virtual environment, including through a third-party or subcontracted computing facility or an entity providing cloud computing services, is physically maintained in the continental United States or its territories or Canada.
- (8) Pursuant to section 408.810(15), Florida Statutes, the licensee ensures that controlling interests of the licensee do not hold, either directly or indirectly, regardless of ownership structure, an interest in an entity that has a business relationship with a foreign country of concern or that is subject to section 287.135, Florida Statutes.

**DAYANA TURBIDES**

Signature of Licensee or Authorized Representative

ADMINISTRATOR

Title

07/10/2024

Date