

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED  
AHCA  
JERRY GLENN

STATE OF FLORIDA, AGENCY FOR  
HEALTH CARE ADMINISTRATION,

2016 JUN 29 A 11:07

Petitioner,

v.

AHCA No. 2016006139

OCALA WOMEN'S CENTER LLC,

Respondent.

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**FINAL ORDER**

Having reviewed the Notice of Intent to Impose Fine and all other matters of record, the Agency for Health Care Administration finds and concludes as follows:

1. The Agency issued the above-named Respondent the attached Notice of Intent and Election of Rights form. (Ex. 1) The Election of Rights form advised of the right to an administrative hearing pursuant to Sections 120.57(1) and 120.57(2), Florida Statutes. The Respondent selected Option 1 on the Election of Rights form. (Ex. 2)

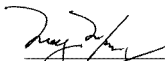
2. By selecting Option 1, the Respondent waived the right to a hearing and waived the right to contest the allegations within the Notice of Intent. The findings of fact and conclusions of law set forth within the Notice of Intent are adopted and incorporated by reference.

Based upon the foregoing, it is **ORDERED**:

3. The Respondent shall pay the Agency \$200.00. If full payment has already been made, the cancelled check is your receipt and no further payment is required. If full payment has not been made, payment is due within 30 days of the Final Order. Overdue amounts are subject to statutory interest and may be referred to collections. A check payable to the "Agency for Health Care Administration" and containing the AHCA case number should be sent to:

Central Intake Unit  
Agency for Health Care Administration  
2727 Mahan Drive, Mail Stop 61  
Tallahassee, Florida 32308

ORDERED at Tallahassee, Florida, on this 28 day of June, 2016.



Elizabeth Dudek, Secretary  
Agency for Health Care Administration

**NOTICE OF RIGHT TO JUDICIAL REVIEW**

A party who is adversely affected by this Final Order is entitled to judicial review, which shall be instituted by filing one copy of a notice of appeal with the Agency Clerk of AHCA, and a second copy, along with filing fee as prescribed by law, with the District Court of Appeal in the appellate district where the Agency maintains its headquarters or where a party resides. Review of proceedings shall be conducted in accordance with the Florida appellate rules. The Notice of Appeal must be filed within 30 days of rendition of the order to be reviewed.

**CERTIFICATE OF SERVICE**

I CERTIFY that a true and correct copy of this Final Order was served on the below-named persons by the method designated on this 28<sup>th</sup> day of June, 2016.



Richard J. Shoop, Agency Clerk  
Agency for Health Care Administration  
2727 Mahan Drive, Mail Stop 3  
Tallahassee, Florida 32308  
Telephone: (850) 412-3630

Facilities Intake Unit Agency for Health Care Administration (Electronic Mail)	Central Intake Unit Agency for Health Care Administration (Electronic Mail)
Turiya Velez, Executive Administrator Ocala Women's Center LLC 609 Virginia Dr. Orlando, FL 32803 (U.S. Mail)	



Certified Article Number

9434 7266 9904 2048 8034 19

SENDERS RECORD

2016006139

RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 31, 2016

CERTIFIED

Megan Clemente, Administrator  
Ocala Women'S Center, LLC  
108 NW Pine Ave  
Ocala, FL 34475

Provider Type: Abortion Clinic  
License Number: 850  
File Number: 13960051 RECEIVED  
FACILITY INTAKE UNIT

RE: Case Number 2016006139, 108 NW Pine Ave, Ocala, FL 34475

JUN 08 2016

Agency for Health  
Care Administration

Notice of Intent To Impose Fine

Pursuant to Section 408.813 and Section 390.0112(4), Florida Statutes (F.S.), a fine of \$200 is hereby imposed for not submitting your monthly report of induced terminations of pregnancy for the month of APRIL/2016. The monthly report is due no later than 30 days following the preceding month. Pursuant to Section 390.0112(4) F.S., any person required to report who fails to report may be subject to a \$200 fine.

TO PAY NOW, PAYMENT SHOULD BE MADE WITHIN 21 DAYS AND MAILED WITH A COPY OF THE ENCLOSED PAYMENT STATEMENT:

Agency for Health Care Administration  
Attention: Hospital And Outpatient Services Unit  
2727 Mahan Drive, MS#31  
Tallahassee, Florida 32308

Include License Number 850 and Case Number 2016006139 in check memo field.

EXPLANATION OF RIGHTS

Pursuant to Section 120.569, F.S., you have the right to request an administrative hearing. In order to obtain a formal proceeding before the Division of Administrative Hearings under Section 120.57(1), F.S., your request for an administrative hearing must conform to the requirements in Section 28-106.201, Florida Administrative Code (F.A.C.), and must state the material facts you dispute.

SEE ATTACHED ELECTION AND EXPLANATION OF RIGHTS FORMS.

Jack Flagg, Manager  
Hospital And Outpatient Services Unit  
Agency for Health Care Administration

cc: Legal Intake Unit, MS# 3

2727 Mahan Drive • MS#31  
Tallahassee, FL 32308  
AHCA.MyFlorida.com



Fri  
3  
SII

EXHIBIT 1

Florida

Ocala Women's Center, LLC  
May 31, 2016

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: Ocala Women's Center, LLC

Case Number: 2016006139

ELECTION OF RIGHTS

This Election of Rights form is attached to a proposed Notice of Intent to Deem Incomplete and Withdraw from Further Review of the Agency for Health Care Administration (AHCA). The title may be **Notice of Intent to Deem Incomplete and Withdraw from Further Review or some other notice of intended action by AHCA**.

**An Election of Rights must be returned by mail or by fax within 21 days of the day you receive the attached Notice of Intent to Deem Incomplete and Withdraw from Further Review or any other proposed action by AHCA.**

If an **Election of Rights** with your selected option is not received by AHCA within twenty-one (21) days from the date you received this notice of proposed action, you will have given up your right to contest the Agency's proposed action and a final order will be issued.

(Please reply using this Election of Rights form unless you, your attorney or your representative prefer to reply according to Chapter 120, Florida Statutes (2006) and Rule 28, Florida Administrative Code.)

Please return your ELECTION OF RIGHTS to:

Agency for Health Care Administration  
Attention: Agency Clerk  
2727 Mahan Drive, MS #3  
Tallahassee, Florida 32308  
Phone: (850) 412-3630 Fax: (850) 921-0158

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS:

OPTION ONE (1)        I admit to the allegations of facts and law contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review, or other notice of intended action by AHCA and I waive my right to object and have a hearing. I understand that by giving up my right to a hearing, a final order will be issued that adopts the proposed agency action and imposes the proposed penalty, fine or action.

OPTION TWO (2)        I admit to the allegations of facts contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review, or other proposed action by AHCA, but I wish to be heard at an informal proceeding (pursuant to Section 120.57(2), Florida Statutes) where I may submit testimony and written evidence to the Agency to show that the proposed administrative action is too severe or that the fine should be reduced.

OPTION THREE (3)        I dispute the allegations of fact contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review or other proposed action by AHCA, and I request a formal hearing (pursuant to Section 120.57(1), Florida Statutes) before an Administrative Law Judge appointed by the Division of Administrative Hearings.

**PLEASE NOTE: Choosing OPTION THREE (3), by itself, is NOT sufficient to obtain a formal hearing. You also must file a written petition** in order to obtain a formal hearing before the Division of Administrative Hearings under Subsection 120.57(1), Florida Statutes. It must be **received** by the Agency Clerk at the address above **within 21 days** of receipt of this proposed administrative action. The request for formal hearing must conform to the requirements of Rule 28-106.201, Florida Administrative Code, which requires that it contain:

1. The name and address of each agency affected and each agency's file or identification number, if known;
2. Your name, address, and telephone number, and the name, address, and telephone number of your representative or lawyer, if any;
3. An explanation of how your substantial interests will be affected by the Agency's proposed action;
4. A statement of when and how you received notice of the Agency's proposed action;
5. A statement of all disputed issues of material fact. If there are none, you must state that there are none;
6. A concise statement of the ultimate facts alleged, including the specific facts you contend warrant reversal or modification of the Agency's proposed action;
7. A statement of the specific rules or statutes you claim require reversal or modification of the Agency's proposed action; and
8. A statement of the relief you are seeking, stating exactly what action you wish the Agency to take with respect to its proposed action.

(Mediation under Section 120.573, Florida Statutes, may be available in this matter if the Agency agrees.)

License Type: Abortion Clinic License Number: 850

Licensee Name: Ocala Women's Center, LLC

Contact Person: \_\_\_\_\_  
Name Title

Address: \_\_\_\_\_  
Street and number City Zip Code

Telephone Nbr.: \_\_\_\_\_ Fax Nbr.: \_\_\_\_\_

Email (optional): \_\_\_\_\_

I hereby certify that I am duly authorized to submit this Notice of Election of Rights to the Agency for Health Care Administration on behalf of the licensee referred to above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED  
AHCA  
AGENCY CLERK

2016 JUN 22 P 1:42

RE: Ocala Women's Center, LLC

Case Number: 2016006139

**ELECTION OF RIGHTS**

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2. Your name, address, and telephone number, and the name, address, and telephone number of your representative or lawyer, if any;
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4. A statement of when and how you received notice of the Agency's proposed action;
5. A statement of all disputed issues of material fact. If there are none, you must state that there are none;
6. A concise statement of the ultimate facts alleged, including the specific facts you contend warrant reversal or modification of the Agency's proposed action;
7. A statement of the specific rules or statutes you claim require reversal or modification of the Agency's proposed action; and
8. A statement of the relief you are seeking, stating exactly what action you wish the Agency to take with respect to its proposed action.

(Mediation under Section 120.573, Florida Statutes, may be available in this matter if the Agency agrees.)

License Type: Abortion Clinic License Number: 850

Licensee Name: Ocala Women's Center, LLC

Contact Person: Turiya Velez, Exec Administrator  
Name Title  
Address: 609 Virginia Dr, Orlando, FL 32803  
Street and number City Zip Code

Telephone Nbr.: 407-228-2808 Fax Nbr.: 407-228-2198

Email (optional): TuriyaV@womenscenter.com

I hereby certify that I am duly authorized to submit this Notice of Election of Rights to the Agency for Health Care Administration on behalf of the licensee referred to above.

Signed: Turiya C. Velez Date: 6-20-16

Print Name: Turiya C. Velez Title: Executive Administrator