



Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

RFP NO. 2016.11.YG-3

OCCUPATIONAL HEALTH SERVICES

PHYSICIANS HEALTH CENTER

4483 N.W. 36th St. Suite 118

Miami, FL 33166

CONTACT PERSON: MAXINE TOPPER

EMAIL: MAX@OMMANAGEMENT.COM

(305) 888-7555 EXT. 2111

DATE: 1/5/2017

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Appendix

A – I --- Physicians Health Center Documents

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CITY OF CORAL GABLES, FL

2800 SW 72nd Avenue, Miami, FL 33155
 Finance Department / Procurement Division
 Tel: 305-460-5102 / Fax: 305-261-1601

PROPOSER ACKNOWLEDGEMENT

<p>RFP Title: Occupational Health Services</p> <hr/> <p>RFP No. 2016.11.YG-3</p> <p>A cone of silence is in effect with respect to this RFP. The Cone of Silence prohibits certain communication between potential vendors and the City. For further information, please refer to the City Code Section 2-1059 of the City of Coral Gables Procurement Code.</p>	<p>Proposals must be received prior to 2:00 p.m., Thursday, January 5, 2016, and may not be withdrawn for a period of up to 120 calendar days after opening. Proposals received by the date and time specified will be opened in the Procurement Office located at 2800 SW 72nd Avenue, Miami, FL 33155. All Proposals received after the specified date and time will be returned unopened.</p> <p>Contact: Yusbel Gonzalez, CPPB Title: Procurement Specialist Telephone: 305-460-5107 Facsimile: 305-261-1601 Email: ygonzalez@coralgables.com / contracts@coralgables.com</p>
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THIS FORM MUST BE COMPLETED AND SUBMITTED ALONG WITH THE COMPLETE PROPOSAL PRIOR TO THE DATE AND THE TIME OF PROPOSAL OPENING.

Proposer Name: Richard L. Dolsey PHC Inc. d/b/a Physicians Health Center	FEIN or SS Number: 59-2355972
Complete Mailing Address: 4483 NW 36th Street #120 Miami, FL 33166	Telephone No.: (305) 888-7555 x 2111
	Cellular No.: (305) 439-4165
Indicate type of organization below: Corporation: <input checked="" type="checkbox"/> Partnership: <input type="checkbox"/> Individual: <input type="checkbox"/> Other: <input type="checkbox"/>	Fax No.: (305) 888-7404
Bid Bond / Security Bond (if applicable) <u>N/A</u> %	Email: max@ommanagement.com

ATTENTION: FAILURE TO SIGN (PREFERABLY IN BLUE INK) OR COMPLETE ALL RFP SUBMITTAL FORMS, INSURANCE, ADDENDUM(S) ACKNOWLEDGEMENT AND ALL PAGES OF THE RFP DOCUMENT MAY RENDER YOUR RFP NON-RESPONSIVE.

THE PROPOSER CERTIFIES THAT THIS SUBMITTAL IS BASED UPON ALL CONDITIONS AS LISTED IN THE RFP DOCUMENTS AND THAT THE PROPOSER HAS MADE NO CHANGES IN THE RFP DOCUMENT AS RECEIVED. THE PROPOSER FURTHER AGREES IF THE RFP IS ACCEPTED, THE PROPOSER WILL EXECUTE AN APPROPRIATE AGREEMENT FOR THE PURPOSE OF ESTABLISHING A FORMAL CONTRACTUAL RELATIONSHIP BETWEEN THE PROPOSER AND THE CITY OF CORAL GABLES FOR THE PERFORMANCE OF ALL REQUIREMENTS TO WHICH THIS RFP PERTAINS. FURTHER, BY CHECKING THE AGREE BOX LISTED BELOW AND BY SIGNING BELOW IN **BLUE INK** ALL RFP PAGES ARE ACKNOWLEDGED AND ACCEPTED AS WELL AS ANY SPECIAL INSTRUCTION SHEET(S) IF APPLICABLE. I AM AUTHORIZED TO BIND PERFORMANCE OF THIS RFP FOR THE ABOVE PROPOSER.

Agree (Please check box to acknowledge this solicitation)



 Authorized Name and Signature

Executive Vice President

 Title

1-2-2017

 Date

**SOLICITATION SUBMISSION CHECKLIST
RFP 2016.11.YG-3 Occupational Health Services**

COMPANY NAME: (Please Print): Physicians Health Center

Phone: (305) 888-7555 x 2111 Email: max@ommanagement.com

-- NOTICE --

BEFORE SUBMITTING YOUR SOLICITATION, MAKE SURE YOU...

General Requirements

- 1. Carefully read the entire RFP, including Scope of Services.
- 2. Submit ONE ORIGINAL RESPONSE and SIX (6) PHOTOCOPIES with ONE (1) digital CD or flash drive.
- 3. Clearly mark the RFP NUMBER AND NAME on the outside of your package.
- 4. Carefully follow the "Proposal Format" outlined in Section 1.5 of the RFP. Ensure that verifiable information documenting compliance with the Minimum Qualification Requirements shown in Section 2.5 is included.
- 5. Carefully review the Professional Services Agreement (draft), completion of this document is not required with proposal submission.

RFP Submittal Requirements

- 6. Title Page, refer to Section 1.5(a)
- 7. Table of Contents, refer to Section 1.5(b)
- 8. Fill out and sign the PROPOSER ACKNOWLEDGEMENT Form
- 9. Fill out and include the Solicitation Submission Checklist
- 10. Experience and Qualifications of the Proposer and Key Personnel, refer to Section 1.5(e)
- 11. Financial Stability, refer to Section 1.5(f)
- 12. Project Understanding, Proposed Approach, and Methodology, refer to Section 1.5 (g)
- 13. Past Performance and References of the Proposer, refer to Section 1.5(h)
- 14. Complete, verify and submit PROPOSAL PRICING, refer to Section 1.5(i)
- 15. Procurement Forms, refer to Section 1.5(j)
- 16. Provide copies of all applicable Licenses / Certifications.

FAILURE TO SUBMIT CHECKLIST AND THE REQUESTED DOCUMENTATION MAY RENDER YOUR RFP RESPONSE NON-RESPONSIVE AND CONSTITUTE GROUNDS FOR REJECTION. THIS PAGE IS TO BE RETURNED WITH YOUR RESPONSE PACKAGE.



Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

Letter of Commitment

Physicians Health Center is fully committed to meeting the requirements set forth in the RFP for HR Medical Services (No. 2016.11.YG-3) for the City of Coral Gables, Florida. We currently provide these services to the City of Coral Gables, and we are providers of similar services for numerous municipalities throughout Miami-Dade County.

Physicians Health Center is able to provide The Scope of Services outlined in Section 2 of the RFP. Pre-Employment Physical Exams, Annual Physical Exams, Drug Testing, On the Job Injury Care, Fitness for Duty Exams and Return to Work Physical Exams are services we routinely oversee in our five occupational medical centers. All of our medical centers provide FDLE Pre-Employments and Annuals on a regular basis, and our sister company, OM Management, Inc., has a full staff devoted to Drug Testing and Drug Program Management.

Physicians Health Center meets the Proposer Qualifications outlined in Section 2.5. Two of our Centers are within the 10-mile radius of the Coral Gables City Hall. Our offices are suitably equipped to handle the services required in this RFP.

The persons authorized to make presentations for Physicians Health Center in response to this RFP are:

Maxine Topper, Executive Vice President 305-888-7555 ext. 2111
(Proposed Project Manager for this RFP)

Elisa Garvin, Client Service Manager 305-989-3095



Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

Executive Summary

Physicians Health Center has been dedicated exclusively to the specialty of Occupational Medicine in Miami Dade County for over three decades. We provide a well-organized and systematic occupational health program focused on quality medical care, strong communication with patients and administrators, and safe and rapid return to work.

We have been performing pre-placement and annual physical exams, drug testing, and prompt evaluation and treatment of work-related injuries for municipalities throughout Miami Dade County, including: City of Miami Springs, City of Miami Gardens, Village of Key Biscayne, City of Homestead, City of Miami Shores, City of Florida City, City of North Miami, City of North Miami Beach, Village of Pinecrest and others. We have been performing these services for the City of Coral Gables since our original bid was awarded in 2010.

Our Medical Director oversees a highly experienced medical team of physicians and physician assistants. Most of our practitioners have been with the company for over ten years. Our medical technicians are all fully trained and certified in Hearing Conservation, Spirometry, Drug and Alcohol Testing, X-Ray, Blood borne Pathogen Exposure and our equipment is calibrated at all times. Our offices are routinely audited and we have always received superior ranking.

Our Physicians also sign off on the Nursing Standards for several in-house corporate medical centers in Miami Dade County, such as Beckman Coulter, Noven Pharmaceutical and Schering-Plough/Merck. Our doctors are responsible for the medical care administered on-site to the employees of these corporations. We also serve as Medical Director over the Employee Health Clinic at Nicklaus Children's Hospital.

Our physicians work closely with our municipalities to monitor cardiovascular disease of their firefighters and law enforcement officers. Our doctors are well educated on the Heart and Lung Law and the importance of a thorough Pre-Employment Physical Exam. We also give First Responders (Police and Fire) priority upon arrival at our offices, as there is an emphasis on getting our officers "back on the job" with minimal waiting time.

Some of our largest volume clients are Miami Dade County, Miami Dade County Public Schools, Publix Supermarkets, the State of Florida, University of Miami and Comprehensive Health Services (CHS). CHS and Logistics Health (LHI) use Physicians Health Center for Physical Exams and Medical Monitoring for the U.S. Military, Customs, Border Patrol, World Trade Center Responders, Wildlife Firefighters, Transportation Security Administration and others too numerous to mention.

For years we have worked closely with the Risk Management Departments of our cities' to treat their injured employees. More recently we have been presenting a series of Training Programs entitled, "Back Safety in the Workplace" to help our cities reduce injuries. We work closely with the municipalities to set-up the safety trainings and have received excellent commendations. The trainings are provided free of charge.

Our five medical centers are located throughout Miami Dade County and are located as far south as Florida City and as far north as 205th Street and US 441. Our Airport and Dadeland offices are centrally located (within 10 miles of the City of Coral Gables) and all offices are conveniently located for easy access from major expressways. Our five offices are trilingual (English/Spanish and Creole).

Physicians Health Center provides on-site services including drug and alcohol testing, flu shots and TB Testing. We also offer a program called PHC Healthcare Connection, which places our medical clinics on the grounds of corporations. We are currently based at Pepsi Bottling Group and Goodwill Industries. Lost time and absenteeism are have been significantly reduced as a result of our on-site Wellness Programs.

The staff of Physicians Health Center works with our client companies and cities to "go above and beyond" with service and accommodation. We are here for our clients during emergencies. Our extended hours, including Saturday hours at two locations, and our After-Hours Program whereby our centers are available 24/7 to speak to injured employees, attest to our unwavering commitment to our clients. (See attached after-hours protocol).

We have a strong Hurricane Response Team and maintain generators to keep our centers operational. Our medical director is in close contact with the Department of Health and The Center for Disease Control in Atlanta. During the Zika Virus, Physicians Health Center was asked to develop a protocol for the Dade County Public Schools within the Zika zone. We also shared that protocol with the State of Florida and Miami Dade County Risk Management Departments.

Physicians Health Center is exclusively Occupational-Medicine with strong protocols, following best practices. Many others have added Urgent Care, adding a longer waiting time and commingling healthy employees with sick patients in the waiting area.

During our 38 years of medical service we have maintained a strong partnership with Miami Dade County Public Schools (the 2nd largest employer in the State of Florida), Miami Dade County and The State of Florida.

Physicians Health Center--Contact Person: Maxine Topper
(305) 888-7555 Ext. 2111



Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

Locations From Which Work Is Performed

Kendall Office

- **Address:**
 - 7887 North Kendall Drive, Suite 102
Miami, FL 33156
- **Size:**
 - 4400 Sq. Ft.
- **Hours:**
 - Monday – Friday: 7:30 AM – 6:00 PM
- **Parking:**
 - Self Parking & Valet Parking (Complimentary)
- **Equipment:**
 - Audio Machine
 - Make: GSI
 - Model: GSI-18
 - Last Calibration: 04/19/2016
 - Vision
 - Make: OPTEC
 - Model: 5000P
 - Last Annual Check: 06/08/2016
 - P.F.T.
 - Make: Easy One
 - Model: 2001
 - Last Annual Check: 06/08/2016
 - EKG
 - Make: ATRIA
 - Model: 3100
 - Last Annual Check: 06/08/2016
 - X-Ray Machine
 - Make: Summit
 - Model: NOVA 325
 - Last Monthly Maintenance: 11/21/2016



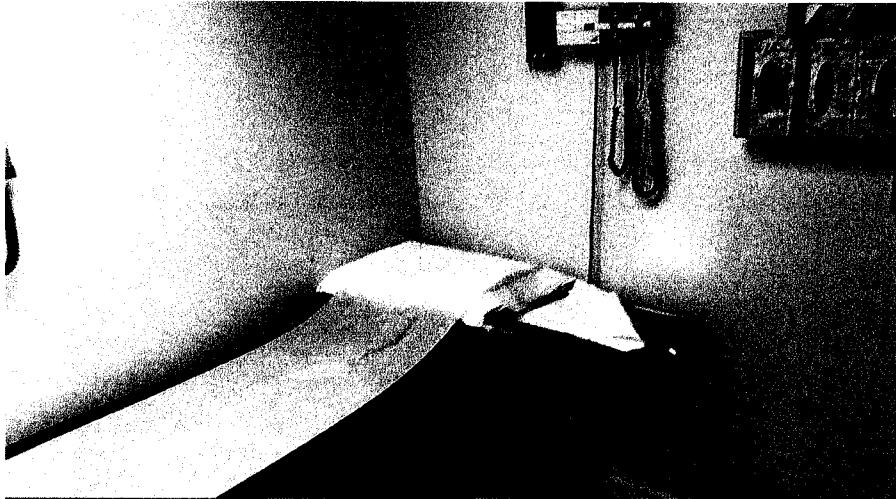
Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

Locations From Which Work Is Performed

Airport Office

- **Address:**
 - 6221 N.W. 36th St.
Miami, FL 33166
- **Size:**
 - 6995 Sq. Ft.
- **Hours:**
 - Monday – Friday: 7:30 AM – 6:00 PM
 - Saturday: 8:30 AM – 12:30 PM
- **Parking:**
 - 60+ Spaces
- **Equipment:**
 - Audio Machine
 - Make: Gruson Stadler
 - Model: GSI-18
 - Last Calibration: 3/3/2016
 - Vision
 - Make: Stereo Optical
 - Model: Optec2000P
 - Last Calibration: 3/3/2016
 - P.F.T.
 - Make: SDI Diagnostics
 - Model: Astra 300
 - Last Calibration: Bi-Weekly
 - EKG
 - Make: Burdick
 - Model: Astria 6100
 - Last Calibration: 3/3/2016
 - X-Ray Machine
 - Make: Varian X-Ray Tube Products
 - Model: Emerald125
 - Last Monthly Maintenance 11/22/2016



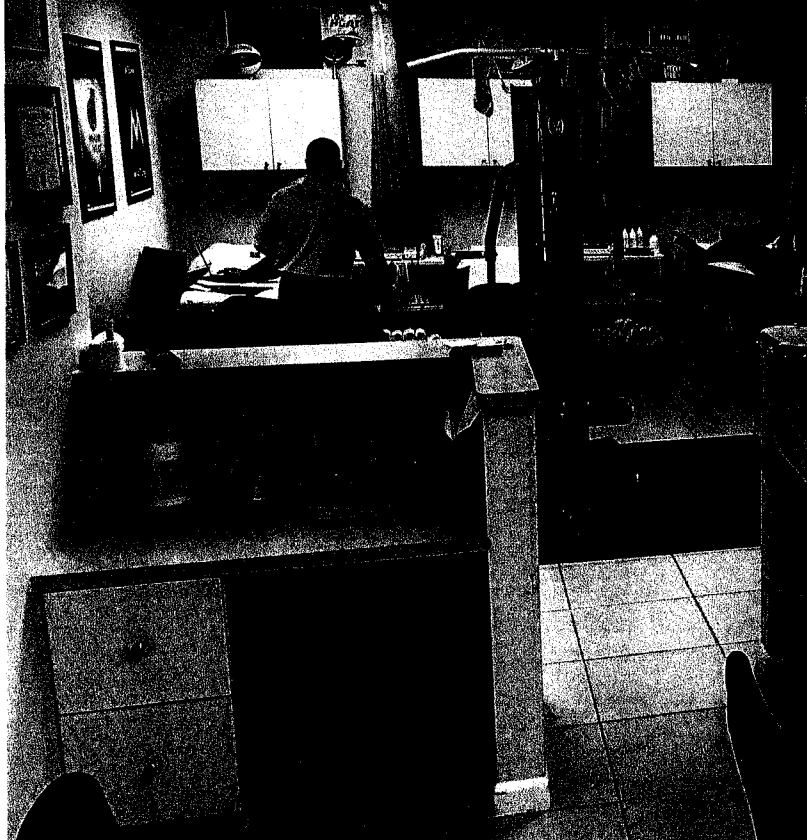
Airport Location



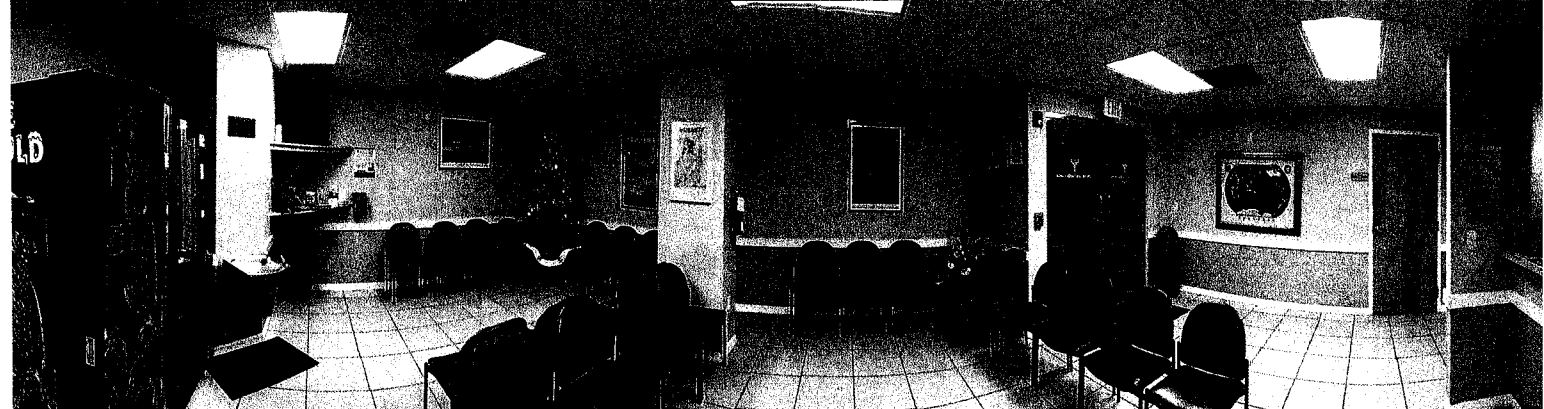
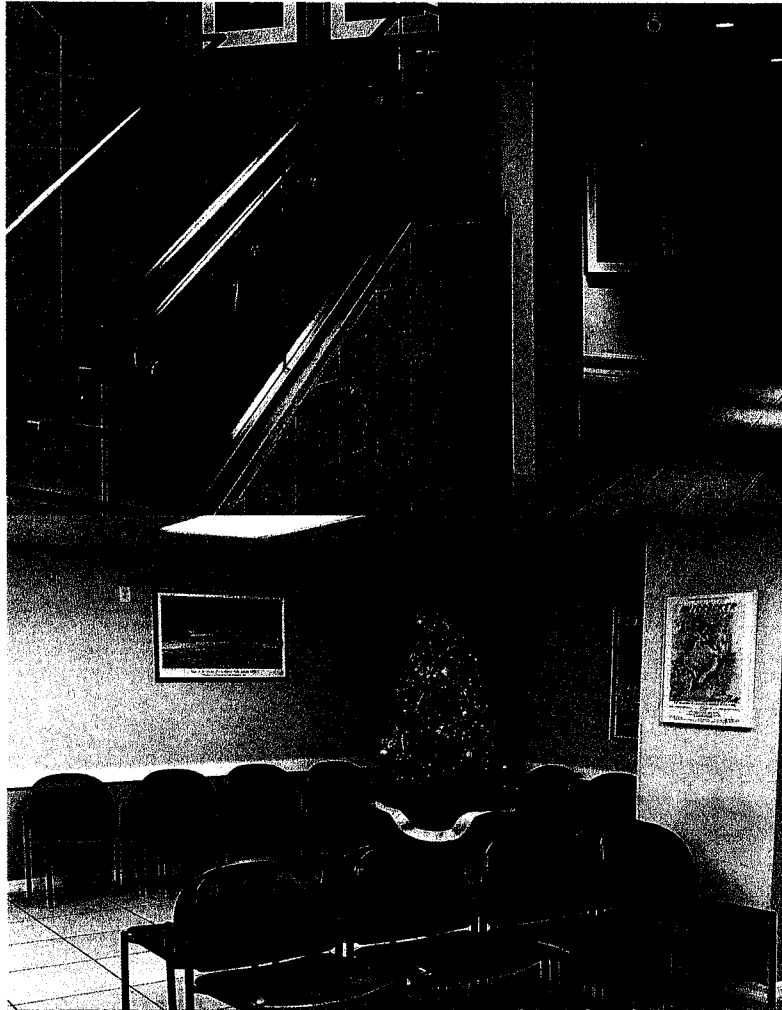


Physicians Health Center
OCCUPATIONAL MEDICAL SPECIALISTS

Airport Location



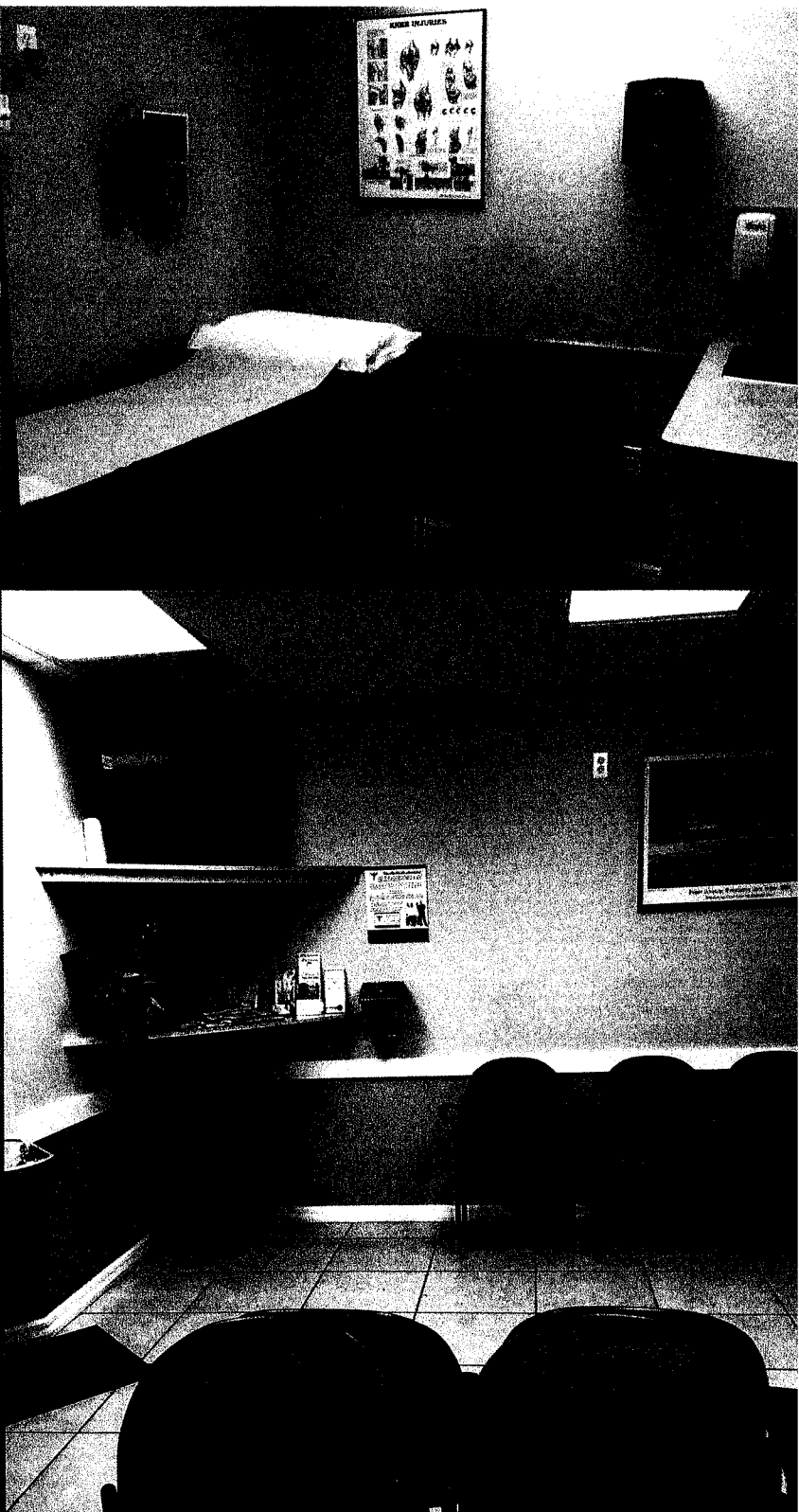
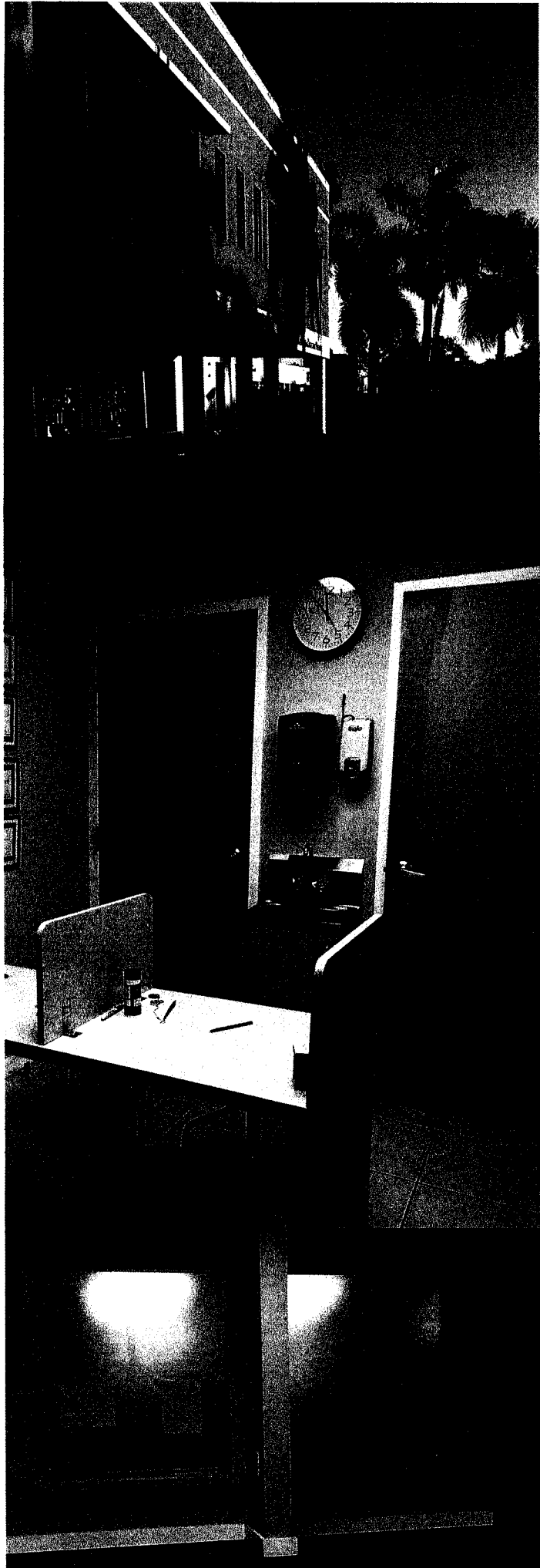
Kendall Location



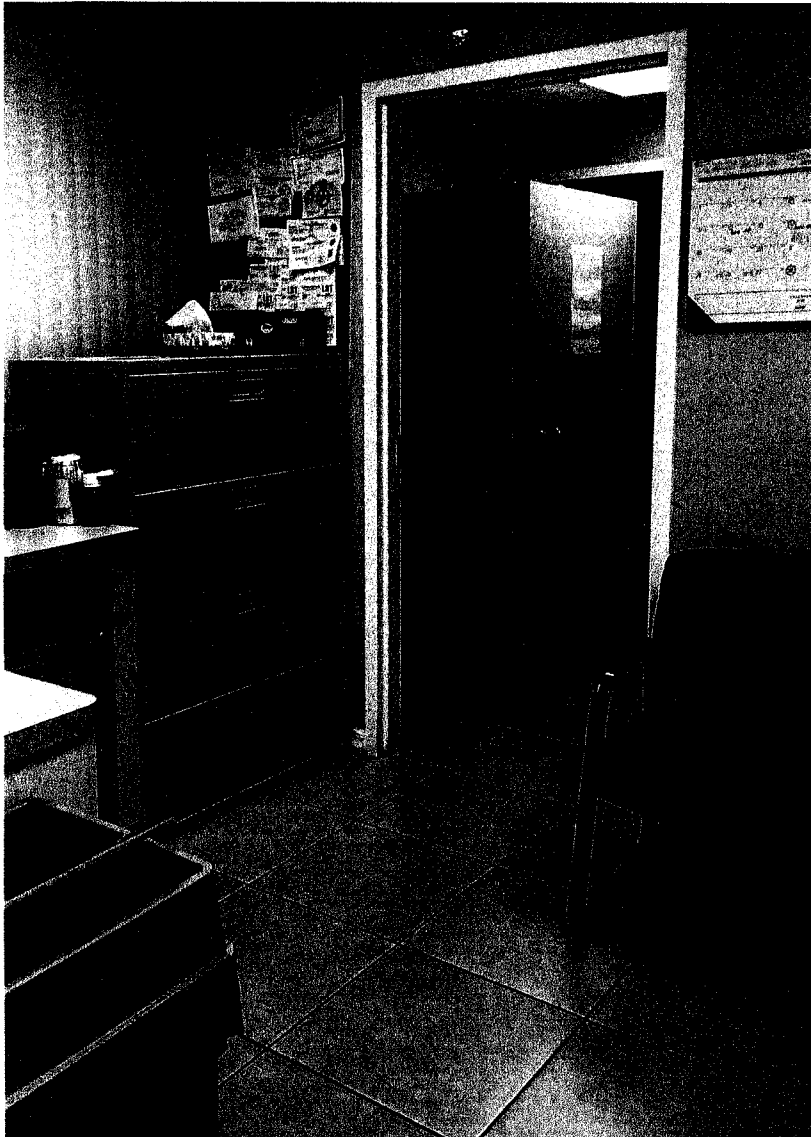


Physicians Health Center
OCCUPATIONAL MEDICAL SPECIALISTS

Kendall Location



Kendall Location





Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

Proposer's Qualifications

All of the following personnel are involved in Pre-Employment Physical Exams, Annual Physical Exams, Drug Testing, On the Job Injury Care, Fitness for Duty Exams and Physical Therapy for municipalities throughout Miami-Dade County, included City of Coral Gables.

- Maxine Topper
 - Title
 - Executive Vice President
 - Similar Experience
 - Oversees setup and servicing for large accounts — corporate and municipalities.
 - Level of Involvement
 - Contact 24/7 for anything the City requires. Cell phone contact at all times.
 - Field of Expertise
 - Business and program development, client service.
 - Training staff at both Kendall and Airport offices on the protocols setup for the City of Coral Gables.

- Elisa Garvin
 - Title
 - Client Service Manager
 - Similar Experience
 - Oversees all services for City of Coral Gables, Mercy Hospital, Kendall Regional Hospitals, University of Miami, Miami Dade College, FIU and others.
 - Level of Involvement
 - Will be in regular contact with the city to address any needs, and provide top-level customer service. Will visit based on the City's request.
 - Field of Expertise
 - Customer Service.

- Ivis Velunza
 - Title
 - OM Management General Manager
 - Similar Experience
 - Oversees all MRO/Drug Testing issues and setup requirements with regard to drug testing and physical examination billing.
 - Level of Involvement
 - Will be involved in the initial setup of account and procedures regarding physical exam results system-wide.
 - Field of Expertise
 - Drug Testing and MRO compliance issues. Training of MRO staff for City of Coral Gables.

- Patrick Armstrong
 - Title
 - OM Management Vice President
 - Similar Experience
 - Provides Drug Program Management and training statewide.
 - Level of Involvement
 - Training supervisors, and serving as a resource for drug program questions. Updating clients on changes in the state regulations.
 - Field of Expertise
 - Drug Testing, DOT and compliance issues.

- Johanna Penafiel
 - Title
 - Client Service Manager
 - Similar Experience
 - Oversees the drug testing and DOT program for several municipalities including the City of North Miami Beach, Village of Pinecrest, etc.
 - Level of Involvement
 - Will be in regular contact with the city to address any drug testing needs, and provide top-level customer service. Will visit based on the City's request.
 - Field of Expertise
 - Drug Testing, DOT and compliance issues.

- Eugenio Delgado
 - Title
 - Kendall Office Manager
 - Similar Experience
 - Works with Village of Key Biscayne, Village of Pinecrest, Miami Dade County, City of Miami, Nicklaus Children's Hospital and others.
 - Level of Involvement
 - Supervising the staff and assisting with the setup. Making certain protocols are followed and that the office is responsive to the City's needs.
 - Field of Expertise
 - Medical office management, customer service, case management.

- Zulema Hernandez
 - Title
 - Lead Technician- Kendall Office
 - Similar Experience
 - Overseeing the lab work, drug screens, x-rays and all components of the physical exams.
 - Level of Involvement
 - Involved in all the physical examinations. Oversees team of medical technicians.
 - Field of Expertise
 - Technician with over 20 years of experience.

- Dr. Richard Spirer
 - Title
 - Medical Director
 - Similar Experience
 - Oversees all of our physicians and the medical protocols of the practice.
 - Level of Involvement
 - Will oversee the programs outlined in this RFP. Will also serve as a treating physician in the Kendall office.
 - Field of Expertise
 - Emergency Room Physician, Occupational Medicine Expertise.

- Dr. Susan Nelson
 - Title
 - Lead Physician and Medical Review Officer
 - Similar Experience
 - Oversees the medical care and team of physicians and physician assistants and nurse practitioners in the Airport office. Works with cities and companies to follow their setup requirements. FAA Flight Surgeon. Medical Review Officer for drug testing (one of four at PHC).
 - Level of Involvement
 - Treating physician and lead physician at Airport office. Will perform physicals, treat workers compensation injuries and interpret Drug Screen results.
 - Field of Expertise
 - Patient Care, communication with employers and case managers/adjustors, Drug Testing.

- Robert Martinez
 - Title
 - Physical Therapist
 - Similar Experience
 - Physical Therapy for work-related injuries for clients of Kendall office. Physical Capability testing. Treadmill testing for City.
 - Level of Involvement
 - Treadmill testing for FDLE Physical and Annual examinations.
 - Physical Therapy Evaluations and treatment for workers compensation injuries.
 - All PT notes available on-line after dictation.
 - Field of Expertise
 - Physical Therapy.

- David Capote, DPT, MSPT, COMT, CSCS
 - Title
 - Clinical Site Coordinator
 - Similar Experience
 - Works closely with City of Miami. Oversees the PT at the Airport office. Designs our Safety Programs presented for the Cities.
 - Level of Involvement
 - Physical Therapy Treatment, Safety Presentations, Physical Capability Testing, Functional Capacity Evaluations.
 - Field of Expertise
 - Physical Therapy/Manual Therapy for the Industrial Athlete.

- Dr. Rafael Cardella
 - Title
 - Physician and Medical Review Officer
 - Similar Experience
 - Oversees the medical care and team of physicians and physician assistants and nurse practitioners in the Airport office. Works with cities and companies to follow their setup requirements. Medical Review Officer for drug testing (one of four at PHC).
 - Level of Involvement
 - Treating physician and lead physician at Kendall office. Will perform physicals, treat workers compensation injuries and interpret Drug Screen results.
 - Field of Expertise
 - Board Certified in Occupational Medicine, communication with employers and case managers/adjustors, Drug Testing.

- Michael Capote, MSPT, ATC, CSCS
 - Title
 - Physical Therapy Director
 - Similar Experience
 - Oversees the Physical Therapy at all offices. Sets the standard of care for the Therapy team. Works closely with City of North Miami, Seminole Tribe, City of Miami Gardens, Borden Dairy, Miami Dade County, Publix, and Orthos.
 - Level of Involvement
 - Supervisor over all of the physical therapy services performed under this RFP.
 - Field of Expertise
 - Physical Therapy training and management.

- Dr. Bernard Chapnick
 - Title
 - Lead Physician at PHC North Dade and Medical Review Officer
 - Similar Experience
 - Oversees the medical care and team of physicians and physician assistants and nurse practitioners in the North Dade office. Works with cities and companies to follow their setup requirements. Medical Review Officer for drug testing (one of four at PHC).
 - Level of Involvement
 - Treating physician and lead physician at North Dade office. Will perform physicals, treat workers compensation injuries and interpret Drug Screen results.
 - Field of Expertise
 - Patient care, communication with employers and case managers/adjustors, Drug Testing.

- Dr. Juan Mirabel
 - Title
 - Physician and Medical Review Officer
 - Similar Experience
 - Works with cities and companies to follow their setup requirements. Medical Review Officer for drug testing (one of four at PHC).
 - Level of Involvement
 - Treating physician at Airport office. Will perform physicals, treat workers compensation injuries and interpret Drug Screen results.
 - Field of Expertise
 - Communication with employers and case managers/adjustors, Drug Testing.



Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

Continuing Education – All of our Providers are current with their CEUs

Physicians are required to have their Continuing Education (CMEs) completed in order to renew their Medical License.

MD's – 40 CMEs every 2 years

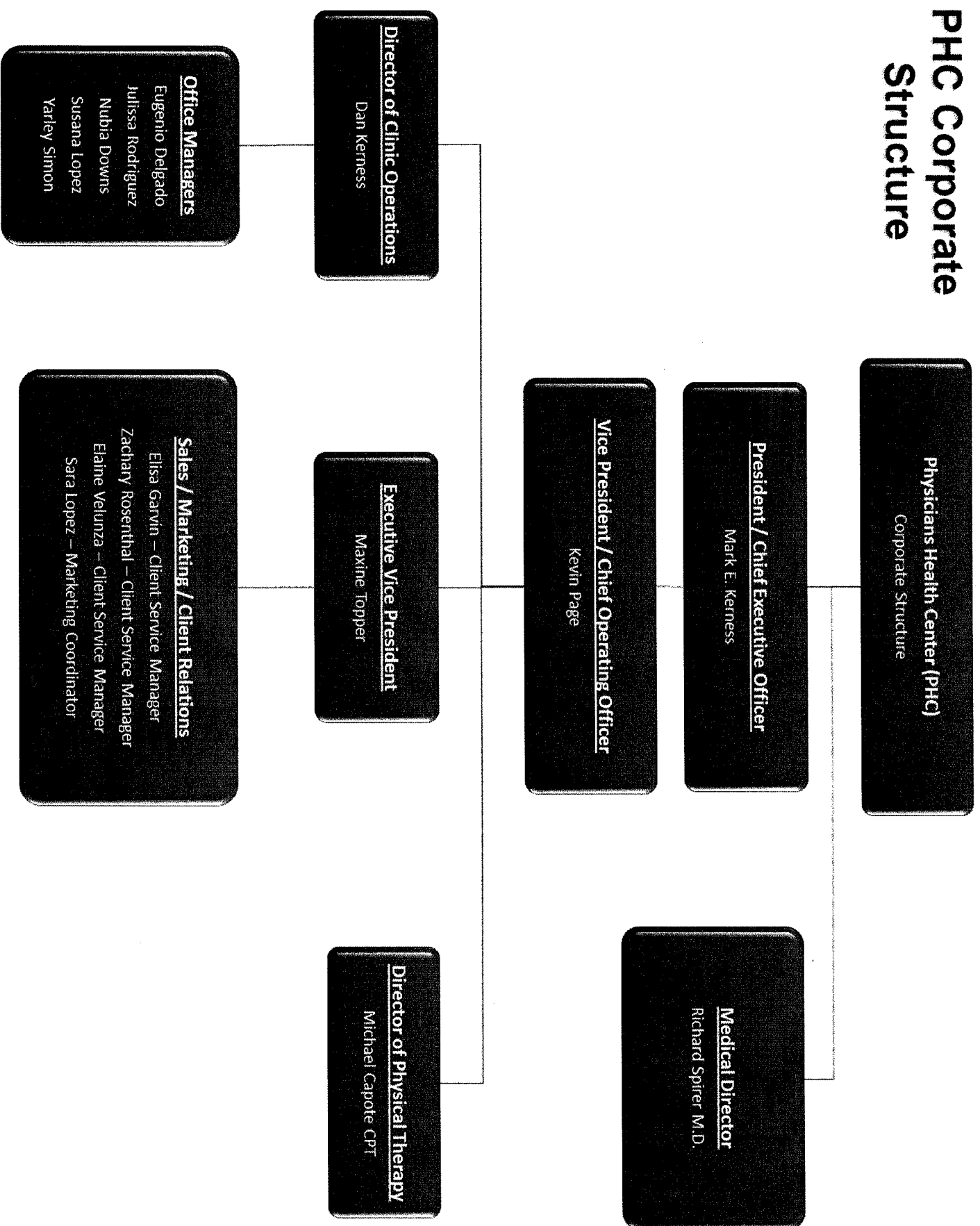
DO's – 120 CMEs every 3 years

X-Ray Technicians – 24 credits every 2 years (for State and ARRT License)

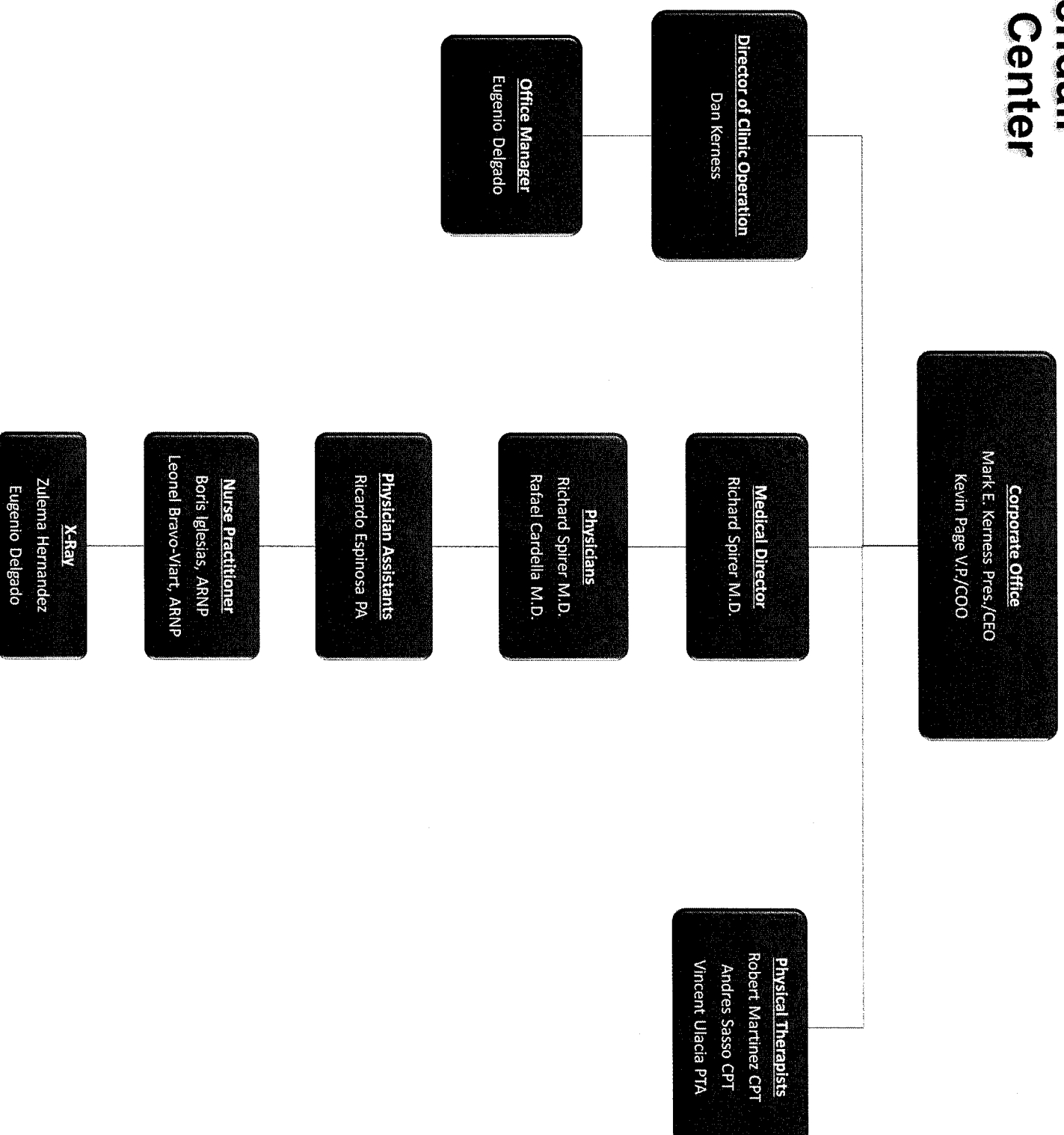
Physical Therapists - 24 CEUS every 2 years (must be approved by the American Physical Therapy Association).

MROs (Medical Review Officers) –must be re-certified every five years.

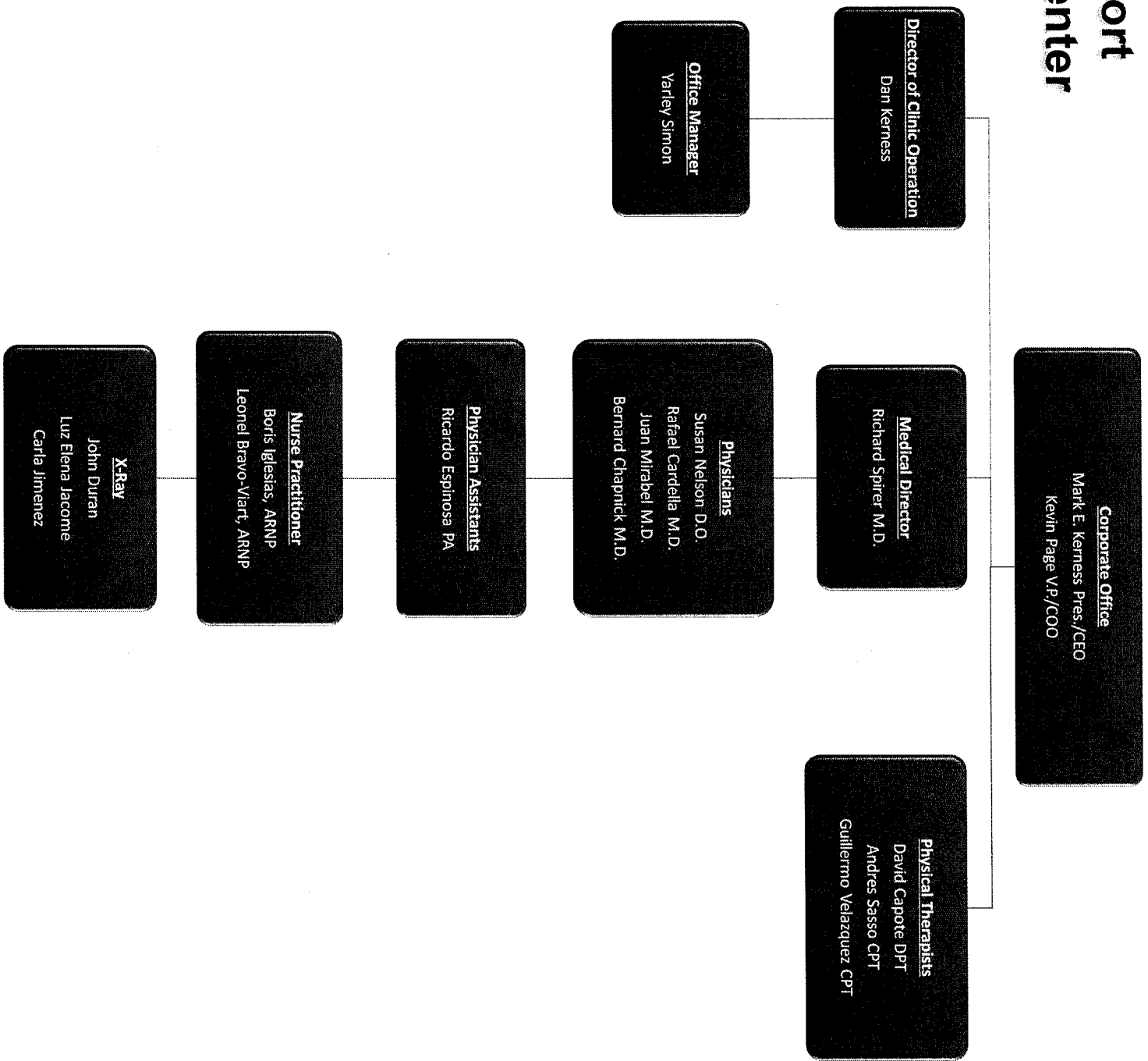
PHC Corporate Structure



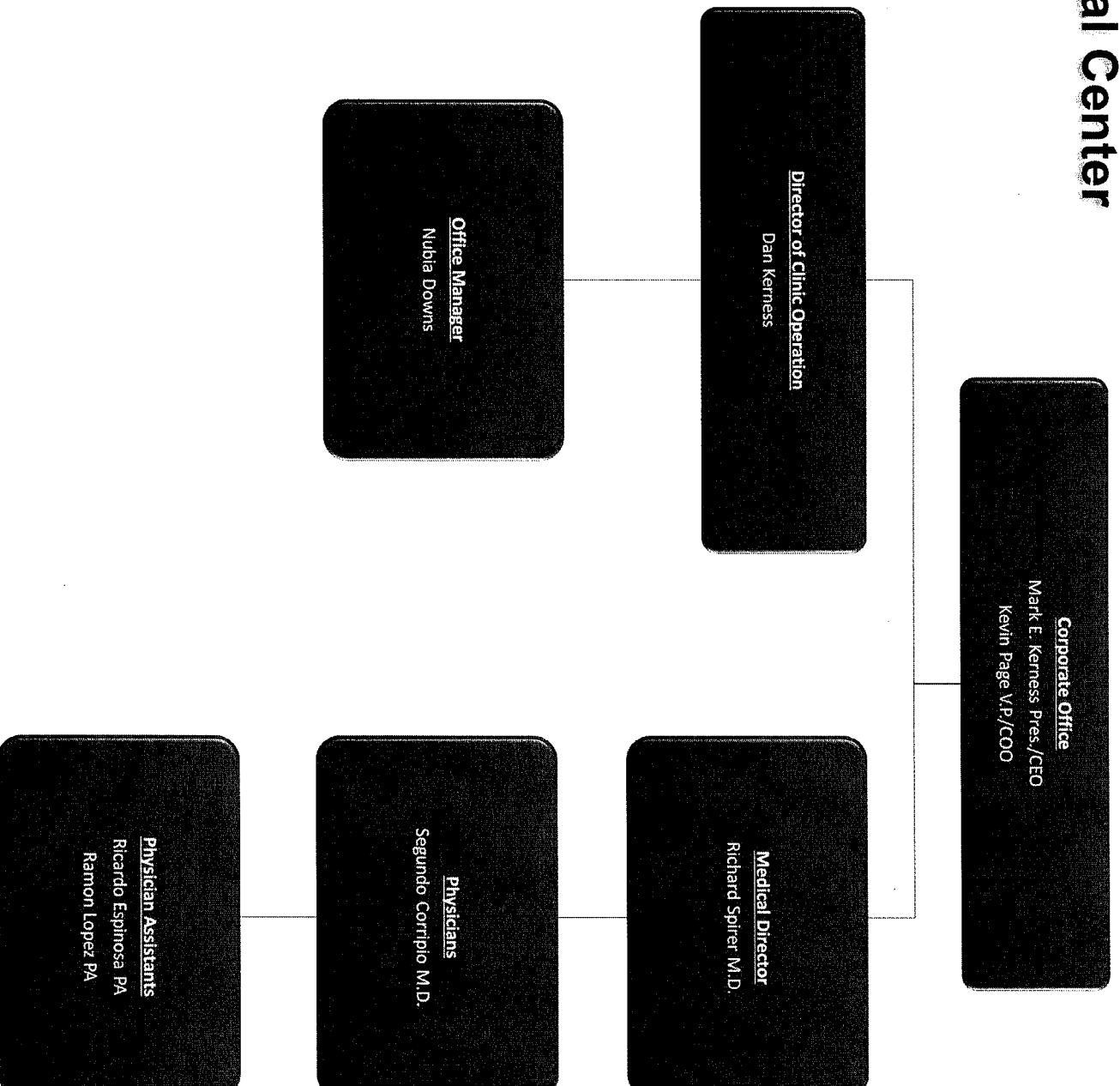
PHC Kendall Medical Center



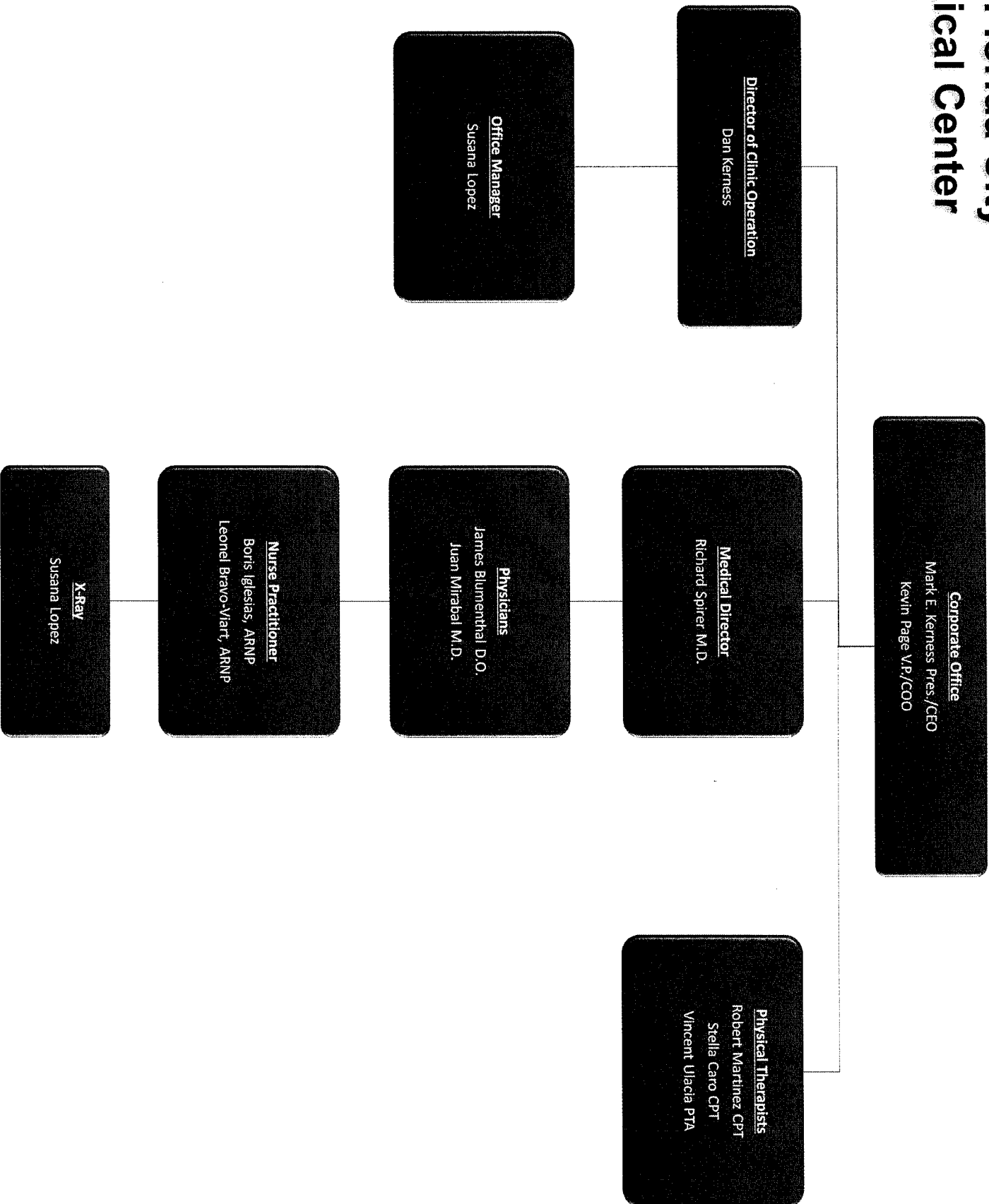
PHC Airport Medical Center



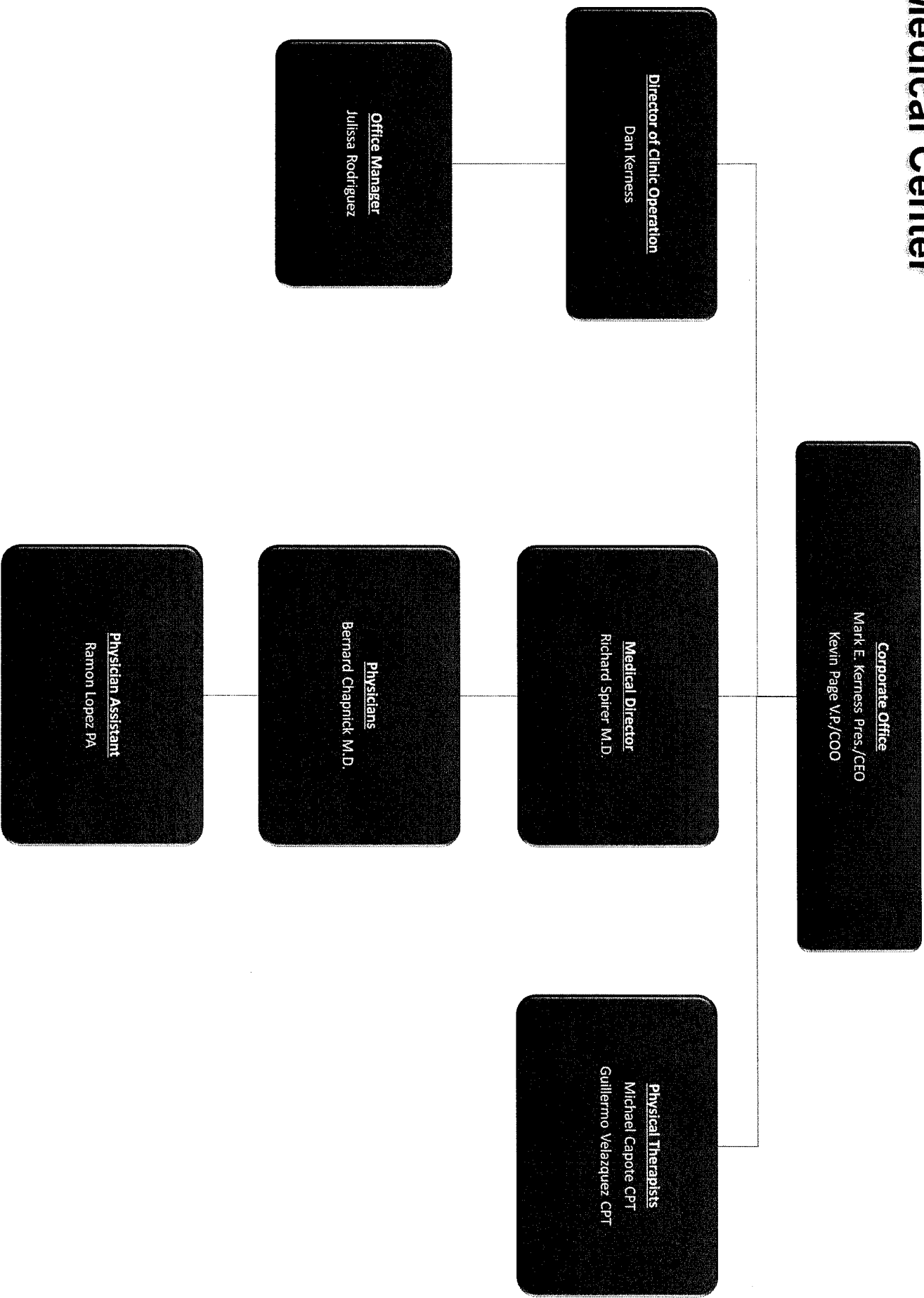
PHC Hialeah Medical Center



PHC Florida City Medical Center



PHC North Dade Medical Center



CORPORATE OFFICE

4483 N.W. 36th Street
Suite 120
Miami, FL 33166
Phone (305) 888-7555
Fax (305) 888-7404



Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

NORTH DADE

20535 N.W. 2nd. Ave.
Suite 150
Miami, FL 33169
Phone (305) 653-7720
Broward Ph (954) 922-5501
Fax (305) 653-2099

AIRPORT

6221 N.W. 36th Street
Miami, FL 33166
Phone (305) 871-3627
Fax (305) 871-7569

HIALEAH

6990 N.W. 37 Ave.
Miami, FL 33147
Phone (305) 691-5050
Fax (305) 691-0006

DADELAND

7887 N. Kendall Dr.
Suite 102
Miami, FL 33156
Phone (305) 279-7722
Fax (305) 279-2090

HOMESTEAD

1448 N. Krome Ave.
Suite 101
Florida City, FL 33034
Phone (305) 245-0222
Fax (305) 246-3700

CURRICULUM VITAE

NAME Rafael E. Cardella, MD, ABPM

BIRTH DATE April 14, 1954

EDUCATIONAL BACKGROUND University of Miami School of Medicine, Coral Gables, FL
Doctor of Medicine, 1980
BA Pre-Med Chemistry, 1976

Miami Dade College, Miami, FL
AA with Honors, 1974

INTERNSHIP Internal Medicine VA Hospital/Univ.of California Irvine
Long Beach, CA 1980-1981

WORK HISTORY

2012 - Present Physicians Health Center, Miami, FL
Physician
1991 - 2012 Concentra Medical Centers, Miami, FL
Center Medical Director

LICENSURES State of Florida Medical License, 0038983
DEA, AC-1327077
Medical Review Officer (MRO)

BOARDS Board Certified in Occupational Medicine

HONORS & MEMBERSHIPS American College of Occupational and
Environmental Medicine since 1997

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 Miami, FL 33166
 Phone (305) 888-7555
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OCCUPATIONAL MEDICAL SPECIALISTS

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 Suite 150
 Miami, FL 33169
 Phone (305) 653-7720
 Broward Ph (954) 922-5501
 Fax (305) 653-2099

AIRPORT

6221 N.W. 36th Street
 Miami, FL 33166
 Phone (305) 871-3627
 Fax (305) 871-7569

HIALEAH

6990 N.W. 37 Ave.
 Miami, FL 33147
 Phone (305) 691-5050
 Fax (305) 691-0006

DADELAND

7887 N. Kendall Dr.
 Suite 102
 Miami, FL 33156
 Phone (305) 279-7722
 Fax (305) 279-2090

HOMESTEAD

1448 N. Krome Ave.
 Suite 101
 Florida City, FL 33034
 Phone (305) 245-0222
 Fax (305) 246-3700

CURRICULUM VITAE

NAME Richard W. Spirer, MD, FACEP

BIRTH DATE February 23, 1949

PLACE OF BIRTH New York, NY

EDUCATIONAL BACKGROUND New York University, New York, NY
 Bachelor of Arts - 1971

University of Miami, Miami, FL
 Doctor of Medicine - 1975

Resident: Jackson Memorial Hospital, Miami, FL
 Family Medicine - 1975 - 1976

WORK HISTORY

2003 - Present Physicians Health Center, Miami, FL
Medical Director

1993-2002 Palmetto General Hospital, Miami, FL
Assistant Director 1996-2000
Director 200-2002

1992 Miami Beach Community Hospital, Miami Beach, FL
 St. Francis Hospital, Miami Beach, FL
Medical Director

1987 - 1993 Parkway Regional Medical Center, N. Miami Beach, FL
Medical Director

1978-1987 James Archer Smith hospital, Homestead, FL
Emergency Medicine

1978 - 1985 Private Family Practice
Hospital Affiliation: Coral Reef General Hospital

1976 - 1978 Private Family Practice
Dr. Graubert and Goldman, Miami Lakes, FL
Hospital Affiliation: Palmetto General Hospital

LICENSURES State of Florida Medical License, ME 27131

HONORS & MEMBERSHIPS

Fellow American College of Emergency Medicine
 American College of Occupational and Environmental Medicine
 Continuing Medical Education - 100 hours annually

CORPORATE OFFICE

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Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

NORTH DADE

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 Fax (305) 653-2099

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 Fax (305) 871-7569

HIALEAH

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 Fax (305) 691-0006

DADELAND

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 Fax (305) 279-2090

HOMESTEAD

1448 N. Krome Ave.
 Suite 101
 Florida City, FL 33034
 Phone (305) 245-0222
 Fax (305) 246-3700

CURRICULUM VITAE**Susan F. Nelson, DO****WORK HISTORY**

- | | |
|----------------|---|
| 2004 - Present | Physicians Health Center, Miami, FL
<i>Lead Physician</i> |
| 1997-2004 | Sunshine Medical Center, Miami, FL
<i>Physician</i> |
| 1994-1996 | Westchester General Hospital, Miami Beach, FL
<i>Physician</i> |

EDUCATIONAL BACKGROUND

- State University of New York at Binghamton
 Bachelor of Science in Biology - 1986
- New York College of Osteopathic Medicine, NY Inst. of Technology
 Doctor of Osteopathic Medicine - 1991
- Internship: Westchester General Hospital, Miami, FL
 1991-1992
- Residency: Westchester General Hospital, Miami, FL
 Specialty: Family Practice 1992-1994

PRIMARY SPECIALTY

Occupational Medicine/Family Practice

LICENSURES

State of Florida Medical License, OS 6525
 FAA Medical Examiner
 Medical Review Officer
 Travel Medicine Advisor - Yellow Fever Site
 Designated Civil Surgeon

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CURRICULUM VITAE**Bernard Stanley Chapnick, MD****BIRTH DATE**

April 21, 1952

EDUCATIONAL BACKGROUND

Wayne State University School of Medicine
 Detroit, MI
 Medical Doctorate, 1978

Michigan State University
 East Lansing, MI
 Bachelor of Science 1974

WORK HISTORY

1990 - Present	Physicians Health Center, Miami, FL <i>Physician</i>
1985 - 1990	George A. Hormel, Austin, MN <i>Medical Director</i>
1982 - 1985	Exxon Co., USA, Baton Rouge, LA <i>Sr. Staff Physician</i>
2001 - 2003	Florida Osteopathic Medical Association District 3 Society <i>Vice President</i>
1983	Emergency Medicine Residency, Baton Rouge, LA <i>President and Medical Director</i>
1980 - 1982	Marine Corp., Air Station, Yuma, AZ <i>Flight Surgeon</i>
1979	General Motors Assembly Division <i>Staff Physician</i>

LICENSURES

State of Florida Medical License, ME 58546
 DEA, AC1853301
 Medical Review Officer 14-10365

HONORS & MEMBERSHIPS

- *1981 Flight Surgeon of the Year
- *Marine Force Pacific Fleet
- *Member, American Medical Association
- *Member, American College of Occupational Medicine
- *Member, North Central Occupational Medical Association
- *Board Eligible, Occupational Medicine
- *FAA Examiner, Certified Medical Review Officer (MRO)

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CURRICULUM VITAE

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NAME James R. Blumenthal, DO

BIRTH DATE August 29, 1950

EDUCATIONAL BACKGROUND Tulane University
New Orleans, LA
Bachelor of Science, 1972

Chicago College of Osteopathic Medicine
Doctor of Osteopathy, 1976

Rotating Internship: Chicago Osteopathic Medical Center
Chicago, IL 1976-1977

WORK HISTORY

2007 - Present Physicians Health Center, Miami, FL
Physician
*Serves as Medical Director for the Employee Health Clinic at Nicklaus Children's Hospital

2003 - 2004 Island Family Care, Key Largo, FL
Physician

2003 Homestead Hospital Urgent Care, Homestead, FL
Physician

2001 - 2003 Florida Osteopathic Medical Association District 3 Society
Vice President

1982-2003 Family Health Center of Central Florida
President and Medical Director

1997-2003 Florida Hospital Osteopathic and Podiatric Foundation
Chairman and Board of Directors

LICENSURES State of Florida Medical License, OS 4347
DEA, AB8478275

HONORS & MEMBERSHIPS

*Presented by the Family Practice Residents, Florida Hospital East Orlando:

-“Family Practitioner of the Year” 1998

-“Hometown Hero” Sept. 8th, 2002

-“Spirit of Community” Sept 8th, 2002

-“Special Recognition Award” June 2000

*American College of Osteopathic Family Physicians

*American Osteopathic Association 0-33962

*Florida Osteopathic Medical Association

*Diplomat of National Board of Examiners for Osteopathic Physicians and Surgeons

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CURRICULUM VITAE**Leonel Bravo Viart, ARNP****EDUCATIONAL
BACKGROUND**

Florida International University, Miami, FL
 Advanced Registered Nurse Practitioner, 2015
 Bachelor of Science in Nursing, 2014

Luis Diaz Soto Educational Hospital, Havana, Cuba
 Internal Medicine Specialist, 2001

University of Medicine, Havana, Cuba
 Family Physician, 1997
 Doctor in Medicine, 1993

WORK HISTORY

2015 - Present	Physicians Health Center, Miami, FL ARNP
2014-2015	Home Health Exclusive Services, Miami, FL Registered Nurse
2014	Florida International University, Miami, FL Graduated Research Assistant
2009-2014	University of Miami Hospital, Miami, FL Mental Health Technician
2009	Urology Specialty Care, Miami, FL Medical Assistant
2006 - 2007	Centro Diagnostico Integral "Llano Seco", Merida, Venezuela Emergency Pysician
2005 - 2007	Bolivarian University Medical School, Merida, Venezuela Medical School Professor

LICENSURES

State of Florida Advanced Reg Nurse Practitioner, ARNP-BC 93822.
 National Registry of Certified Medical Examiner #3403654390

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CURRICULUM VITAE**Juan D. Mirabal, MD****BIRTH DATE**

November 8, 1945

EDUCATIONAL BACKGROUND

School of Medicine Havana University, Cuba
 Medical Doctorate, 1969

Calixto Garcia Hospital Havana University, Cuba
 Plastic Surgeon Degree, 1975

Enrique Cabrera Hospital Havana University, Cuba
 Intensive Care Specialist, 1989

University of Miami School Medicine, Miami, FL
 Comprehensive Update in Medical Education, 1992

WORK HISTORY

2001 - Present	Physicians Health Center, Miami, FL <i>Physician</i>
1995 - 2001	Occupational Health Services of America, Miami, FL <i>Physician</i>
1995 - 1996	OSNE Corp., Hialeah, FL <i>Physician</i>
1995 - 1996	Medical Center of West Palm Beach, WPB, FL <i>Physician</i>
1995 - 1996	Clinic 2000, Corp, Hialeah, FL <i>Physician</i>
1992 - 1994	Ralph Miniet, MD <i>Physician</i>
1975 - 1990	William Soler Hospital, Havana, Cuba <i>Physician</i>

LICENSURES

State of Florida Medical License, ME 67719
 DEA, BM4073906
 Certified Medical Review Officer 970209141

HONORS & MEMBERSHIPS

*FAA Examiner
 *Certified Medical Review Officer (MRO)

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CURRICULUM VITAE

NAME Segundo J. Corripio, MD

BIRTH DATE February 18, 1954

EDUCATIONAL BACKGROUND

University of Oviedo School of Medicine
Asturias, Spain
Doctor of Medicine, 1976-1982

Florida State University
Tallahassee, FL 1972-1976

Shands Teaching Hospital
Gainesville, FL 1984-1986

Bronx-Lebanon Hospital Center
Bronx, NY Internal Medicine Resident 1986-1987

WORK HISTORY

2011 - Present Physicians Health Center, Miami, FL
Staff Physician/Occupational Medicine

2010 - 2011 Orthopaedic Associates USA, Davie, FL
Physician

1992 - 2010 Concentra Medical Centers, Miami, FL
Physician

LICENSURES

State of Florida Medical License, ME 55844
DEA, BC2610322
1996 ACLS EMSA
2010 ACLS Critical Concepts

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CURRICULUM VITAE**Ricardo Espinosa, PA****BIRTH DATE**

March 13, 1953

EDUCATIONAL BACKGROUND

Jose Ignacio Baldo Hospital, Caracas, Venezuela
 Gynecology & Fertility, 1987

Central University of Venezuela, Caracas, Venezuela
 Surgery, 1983

WORK HISTORY

2007 - Present Physicians Health Center, Miami, FL
Physician Assistant

2006 - 2007 Pain Institute, Miami, FL
Physician Assistant – Pain Management

1998 - 2006 Rodolfo Lawson, MD, Hialeah, FL
Physician Assistant – Orthopedics

2004 - 2005 Mercy Hospital, MD, Miami, FL
Physician Assistant – Orthopedics

1992 - 1998 West Dade Surgical Assistants, Miami Lakes, FL
Physician Assistant – Surgery

1998 - 2006 Palmetto General Hospital, Hialeah, FL
Mental Health Technician

1988 - 1989 Diagnostic Institute, Caracas, Venezuela
Gynecologist

1987 - 1989 Baruta Clinic Center, Venezuela
Gynecologist

1983 - 1984 Luis Razetti Health Center, Santa Lucia, Venezuela
General Practitioner

1985 - 1987 Diagnostic Institute, Caracas, Venezuela
General Practitioner

LICENSURES

State of Florida Physician Assistant License, PA 9100094

HONORS & MEMBERSHIPS

Florida Academy of Physician Assistant
 American Academy of Physician Assistant
 Medical Graduates Physician Assistant Association
 Venezuelan American Medical Association

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CURRICULUM VITAE

Ramon Lopez, PA

BIRTH DATE January 26, 1960

EDUCATIONAL BACKGROUND Nova Southeastern University, Davie, FL
Comprehensive Medical Review Course, 1996

Miami Dade College Medical Campus, Miami, FL
Physician Assistant Review Course, 1996

Miami Dade College Medical Campus, Miami, FL
Physician Assistant Review Course, 1995

Universidad CETEC, Dominican Republic
Doctor of Medicine, 1983

Miami Dade College Medical Campus, Miami, FL
General Course Work, Prerequisite, 1980

WORK HISTORY

1998 - Present Physicians Health Center, Miami, FL
Physician Assistant

1996 - 1998 Family Physicians of West Dade, Miami, FL
Physician Assistant

LICENSURES State of Florida Physician Assistant License, PA 9100266

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CURRICULUM VITAE

Boris Iglesias, MSN, ARNP-FNP- BC

EDUCATIONAL BACKGROUND

Florida International University Miami, Florida
Master of Science in Nursing /
Family Nurse Practitioner, 2014-2015

Florida International University Miami, Florida
Bachelor of Science in Nursing, Summa Cum Laude, 2012-2014

Higher Institute of Medical Sciences of Habana, Cuba
Doctor of Medicine, 1987-1993

WORK HISTORY

- 2015 – Present Physicians Health Center, Miami, FL
Workers Compensation Injury ARNP
- 2014-2015 Excellent Care Home Health Services, Miami, FL
Registered Nurse
- 2013-2015 South Florida Veterans Affairs Foundation, Miami VA Medical Center
Research Coordinator
- 2001-2009 Catalan Health Services, Barcelona, Spain
Family Medicine Physician
- 2003-2009 Catalan Health Service, Barcelona, Spain
Emergency Room Physician
- 2001-2009 ASEPEYO, Barcelona, Spain
Workers Compensation Injury Physician
- 1998-2000 Santiago de Chile Health Services, Chile
Family Medicine Physician

LICENSURES

State of Florida Advanced Register Nurse Practitioner License:
ARNP9381442
ANCC Board Certified Family Nurse Practitioner National Registry
Certified Medical Examiners No: 6697578379

HONORS & MEMBERSHIPS

AANP 2015
ANA 2015
FNA 2015

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NAME: Maxine Topper

EDUCATIONAL Rutgers University, New Brunswick, N.J. - 1975,
B.A. in Communications

PROFESSIONAL EXPERIENCE:

2004 to Present *Physicians Health Center*, Miami, FL
Executive Vice President

1999 - 2004 *Physicians Health Center*, Miami, FL
Vice President of Business Development

1996 – 1999 *ADP Totalsource / Vincam Human Resources*, FL
Supervisor of Workers Comp Provider Network
Development
Territory - Orlando to Key West
Physician and hospital negotiations and contracting

1994 - 1996 *Prudential Insurance*
Network development coordinator for Florida and the
Mid-Atlantic States
Contracting of primary care and specialty physicians for
workers compensation product line.

PROFESSIONAL AFFILIATIONS:

Member of the Planning Committee for the Florida
Workers Compensation Institute.
Conference Committee for the Florida Association of
Occupational and Environmental
Board member for the Florida Stay at Work Consortium
Member of RIMS, PRIMA, SFAGC, WCCP

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*Elisa Garvin
Miami, Fl*

Education

*Banking Representative School- 1984
Miami -Dade Community College- 1981*

Professional Experience

- 2007 - Present** Physicians Health Center, Miami, Fl.
Client Service Manager - Marketing Department
- 2006 - 2007** Ambulatory Surgical Center, Miami, Fl
Business Office Manager
- 2001 - 2005** ADP Total Source, Miami, Fl
Supervisor of Customer Service
- 1998 - 2001** Pearce Financial Group, Coral Gables, Fl
Customer Service Representative
Customer Service Manager
- 1997 - 1998** Jean Thresher, M.D. & Letty M. Villa, M.D.,
Coral Gables, Fl
Office Manager
- 1996 - 1997** Pediatric Specialty, Key Biscayne, Fl
Office Manager

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Kevin Page – Chief Operating Officer

Kevin Page joined Physicians Health Center as the company's Chief Operating Officer in July 2008 after 18 years with Enterprise Holdings. Kevin holds a B.A. in business management and finance from the University of South Florida. During his time with Enterprise, Kevin lived and worked in Tampa FL., St. Louis MO., and San Francisco CA., overseeing various areas of the company's operations, both locally and nationally.

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Kevin's background in finance, management, and sales and marketing coupled with his desire to return to Florida aligned ideal opportunities for both Kevin and Physicians Health Center. Kevin has been integral in continuing to help PHC thrive ever since.

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Eugenio Delgado Jimenez

Skills: Phlebotomy

Process of Patient Data Files, Patient Referred,
EKG, Drug Screen and Alcohol (EBT) and Hair Collector Certified.
Audiogram, Vision Screening, Surgical Assistance.

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Education: 2012 Lic# BMO83349 **Limited Scoped Machine Operator, BMO, X-rays**
Certified by ARRT and Florida Health Department, Miami, FL

2010 Compu Med Vocational Carriers Miami, FL
Certified Medical Assistant, MA
National Registered Medical Assistant, RMA

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2010 - Physicians Health Center, Miami, FL Medical Tech, BMO, Office Manager
(Present)

Accreditations: Occupational Exposure to blood Pathogens
(OSHA)/HIV/AIDS/HBV/AMA-104 Alzheimer

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Phone (305) 279-7722
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Emergency Care Adult – Child-Infants
CPR
Allergic Reactions- CEO, Program
Cardiac Emergencies Assessment, Angina and MI

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Zulema Hernandez
12334 sw 147 th terrace
Miami, Fl. 33186

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EDUCATION:

Miami Dade College, Florida Technical College, School of Medicine of San Pedro de Macories/ Dominican Republic.

HIALEAH

6990 N.W. 37 Ave.
Miami, FL 33147
Phone (305) 691-5050
Fax (305) 691-0006

LICENSES/CERTIFICATES:

Basic X-Ray Machine Operator,
COHC-Certified Occupational Hearing Conservationist,
Breath Alcohol Technician,
E-Screen123 Certificate Collector,
Drug Collection Certification,
Psychomedics Sample Collection Training Program.
C P R, AA Degree

WORK EXPERIENCE:

18 years at Physicians Health Center as a medical technician,
Dr. Vivian Peraza as a medical assistant,
volunteer at Miami Children's Hospital in the Oncology Department.

DADELAND

7887 N. Kendall Dr.
Suite 102
Miami, FL 33156
Phone (305) 279-7722
Fax (305) 279-2090

HOMESTEAD

1448 N. Krome Ave.
Suite 101
Florida City, FL 33034
Phone (305) 245-0222
Fax (305) 246-3700

CORPORATE OFFICE

4483 N.W. 36th Street
Suite 120
Miami, FL 33166
Phone (305) 888-7555
Fax (305) 888-7404



Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

Resume

NORTH DADE

20535 N.W. 2nd. Ave.
Suite 150
Miami, FL 33169
Phone (305) 653-7720
Broward Ph (954) 922-5501
Fax (305) 653-2099

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Fax (305) 246-3700

NAME: Roberto Martinez

EDUCATIONAL: University of St. Augustine, 1997-2003
St. Augustine, FL

Continued Education - Manual Therapy Certification
S1 - Introduction to Spinal Evaluation and Manipulation
S2 - Advanced Lumbar and Thoracic Spine Evaluation and Manipulation
S3 - Advanced Evaluation and Manipulation of the Craneo-facial, Cervical and Upper Thoracic Spine
S4 - Functional Analysis and Management of the Lumbar, Pelvic and Hip Complex
E1 - Extremity Evaluation and Manipulation

PROFESSIONAL EXPERIENCE:

2001 to Present *Physicians Health Center, Miami, FL*
Physical Therapist - Department Manager
1999 - 2001 *Physical Therapy and Fitness Management, Miami, FL*
Physical Therapist
1994 - 1998 *West Gables Rehabilitation Hospital, Miami, FL*
Physical Therapist Assistant - Upon Completion of Higher Degree, Physical Therapist
Physician and hospital negotiations and contracting
1993 - 1994 *Orlando Regional HCS, Orlando, FL*
Physical Therapy Assistant
1992 - 1993 *Rehability Corporation, Orlando, FL*
Physical Therapy Assistant
1991 - 1992 *US Naval Hospital, Puerto Rico*
Physical Therapy Assistant

PROFESSIONAL AFFILIATIONS: APTA Orthopedic Section Member

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Yarley Simon
Manager – Airport Office

Yarley Simon is the manager of our largest Physicians Health Center office. She trains and hires new personnel and maintains employee files. She ensures that the office meets all current medical laws, regulations and ethics standards. She is a contact for relaying information to/from the physicians who are administering medical services for employees of the City.

Yarley graduated from Miami Dade College in 1998. She has been with Physicians Health Center in various positions since 2000.

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Griselle Torres, Head Medical Technician - Airport

**EDUCATIONAL
BACKGROUND**

Florida National College, Miami, FL
Medical Assisting, 1997

WORK HISTORY

1994 - Present Physicians Health Center, Miami, FL
Head Medical Technician-Airport Office

LICENSURES

Certified Psychomedics Hair Sample Collection Program
Certified from the Science and Business Institute in Phlebotomy
Certified in Occupational Screening Spirometry NIOSH, University of FL
Certified in Occupational Hearing Conservationist

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DAVID CAPOTE, MSPT, COMT, CSCS

8942 NW 163rd Terrace
Miami Lakes, FL 33018
Phone: 305-510-6499
E-Mail: capoted@bellsouth.net

OBJECTIVE

To deliver the highest quality of patient care as a Physical Therapist, and to apply the knowledge and skills I have acquired over the years in order to contribute to the improved health and wellness of patients.

WORK EXPERIENCE

March 2008-Present **Physicians Health Center** **Miami, FL**
Clinical Site Coordinator, Physical Therapist, COMT, CSCS

- Oversee all operations in Physical Therapy Department
- Provide In-services and Safety Awareness Programs for Occupational Workers
- Perform Pre-Employment exams for various companies
- Provide Physical Therapy services to patients

October 2006-Feb 2008 **Physicians Health Center** **Miami, FL**
CSCS/Rehab Tech/Bilingual

- Assisted Physical Therapists with exercise program designs for patients
- Provided In-services about current research in Physical Therapy
- Performed Pre-Employment exams for various companies
- Assisted Physical Therapists with back safety awareness classes.

August 2006-Aug 2007 **Florida International University** **Miami, FL**
Graduate Assistant

- Worked alongside Dr. Mark Rossi and Dr. Thomas Eberle on current research with a concentration on Total Knee Arthroplasty, and Total Hip Arthroplasty.
- Reviewed current literature on research with a concentration on TKA and THA patients and procedures.
- Helped design research projects for current students including data collection

Oct 2007-Dec 07 **Holy Cross Orthopedic Center** **Ft. Lauderdale, FL**
Student Physical Therapist Internship

- Performed evaluations and follow-up visits for patients as a Senior Intern. Worked alongside Dr. Thomas Eberle.
- Worked at an orthopedic-related outpatient facility with a concentration on total joint replacement
- Worked with Musculoskeletal injuries including post-op, pre-op, and sports-specific rehab
- Worked alongside a group of Manual Therapy Certified clinicians

Aug 2007-Oct 2007 Dynamic Physical Therapy Miami Lakes, FL
Student Physical Therapist Internship

- Worked at an orthopedic-related outpatient facility as a SPT
- Performed evaluations and follow-up visits for all patients
- Worked with Musculoskeletal injuries including post-op, pre-op, and sports-specific rehab
- Designed treatment plans for high-level athletes of multiple sports

March 2007-April 2007 HealthSouth Rehab Hospital Miami, FL
Student Physical Therapist Internship

- Worked in the Rehab/Inpatient Physical Therapy department as SPT
- Worked with Neurologically involved patients including TBI, Parkinson's, MS, and various other diagnoses; also worked on post-surgical orthopedic patients with a concentration towards TKA and THA
- Performed evaluations and follow-up visits for all patients
- Participated in Team Meetings with on-site physicians and other disciplines involved in patient care
- Worked alongside an NDT specialist in the care of patients

June 2006-August 2006 Palmetto General Hospital Hialeah, FL
Student Physical Therapist Internship

- Worked in the Acute/Inpatient Physical Therapy department as SPT
- Worked with various types of patients including Orthopedic, Neurologically Involved, Neonatal, and Wound Care
- Performed Pre-op Evaluations for patients undergoing TKA and THA
- Performed evaluations and follow-up visits for all patients
- Observed Surgeries for multiple orthopedic patients
- Designed Patient HEP for TKA and THA in English and Spanish

March 1997–August 2007 Select Medical/HealthSouth Hialeah, FL
Personal Trainer/Rehab Tech/Bilingual

- Create post-rehab fitness program for patients
- Work as a Personal Trainer with private clients
- Train all physical therapy aides
- Developed back safety technique courses along with Physical Therapists for older clients

Sept. 2001–2004 Hialeah-Miami Lakes High School Hialeah, FL
Athletic Training Student/Bilingual

- Work with athletes strength and conditioning programs
- Work alongside orthopedic physicians and athletic trainers in the evaluation and treatment of student athletes
- Work alongside physical therapists at nearby Sports Medicine Clinic

EDUCATION

- 2010 Arcadia University Glenside, PA**
- Currently Enrolled in Physical Therapy Doctorate Program
 - Concentration in advancement of PT profession and research methods
- 2009 Ola Grimsby Institute San Diego, CA**
- Certification in Orthopedic Manual Therapy
 - Concentration in Orthopedic Manual Therapy and S.T.E.P. Exercise Programs
- 2005-2007 Florida International University Miami, FL**
- Master of Science Degree in Physical Therapy
 - Research Project: Utilization of an exercise protocol with the distal segment fixed following primary unilateral knee replacement: a descriptive analysis. Presented at APTA Combined Sections Meeting
 - Grade Point Average: 3.617
- 2001-2004 Florida International University Miami, FL**
- Bachelor of Exercise and Sports Science in Exercise Physiology, with a minor in Strength and Conditioning.
 - Graduated with a 3.307 Grade Point Average.
 - Student Government Association College of Education Representative.
 - Vice President of Sports Medicine Association.
- 1997– 2001 Hialeah-Miami Lakes Senior High Hialeah, FL**
- Superintendent's Diploma of Distinction.
 - Graduated with a 4.7 Grade Point Average.
 - Student Government President.
 - Awarded Most School Spirit.

PROFESSIONAL MEMBERSHIPS AND CERTIFICATIONS

- Certified Strength and Conditioning Specialist.
- Certified Personal Trainer.
- Member of American Physical Therapy Association.
- Member of National Athletic Trainers Association.
- Member of National Strength and Conditioning Association.
- Member of International Fitness Professionals Association.
- Member of Sigma Phi Epsilon.

COMMUNITY SERVICE

- Habitat for Humanity 2000-2004
- American Cancer Society 2001-2004
- Children's Miracle Network 2001-2004
- Coca-Cola Copa Latina Soccer Tournament 2004-2006

REFERENCES

- Available Upon Request

Michael Capote, MSPT, ATC, CSCS, EP

20535 NW 2nd Avenue, STE# 150

305-653-7720x2001

phcnmpt@ommanagement.com

Profile

- Nearly 6 years experience as professional manager.
 - Ability to direct complex projects from concept to fully operational status.
 - Goal-oriented individual with strong leadership capabilities.
 - Organized, highly motivated, and detail-directed problem solver.
 - Proven ability to work in unison with staff, patients, and insurance companies.
-

Education

M.S., Physical Therapy, Florida International University
B.S. Athletic Training / Exercise Physiology / Strength & Conditioning, Magna Cum Laude, Florida International University
A.S. Physical Therapy Assistant, Miami Dade Community College Medical Campus
A.A. Physical Therapy, Miami Dade Community College Medical Campus

Relevant Experience & Accomplishments

- Successfully established new Ergonomic consulting programs for several corporations.
- Completed 3 Orthopedic Manual Therapy Internships.
- Established several successful personal training programs for local Cardiologist.
- Editor in Chief on Spanish version of “The Book on Personal Training”
- Completed 4th year as a Professor on personal fitness/nutrition for IFPA, in which have taught several workshops on the national and international level.
- Certified over 1000 healthcare providers in CPR/AED/First Aid for the American Red Cross

Management/Supervision

- Evaluated, trained, and recruited over 20 clinicians/front desk personnel for several PT offices.
 - Directed and trained staff for transition to paperless documentation system.
 - Implemented Manual therapy “round table sessions” to keep therapist updated with new procedures.
 - Responsible for improving clinic productivity by decreasing patient cancellation rate and increasing patient per day visits.
 - Supervised expansion of new facility including marketing, clinical design, and staff recruitment.
-

Employment

Physicians Health Center

2000-present

- Director of Physical Therapy
- Provide Physical Therapy for patients
- Oversee all 4 PT locations in Dade County
- Perform training, staffing, and scheduling of PT staff/Interns
- Performed marketing and ergonomic consulting to local Physicians and Corporations

HEALTHSOUTH, Dade/Broward County offices

1996-2004

- Oversaw daily clinical operations including patient care, scheduling, insurance matters, and facility inventory.
- Kept staff up to date with corporate policy changes and insurance issues

International Fitness Professionals Association

2000-2006

- Professor of Personal Training, Nutrition, and Sports Conditioning
- Personal Trainer and Continuing Education provider for several fitness centers
- Editor of company textbook
- Conduct several courses in English/Spanish to over 500 students training to become certified personal fitness trainers.

American Red Cross, Dade and Broward County

2003-present

- CPR / AED / First Aid Instructor in English and Spanish
- Organized several volunteer operations during recent storm season at local shelters
- Certified Professional Rescuer

Certifications and Professional Memberships

Certified Athletic Trainer thru NATA Board of Certification
Certified Strength and Conditioning Specialist thru NSCA
Certified Personal Fitness Trainer thru IFPA
Certified Conditioning Specialist thru NSPA
Teaching Certificate Florida International University
Sports and Orthopedic Section member of the American Physical Therapy Association
Member of National Athletic Training Association
Member of National Strength and Conditioning Association
Member of International Fitness Professional Association
Member of National Strength Professionals Association

Honors & Awards

Graduated Magna Cum Laude
“Outstanding Clinical Performance” award PHC
National Colligate “Deans List” Honors

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Ivis Velunza – General Manager

Ivis Velunza is the Manager of O.M. Management, Inc., the drug screening arm of Physicians Health Center. Ivis started at Physicians Health Center 16 years ago, moving from data processor to MRO Supervisor. Ivis currently oversees all of the drug screens and physical exam processing and billing at her location in the corporate offices. Ivis also leads a team of professionals at OMM in the management of drug and alcohol testing programs for the FAA/DOT industry.

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Patrick Armstrong – Vice President of O.M. Management

Patrick B. Armstrong has been with Physicians Health Center for almost 20 years. He set-up and started the Medical Review Officer department which over see all the drug testing that is processed through Physicians Health Center.

- Oversees the planning and construction of new office.
- Oversees the facilities and maintenance of Physicians Health Center's five medical centers.
- Provides all DOT and Drug Free Workplace, collector training.
- Provide Sales and Marketing for business development.

Started and oversees O.M. Management Inc.'s DOT and Florida Drug Free Workplace compliance department which provides support to Human Resources Management teams nationwide. Assists DOT companies stay in compliance as well as address out of compliance issues when needed.

CURRICULUM VITAE

JOHN H. SOKOLOWICZ, MD, FACC
9260 SW 72ND ST. #220
Miami, Fl 33173
(305)279-2621

PERSONAL:

DATE OF BIRTH: NOVEMBER 30, 1945
MARITAL STATUS: MARRIED

EDUCATION:

1962-66 BUFFALO UNIVERSITY, B.A.
1966-7 STATE UNIVERSITY OF NEW YORK (BROOKLYN, NY)
DOWNSTATE MEDICAL CENTER - MD
1970-71 KINGS COUNTY HOSPITAL (BROOKLYN, NY)
INTERNSHIP
1971-73 ST. ELIZABETH HOSPITAL (WASHINGTON, DC)
U.S. PUBLIC HEALTH SERVICE
1973-75 MONTEFIORE HOSPITAL (BRONX, NY)
MEDICINE RESIDENCY
1975-77 MT. SINAI HOSPITAL (MIAMI BEACH, FL)
CARDIOLOGY FELLOWSHIP

EMPLOYMENT:

1977 TO PRESENT - SOKOLOWICZ AND HELLER, MD, PA
PRIVATE PRACTICE

PROFESSIONAL EXAMINATIONS:

EXAMINERS	1971	DIPLOMATE, NATIONAL BOARD OF MEDICAL
MEDICINE	1974	DIPLOMATE, AMERICAN BOARD OF INTERNAL
	1976	DIPLOMATE, CARDIOVASCULAR DISEASE

LICENSURE:

FLORIDA - LIC# ME0025908
MAINE

PROFESSIONAL SOCIETIES:

AMERICAN COLLEGE OF PHYSICIANS
AMERICAN HEART ASSOCIATION

HOSPITAL PRIVILEGES:

BAPTIST HOSPITAL
JACKSON SOUTH COMMUNITY HOSPITAL
SOUTH MIAMI HOSPITAL
HOMESTEAD HOSPITAL

CURRICULUM VITAE

PERSONAL

Name: Victor Manuel Pina, M.D.
Place of Birth: Chicago, Illinois
Professional Address: 7887 N Kendall Drive, Suite 101
Miami, FL 33156
Telephone: Office: (305) 822-4107
Medical Specialty: Internal Medicine
Sub-Specialty: Gastroenterology & Liver Diseases

FELLOWSHIP TRAINING

2016- Current Private Practice: Center for Digestive Medicine
1992-2016 Private Practice: Digestive Medicine Associates
1990 – 1992 University of Miami/Jackson Memorial Hospital
Miami, Florida
*Fellowship: Gastroenterology

HOUSE STAFF TRAINING

1988 – 1990 Columbia University
St. Luke's Roosevelt Hospital Center
New York, New York
*Resident: Internal Medicine
1987-1988: Columbia University
St. Luke's Roosevelt Hospital Center
New York, New York
*Intern: Internal Medicine
1986 – 1987 Woodhull Medical Center
Brooklyn, New York
*Inter: Internal Medicine

EDUCATION

- 1981 – 1986 Universidad Autonoma de Centro America
 San Jose, Costa Rica
 *Graduate Degree: Doctor of Medicine
- 1980 – 1981 Eckerd College
 St. Petersburg, Florida
 *Pre-Med.
- 1978 – 1980 Miami Dade Community College
 Miami, Florida

LICENSES

State of Florida ME 0055125

PROFESSIONAL SOCIETIES

American Medical Associations
American College of Physicians
Florida Medical Association
Dade County Medical Associations

AWARDS AND HONORS

Palmetto Hospital:	Department of Gastroenterology Chairman 1998
Golden Glades Hospital:	Department of Gastroenterology Chairman 1993
Intern of the Year:	St. Luke's – Roosevelt Hospital Center 1987
Cum Laude Probatus:	Medical School
Scholastic Scholarship:	Eckerd College
Honor Graduate:	Coral Gables Senior High School

HOSPITAL AFFILIATION

Westchester Hospital

CURRICULUM VITAE

Mark Stephen Avila, M.D.

PERSONAL INFORMATION

Place of Birth: San Pedro, California

Professional Address: Center for Digestive Medicine PLLC
7887 N. Kendall Drive,
Suite 101
Miami, FL 33156
(305) 273-6266 Tel.
(305) 273-6520 Fax

Email Address: MSAinMIA@aol.com

PRESENT ACADEMIC RANK AND POSITION

Chairman
Probable Cause Panel South
Board of Medicine
2012- Present

Associate Clinical Professor of Medicine
Community Preceptor Clinical Skills
University of Miami School of Medicine
1998-2000

Non Par Staff Physician
Veterans Administration Medical Center – Miami
Division of Hepatology
1999-2000

EDUCATION

University: University of Southern California
College of Letters, Arts and Sciences
Bachelor of Science, 1981

University of Miami
School of Business Administration
MBA Executive Program
Jan 2011- Dec 2012

Medical School: Medical College of Wisconsin

Doctor of Medicine, 1985

Residency: Tucson Hospitals Medical Education Program
Categorical Medicine, 1985-1988

Private Practice: Locum Tenens Internal Medicine, 1988-1990

Fellowship: University of Miami
Division of Hepatology, 1990-1992

Fellowship: University of Florida
Health Sciences Campus
Division of Gastroenterology, 1992-1994

Master University of Miami
Executive MBA
January 2011- December -2012

BOARD CERTIFICATION

Federation Licensing Examination
Issued August 22, 1986

American Board of Internal Medicine
September 1993
Certificate Number 117938

American Board of Internal Medicine
Subspecialty of Gastroenterology
November 1998
Certificate Number 117938
Re-certified 2008

MEDICAL LICENSURE

Florida ME0054241
California A 45030

HONORS & AWARDS

Outstanding Fellow of the Year, 1993-1994
University of Florida- Gastroenterology

American College of Gastroenterology / Merck Scholar Award
Outstanding Abstract, 1992

Scholarship-Harvard Health Professions Program, 1981

Latinos for Health Careers- Senior President Award of Recognition
University of Southern California, 1981
Resident Honors Award and Scholarship- early entrance to USC, 1976

PREVIOUS PROFESSIONAL POSITIONS & APPOINTMENTS

Clinical Skills Community Preceptor
University of Miami School of Medicine, 1998

Non Par Staff Physician
Veterans Administration Medical Center-Miami
Division of Hepatology, 1999

Speakers Bureau-Hepatitis C
Schering Oncology Biotech Division
Schering Pharmaceuticals, 1998

Speaker Bureau
Roche Pharmaceuticals
2001

EDUCATION-TEACHING

Undergraduate: Pre-medical science tutor for high school
USC School of Medicine
East Los Angeles School District, 1979-1981

Fellowship: Mechanisms of Disease Course-Hepatology
University of Miami School of Medicine, 1992

Society of Gastrointestinal Nurses Associations
Lecture "Fulminant Hepatic Failure"
Annual Meeting, 1994

INSTITUTIONAL, DEPARTMENTAL & DIVISIONAL ADMINISTRATIVE RESPONSIBILITIES, COMMITTEE MEMBERSHIPS & OTHER ACTIVITIES

Latino Organization for Liver Awareness (L.O.L.A.)
Advisory Board Member-South Florida, 1998 - Present

Pan American Hospital
Pharmacy & Therapeutics Committee, 1998

Kendall Regional Medical Center
Medical Executive-Utilization Review Committee, 2000

Kindred Hospital South Florida - Vice President Medical Staff
Kindred Hospital- Member-Medical Educative Committees, 1999-Present

Douglas N. Hornsby M.D.

1353 Bay Terrace
North Bay Village, FL 33141

Work (305) 759-9293
Home (305) 756-7427
Cell (786) 985-1762
Fax (305) 759-9960

Current Positions President
Digital Radiology, Inc.
1353 Bay Terrace
North Bay Village, FL 33141

Fellowship Brigham and Women's Hospital, Harvard Medical School
Boston, Massachusetts
Radiology Management and Body Imaging
2002

J. Rutherford Internship at the American College of Radiology
Reston, Virginia
2002

University of Miami, Miami, Florida
Fellowship in Musculoskeletal Radiology
July through September 2002

Residency Mount Sinai Medical Center
Miami Beach, Florida
PGY-II-V, Diagnostic Radiology, 1997-2000
Chief Resident, 2000 - 2001
Class Representative, 1997 - 2000

Internship University of Tennessee
Memphis, Tennessee PGY-I,
Medicine 1996 - 1997

Medical Schools Spartan Health Sciences University
St. Lucia, West Indies 1993 - 1995, 2ND
MD with Honors

CETEC University
Santa Domingo, Dominican Republic
1981 - 1983, 1 MD

Medical Schools
Continued

University of Tennessee
College of Medicine
Memphis, Tennessee
1977 - 1980

Undergraduate
Degree

Lemoyne-Owen College
Memphis, Tennessee
1974 - 1981, BS, Magna Cum Laude

Military

Combat Medic (91C20)
Republic of South Vietnam, 1969
US Army 1967 - 1973

Honor Graduate
NCO Academy
Schofield Barracks, Hawaii, 1969

US Navy Reserves
1973 - 1982

Scholarships

Health Professionals Scholarship
1974- 1977

Honors

First Recipient of the Annual
Douglas N. Hornsby Leadership Award
Presented annually in Dr Hornsby's honor
By the Florida Radiological Society
2004 - 2005

Marconi-Picker Award as
Best Resident in Florida by
Florida Radiology Society
Presented at the Breakers in Palm Beach, Florida
2001

The Evelyn and Harry Indursky Award
for Best Resident at
Mount Sinai Medical Center
2000

Neuroradiology Award
Mount Sinai Medical Center
1997

**Organizational
Positions**

Board of Governors
Florida Medical Association
2000 - 2002

Alternate Counselor
American College of Radiology
2008

Member of the House of Delegates
Florida Medical Association
2000 - 2001 & 2005

Florida Radiology Society
Board of Governors
2002 - Present

Florida Medical Associations
Council of Ethical and Judicial Affairs
2000 - 2001
Council of Medical and Socio-Economics
2000 - 2002

American College of Radiology
Task Force of Medical Services
2002

Representative from the American College of
Radiology to the Joint Meeting with the ASRT
For Consensus position on credentialing requirements
For Radiology Assistants, Washington, DC
2002

Board of Directors
Florida Physicians Association
2002 - 2001

Founder and President of
The Resident and Fellow Section Florida
Radiology Society
2000 - 2001

Chair of the Florida Delegation to the Resident
Fellow section of the American
Medical Association Annual Meeting (A-00)
Chicago, Illinois

2000 - 2001

**Organizational
Positions**
Continued

Chair and Florida Resident of the
Fellow Delegation to the
American Medical Association
Interim Business Meetings
San Diego, California (1-99)
Orlando, Florida (1-00)
San Francisco, California (1-01)

American Medical Association
Credentials Committee
Interim Meeting (1-00)
Orlando, Florida

President
Resident and Fellow Section
Florida Medical Association
2002

Vice President
Resident and Fellow Section
Florida Medical Association
1999 - 2001

Mount Sinai Medical Center
Resident Representative to the
Florida Medical Association
1999 - 2001

Board of Directors
Dade County Medical Association
Miami, Florida
2000 - 2001

Legislative Committee
Dade County Medical Association
Miami, Florida
1999 - 2001

Membership Committee
Dade County Medical Association
Miami, Florida
1999 - 2001

Miami Shores, Florida
1999 - 2000 & 2005

Employment
Continued

President and Owner
American Medical Consultants
Memphis, Tennessee
1988 - 1996

President and Owner of
Helping Hands Nursing, Inc.
Helping Hands Private Nursing, Inc.
With 16 Offices in TN, IL, MO, AR, AL and MS
1979 - 1991

President and Owner of
American Nursing Resources, Inc.
Memphis, Tennessee
1983 - 1987

President and Owner of
Med-Gas, Inc.
Memphis, Tennessee
1983 - 1987

Research

American College of Radiology
Imaging Network
1999

American College of Radiology Imaging Network
Lung Committee with Dr. D. Aberle, UCLA
1999

American Medical Student Association
Community Technical Assistance Program
Kalihi Valley Medical Clinic
Honolulu, Hawaii
June - September 1978

Presentations

"CT Pulmonary Angiography an Overview"
Presented at the Annual Meeting of the
Florida Radiological Society at
The Breakers, Palm Beach, Florida
2001

Air Medal with V Device
Army Commendation Medal
Vietnamese Cross-of-Gallantry

**Other Combat
Medals**

Purple Heart x 2 Combat
Medic Badge Flight Crew
Member Wings

Medical Licenses

Florida
Arkansas

Board Certification American Board of Radiology
Diagnostic Radiology

SCOTT DANIEL SEGAL, M.D., M.B.A.

I. EDUCATION & CREDENTIALS:

M.B.A.	Executive MBA in Health Administration University of Miami, Miami, Florida	1996
M.D.	Medical Degree Albany Medical College, Albany, New York	1986
B.S.	Bachelor of Science in Biology; Minor in Philosophy (Part of an accelerated six-year medical program) Rensselaer Polytechnic Institute, Troy, New York	1985

HONORS:

Sigma XI Honor Society (Research Honor Society)

II. MEDICAL LICENSURE & CERTIFICATION:

LICENSURE:

Physician	Florida ME 54622	Exp. January 31, 2017
DEA:	BS8036128	Exp. February 28, 2017
	XS8036128	
	FS2156722	Exp. February 28, 2019

CERTIFICATION:

Child & Adolescent Psychology	Cert. Number 3571	04/94
Psychiatry & Neurology	Cert. Number 35276 Diplomate of the American Board of Psychiatry and Neurology	01/92
Addiction Medicine	Cert. Number 634171	2014

III. POST DOCTORAL TRAINING/RESIDENCY/FELLOWSHIP/INTERNSHIP:

FELLOWSHIP

1989 - 1991

Fellowship

Jackson Memorial Hospital (JMH)
Child and Adolescent Psychiatry Fellow

RESIDENCY

1987 - 1989

Residency

Jackson Memorial Hospital (JMH)

INTERNSHIP
1986 - 1987

Psychiatry Resident

Internship
Jackson Memorial Hospital (JMH)
Psychiatry/Neurology/Medicine

IV. PROFESSIONAL EXPERIENCE:

1999 – Present

President & Chief Medical Director
Segal Institute for Clinical Research, North Miami, Florida

1990 – Present

President & CEO
Compass Health Systems, P.A., Miami, Florida
[Large medical group practice with six offices and sixty clinicians, as well as an eldercare division (Optimum Aging)]
Founder/Owner with responsibilities of developing offices, recruiting, and training clinicians. Overseeing clinical and administrative operations. Supervising the clinical work of the providers. Responsible for managed-care contracting and implementation. Currently, Compass Health Systems is the primary provider for a host of managed-care companies. Responsible for clinical and financial development and implementation of both in-patient and outpatient programs, providing for a full continuum of care. Currently, CHS is the largest behavioral group practice in the State of Florida. As of fall 1999, CHS expanded its services to include medical treatment as well.

2008 – 2012

Vice Mayor
Indian Creek Village, Florida

2005 – 2008

Councilman
Indian Creek Village, Florida

2002 – 2011

Medical Director
Atlantic Shores Hospital, Ft. Lauderdale, Florida

1999 – Present

Principal Investigator/Sub-Investigator
Scientific Clinical Research, Inc., Florida

1999 – Present

Adjunct Professor of Psychology
Nova Southeastern University, Davie, Florida

1999 – 12/05

Medical Director – Psychiatric Department
South Shore Hospital, Miami, Florida

2001 – 2002

Director of Managed Care and Clinical Research
Sunrise Regional Medical Center, Sunrise, Florida

1997 – 1997

Medical Director - Chemical Dependency Unit/Department
Columbia/Aventura Hospital, Aventura, Florida

1996 – 1996	<u>Consultant - Fletcher Addiction Unit</u> Mt. Sinai Medical Center, Miami Beach, Florida
1994 – 1995	<u>Medical Director - Adolescent Psychiatric Unit Services</u> Palmetto General Hospital, Miami, Florida
1993 – 1995	<u>Regional Medical Director/Consultant</u> Columbia Hospitals' Psychiatric Services, South Florida
1992 – 1993	<u>Medical Director</u> Charter Hospital of West Palm, West Palm Beach, Florida
1991 – 2002	<u>Private Consultant/Founder</u> Key Health Care Management, Inc., Miami, Florida [Provision of management consultant services to service providers and/or facilities]. Responsibilities include: financial auditing; utilization review; quality assurance; system implementation; program development and implementation; contracting with managed-care companies utilizing both fee-for-service and capitated arrangements; policies and procedures; staff training and treatment team approaches.
1991 – 1992	<u>Unit Director - Center for Assessment & Treatment</u> Charter Hospital of Miami, Miami, Florida

V. CLINICAL RESEARCH EXPERIENCE:

Principal Investigator for Clinical Research Studies

ADHD

07/15 – 07/16	A Phase 3, Multicenter, Double-Blind, Randomized, Placebo-Controlled, Parallel Group Study to Evaluate the Safety and Efficacy of Evening-Dosed (Study Drug), a Novel Delayed and Extended Release Formulation of (Study Drug), on Post-Waking, Early Morning Function in Children Aged 6-12 with Attention Deficit Hyperactivity Disorder
04/14 – 09/14	A Randomized, Double-blind, Placebo-controlled, Forced Titration, Proof-of-Concept Study of (Study Drug) in the Treatment of Attention Deficit Hyperactivity Disorder in Children (ages 6-17)
07/13 – 02/14	A Randomized, Double-Blind, Placebo-Controlled, Forced Titration, Proof-of-Concept Study of (Study Drug) in the Treatment of Attention Deficit Hyperactivity Disorder on Children (ages 6-17)
05/12 – 08/14	A Phase IV, Randomized, Double-Blind, Multicenter, Parallel-Group, Active-Controlled, Dose-Optimization, Safety and Efficacy Study of (Study Drug) compared with (Study Drug) with a Placebo Reference Arm, in Adolescents aged 13-17 years with ADHD
10/11 – 04/12	A 40-Week, Phase IV, Double-Blind, Placebo-Controlled, Multicenter, Randomized-Withdrawal Study to Evaluate the Long-

VILLOCH AND ASSOCIATES, M.D., P.A.

CARDIOVASCULAR AND INTERNAL MEDICINE

2075 S.W. 27th Avenue
Suite 101
Miami, Florida 33145

CLAUDIO R. VILLOCH, M.D.
MARIO R. VILLOCH, M.D.

Telephones:
(305) 856-6081
Fax: (305) 854-5968

EDUCATION:

- 1983-1987 UNIVERSITY OF MIAMI, SCHOOL OF MEDICINE,
CORAL GABLES, FLORIDA DOCTOR OF MEDICINE
DEGREE: MAY 1987
- 1980-1983 UNIVERSITY OF MIAMI, SCHOOL OF BIOMEDICAL
ENGINEERING, CORAL GABLES, FLORIDA MASTER OF
SCIENCE DEGREE: THREE CREDITS PENDING FOR
COMPLETION OF DEGREE
- 1979 UNIVERSITY OF MIAMI, SCHOOL OF MECHANICAL
ENGINEERING, CORAL GABLES, FLORIDA BACHELOR OF
SCIENCE DEGREE: DECEMBER 1979

INTERNSHIP:

- 1991-1995 THREE YEAR CARDIOLOGY FELLOWSHIP.
POSTGRADUATE YEAR IV, V, VI AT MOUNT SINAI
MEDICAL CENTER MIAMI BEACH FLORIDA
- 1989-1990 INTERNAL MEDICINE RESIDENCY, POST GRADUATE
YEAR III AT MOUNT SINAI MEDICAL CENTER MIAMI
BEACH, FLORIDA
- 1988-1989 INTERNAL MEDICINE RESIDENCY, POST GRADUATE
YEAR II AT MOUNT SINAI MEDICAL CENTER MIAMI
BEACH, FLORIDA
- 1987-1988 INTERNAL MEDICINE RESIDENCY, POST GRADUATE
YEAR I AT MOUNT SINAI MEDICAL CENTER MIAMI
BEACH, FLORIDA



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(305) 856-6081
Fax: (305) 854-5968

WORK EXPERIENCE:

- 1983-1986 BASIC CARDIAC LIFE SUPPORT INSTRUCTOR FOR MEDICAL STUDENTS, NURSES AND OTHER HEALTH CARE PERSONNEL RECEIVED A CERTIFICATE OF APPRECIATION FROM THE DEAN OF THE UNIVERSITY OF MIAMI SCHOOL OF MEDICINE
- 1985 PARTICIPANT IN KEY WEST BIG PINE KEY HEALTH FAIR
- 1982-1983 GRADUATE RESEARCH ASSISTANT FOR THE DEPARTMENT OF BIOMEDICAL ENGINEERING AT THE UNIVERSITY OF MIAMI
- 1981 GRADUATE TEACHING ASSISTANT TAUGHT A SENIOR CLASS IN MATERIALS FOR THE DEPARTMENT OF MECHANICAL ENGINEERING AT THE UNIVERSITY OF MIAMI
- 1980 ASSISTANT ENGINEER ASSIGNED TO POWER PLANT ENGINEERING AT TURKEY POINT NUCLEAR POWER PLANT FOR FLORIDA POWER & LIGHT
- 1975-1976 DURING THE SUMMERS OF BOTH YEARS WORKED AS AN EKG TECHNICIAN AT PAN AMERICAN HOSPITAL MIAMI FLORIDA

ORIGINAL PUBLICATION:

CONTRIBUTING AUTHOR TO "MEASUREMENT OF PLATELET VOLUME DISTRIBUTIONS IN WHOLE BLOOD SAMPLES" IN JOURNAL OF BIORHEOLOGY, OCTOBER 1982



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(305) 856-6081
Fax: (305) 854-5968

PROFESSIONAL AFFILIATIONS:

2003-PRESENT	MEMBER OF MEDICAL EXECUTIVE COMMITTEE CORAL GABLES HOSPITAL
2003-PRESENT	MEMBER OF CRITICAL CARE COMMITTEE CORAL GABLES HOSPITAL
1999-PRESENT	MEMBER OF CARDIOLOGY DEPARTMENT CORAL GABLES HOSPITAL
1995-1997	CO-CHAIRPERSON FOR CRITICAL CARE MEDICINE FOR THE SPECIAL CARE UNITS COMMITTEE AT CORAL GABLES HOSPITAL
SINCE 1983	MEMBER OF THE AMERICAN MEDICAL ASSOCIATION
SINCE 1983	MEMBER OF THE AMERICAN HEART ASSOCIATION
1983-1987	AMERICAN MEDICAL STUDENT ASSOCIATION
1981-1983	BIOMEDICAL ENGINEERING SOCIETY: TREASURER 82-83
1982-1983	PACEMAKER NEWSLETTER, ADVERTISING MANAGER
1977-1983	AMERICAN SOCIETY OF MECHANICAL ENGINEERS



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Telephones:
(305) 856-6081
Fax: (305) 854-5968

PROFESSIONAL REFERENCES:

JUAN A FERNANDEZ	2601 SW 37 TH AVE. #702	(305) 648-1087
ANDRES A REDONDO	3181 CORAL WAY	(305) 567-1999
RONALD N REIS	2601 SW 37 TH AVE. #702	(305)445-1221
ALEXIS ABRIL	2601 SW 37 TH AVE. #907	(305)443-5585
SARKIS ANAC	2601 SW 37 TH AVE. #501	(305)569-9444
WILLIAM SUAREZ	2645 SW 37 TH AVE. #505	(305)648-0111
PAUL A VIGNOLA	4300 ALTON RD #222	(305)674-2533



RAJEEV RAMSINGHANI, MD
RRRR3434@AOL.COM
1410 West 21st Street
Miami Beach, FL 33140
Cell: 305-546-7320

Certification

Board Certified in Radiology 6/1998
Versed in diagnostic radiology, body imaging, ultrasound, neuroradiology, MRI, Nuclear medicine, breast imaging and breast/thyroid biopsy.

Employment

8/2012 - Present CMS open MRI , Miami Fl

12/2011 - 8/2012 LOCUMS

11/2008-8/2011 Sheridan Health Care:

3/09-8/11 Aventura Hospital: Aventura, FL

4/09-8/11 Palmetto General Hospital: Hialeah, FL

6/09-8/11 Pasco Reg Med Center: Dade City, FL

7/09-8/11 Florida Medical Center: Fort Lauderdale, FL

9/09-8/11 Westside Reg Med Ctr: Plantation, FL

1/09-9/09 Coral Gables Hospital: Coral Gables, FL

11/08 - 8/11 North Shore Hospital: Miami, FL

5/2001 - 9/2008 Mount Sinai Hospital: Miami Beach, FL

2/2004 - 9/2005 Moonlighting - North Shore Hospital: Miami, FL

2/2000 - 5/2001 Mercy Hospital: Miami, Beach, FL

7/1999 - 2/2000 Good Samaritan Hospital: West Palm Beach, FL

4/1999 - 6/1999 Wellington Reg Med Ctr: Wellington, FL - Part Time

Education

Jackson Memorial Hospital, Miami, FL

Fellowship in Thoracic and Breast Imaging 6/1998 - 6/1999

Long Island Jewish Hospital, New York

Medicine Internship 6/1993 - 6-1994

St Vincent's Hospital and Medical Center of New York, NY

Radiology Residency 6/1994-6/1998

St Vincent's Hospital and Medical Center of New York, NY

Acting Chief Resident 6/1997 - 6/1998

State University of New York Health Science Center at Syracuse, NY

MD Received in 6/1993

Honors and Awards

Special Recognition award in appreciation for excellence in resident education, 2008, Mount Sinai Hospital, Miami Beach, FL

Medical School Honors

Anatomy, Pathology I and II, Biochemistry, Histology and Cell Biology, Neuro anatomy, Behavioral Science. Pharmacology, Physiology, Clinical medicine, didactic Medicine, Obstetrics and Gynecology, Endocrinology, Neurosurgery, Radiology, Anatomy special dissection

Medical Trustee Scholarship (based on class standing).

Research Experience

Case report on Lung findings in Amyloidosis, Mount Sinai Hospital, Miami Beach, FL

Current research project in progress, Study of Carotid Stenosis and Alzheimer's disease in wein Center patients (Alzheimer center) Mount Sinai Hospital, Miami Beach, FL

Pulmonary Tuberculosis in AIDS patients: Transient Chest Radiographic Worsening after Initiation of Antiretroviral Therapy, Published in AJR, January 200, under the tutelage of Joel Fishman, MD., PhD. Jackson Memorial Hospital, Miami, 2000.

US guided Core Needle Biopsy of the Breast: How Many Specimens Are Necessary. Departments of Radiology and Pathology, University of Miami School of Medicine, Jackson Memorial Hospital 1611 NW 12th Ave, Miami, FL 33136. Radiology, March 1, 2003.

Case report on Lymphangiomyomatosis and bilateral Renal Angiomyolipomas diagnosed under HRCT, under the tutelage of Robert Perone, MD., St. Vincent's Hospital, New York, 1996.

"MR Appearance of peroneus Quartus", paper was presented at the Radiological Society of North America and published in Radiology, February 1997, under the tutelage of Yvonne Cheung, MD, J. Beltran, MD, St Vincent's/Hospital for Joint Disease Orthopedic Institute, New York, 1995.

"Understanding the Hormonal and Chemical Basis for Uterine and breast Cancer in Rats" Histological project to demonstrate the interaction of prenatal exposure to DES with postnatal treatment with carcinogen, under the tutelage of Dr. Boylan, Department of Developmental Biology, City University of new York, New York, 1984.

Reference available on request

The American Board of Radiology

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine

Hereby certifies that

Rajeev Ramasingham, M.D.

Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of

The American Board of Radiology

On this third day of June, 1938

Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of

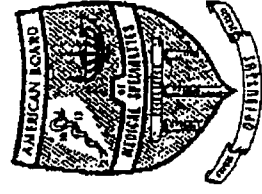
Diagnostic Radiology



Dean J. Dawson, M.D.
President

R.P. Hooton, M.D.
Secretary-Treasurer

M. V. C. F. A. D.
Executive Director





Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

Project Understanding

Our understanding is that Physicians Health Center will provide Pre-Employment Physical Exams, Annual Physical Exams, Drug Testing, On the Job Injury Care, Fitness for Duty Exams and Return to Work Physical Exams for The City of Coral Gables. We have a thorough understanding of the project, since we have been providing these services to The City of Coral Gables for the last seven years.

Proposed Approach and Methodology

Physicians Health Center uses the most current version of SYSTOC Software through out five medical centers. When an account is setup, such as City of Coral Gables, we enter the company setup into SYSTOC, our secured online system. The setup includes all pertinent information on that city/company, such as their drug testing requirements, physical exam components, workers compensation contacts, human resources contacts, FDLE contact, carrier, return to work policies and procedures, and additional information.

Personnel in each medical center can access the “employer work sheet” when an employee of the city/company arrives for medical care, physical, drug test. This gives your employees the option of visiting any of our locations.

Communication is key in setting up the account. We hold several meetings with the key contacts in order to accurately setup their requirements. The information is then communicated to our physicians and staff. Our Medical Director is directly involved in setting up the medical protocols. Our Executive Vice President, who will serve as your project manager, is involved in the administrative setup. The managers of each location are also involved in administering the protocols.

Key contacts at the city/company are issued a User I.D. and Passwords to access our on-line system. Medical case notes, drug screen results, work status reports and Physical Therapy notes are available via our secure website:

www.physicianshealthcenter.com

Note: Johns Eastern Insurance has been setup with passwords to access all workers compensation medical files.

Training is also offered, as a courtesy, to our clients. We are able to provide Drug Program Supervisor Training and Safety Trainings. We work closely with the Human Resources and Safety Departments to accommodate their requests for wellness seminars and health fairs. These are provided regularly to our clients.

City of Miami, Florida

DANIEL J. ALFONSO
CITY MANAGER



P.O. BOX 330708
MIAMI, FLORIDA 33133-0708
(305) 250-5400
FAX (305) 250-5410

November 29, 2016

To Whom It May Concern:

The City of Miami has been utilizing Physicians Health Care for the past twelve years to treat our employees for their Workers' Compensation injuries. We are very happy with the services that they provided, their locations and hours of operation.

Should you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Angella Breadwood', is written over a horizontal line.

Angella Breadwood, LHCRM, CWCL
Claims Manager,
Risk Management Department
444 S.W 2nd Ave. Miami Florida 33130
305-416-1751 Fax: 305-416-1760
abreadwood@ci.miami.fl.us



VILLAGE OF PINECREST
Office of the Village Manager
Human Resources

November 28, 2016

To Whom It May Concern:

The Village of Pinecrest has used the services of Physicians Health Center since the year 2000 for the handling of all its workers compensation claims, pre-employment drug screenings and more recently, with their guidance and assistance the Village added random drug testing to its drug-free workplace program.

As the lead contact person for all of the above matters I can say unequivocally that the services provided by the staff at PHC are delivered effectively and with the utmost professionalism. It's comforting to know that we can always count on reaching someone via telephone to resolve any issues or questions on any particular claim or test result, and the staff is ready and most importantly knowledgeable in their response.

It has been a pleasure working with PHC throughout these years and I look forward to continuing our successful working relationship.

Sincerely,

Mayra Sauleda

Mayra R. Sauleda
Human Resources Manager

12645 Pinecrest Parkway, Pinecrest, Florida 33156
T: 305.234.2121 | F: 305.234.2131
www.pinecrest-fl.gov | jobs@pinecrest-fl.gov

EQUAL OPPORTUNITY EMPLOYER | M/F/V/D | DRUG & SMOKE FREE WORKPLACE



Zachary Rosenthal

From: Linda Bass <lbass@miamigardens-fl.gov>
Sent: Friday, January 08, 2016 4:14 PM
To: Zachary Rosenthal
Subject: Physicians Health Center

Zachary, please see below...

To Whom it May Concern,

The City of Miami Gardens started using Physicians Health Center (PHC) for our medical services in 2015. They are providing our workers' compensation medical care, drug testing and FDLE Physicals. We have worked with many medical centers over the years; PHC is one of the best in the level of quality care and service.

I also want to recognize their Physical Therapy team for conducting an excellent safety lecture for our departments. We received extremely positive feedback from those in attendance and appreciate the time they dedicated to us in helping us to prevent worksite injuries.

We see the difference in working with a medical center that focuses on Occupational Medicine and follows best practices of Return to Work and Communication.

Regards,

*Linda Bass
Risk Manager
City of Miami Gardens
18605 NW 27 Avenue, Suite 126
Miami Gardens, FL 33056
Phone: 305-914-9010 ext. 2314
Fax: 305-474-1286*

Public Record Notice: *The City of Miami Gardens is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. Electronic Mail (E-mail) is covered under such laws and thus subject to disclosure. All e-mail transmittals sent and received are captured by our servers and kept as a public record.*

Confidentiality Notice: *The information contained in this e-mail may be confidential and legally privileged. It is intended only for use of the individual named. If you are not the intended recipient, you are hereby notified that the disclosure, copying, distribution, or taking of any action in regards to the contents of this fax - except its direct delivery to the intended recipient - is strictly prohibited. If you have received this fax in error, please notify the sender immediately and destroy this cover sheet along with its contents, and delete from your system, if applicable.*



Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

REFERENCES

- City of Miami
 - Contact: Angela Breadwood
 - Title: Claims Manager
 - Phone: (305) 416-1751
 - PHC handles the workers compensation medical care and physical therapy for the City.
 - PHC provides the drug screens and physical exams for the City of Miami Police Training Unit through Robert Uria.
 - *See letter of reference from the City of Miami*

- Miami Dade County Risk Management
 - Contact: Carrie Valdes
 - Title: Risk Management
 - Phone: (305) 375-2164
 - PHC handles the workers compensation injuries and physical therapy for the County. We are considered a key provider and handle medical emergencies. The relationship dates back over twenty years.

- City of Miami Springs
 - Contact: Bill Collins
 - Title: Human Resource Director
 - Phone: (305) 805-5008
 - PHC handles all of the workers compensation injuries, physical examinations including the FDLE program, and all drug testing for the City.

- Village of Pinecrest
 - Contact: Mayra Sauleda
 - Title: Human Resource Manager
 - Phone: (305) 234-2121
 - PHC handles the Village's workers compensation medical care, flu vaccine program and drug testing services.
 - *See letter of reference from the City of Pinecrest*

- City of North Miami Beach
 - Contact: Elsa Jaramillo-Velez
 - Title: Director of Human Resources
 - Phone: (305) 787-6022
 - PHC handles the City's workers compensation medical care, drug testing and physical examinations.

- City of North Miami
 - Contact: Karen Muir
 - Title: Risk Management Administrator
 - Phone: (305) 893-6511
 - PHC handles the City's workers compensation injuries, post-accident drug testing and Hep. B program for the police officers.
 - *See letter of reference from the City of North Miami*

- City of Homestead
 - Contact: Ursala Medero
 - Title: Benefits Coordinator
 - Phone: (305) 224-4469
 - PHC handles the workers compensation medical care, drug screen collections and immunizations for the City.

- City of Opa-Locka
 - Contact: Kierra Ward
 - Title: HR Director
 - Phone: (305) 953-2815
 - PHC handles the workers compensation medical care, drug screen collections and immunizations for the City.

- City of Miami Gardens
 - Contact: Linda Bass
 - Title: Risk Manager
 - Phone: (305) 914-9156
 - PHC handles all of the workers compensation injuries, physical examinations including the FDLE program, and all drug testing for the City.
 - *See letter of reference from the City of Miami Gardens*

PROPOSAL PRICING FORM – RFP 2016.11.YG-3 OCCUPATIONAL HEALTH SERVICES

Instructions: Proposer shall provide a **Unit Price** and **Extended Amount** for each of the services listed below. This Price Proposal Form shall be typed or printed in ink. In the event of errors in the Extended Amount, the unit prices shall govern in determining the quoted prices. Unit Prices / Percentage Discounts shall include, but not be limited to, full compensation for labor, any and all equipment used, travel time and related expenses and any and all other costs to the Proposer.

Unit Prices / Percentage Discounts shall remain fixed and firm for the initial two (2) year term of the contract. Prior to each renewal term of the resulting agreement, unit prices / percentage discounts shall be negotiated by the City with the Successful Proposer. For a description of the services included in each of the line items below, please refer to the City's Medical Protocol, attached under Section 9 of the RFP.

Item	Description	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Amount (Unit Price x Est. Annual Qty)
1	Pre-Employment Physicals (Non-CDE)	70	Each	\$ 155	\$ 10,850
2	Pre-Employment Physicals (CDI-DOT Standards)	70	Each	\$ 160	\$ 11,200
3	Pre-Employment Physicals (Police/Fire)	29	Each	\$ 714	\$ 20,706
4	Annual Physicals (Police-Sworn Personnel) per existing collective bargaining agreement (Article 37)				
<p>The City estimates an annual quantity of eleven (11) Annual Physicals to be performed for Police-Sworn Personnel. At time of request the City will specify per employee which examinations shall be performed. An estimated annual quantity of one (1) has been placed below for each exam for purposes of calculating pricing.</p>					
a	Full Blood Workup (chem. 23 panel, CBC with differential and thyroid panel)	1	Each	\$ 105	\$ 105
b	Chest X-Ray	1	Each	\$ 50	\$ 50
c	Electro-Cardiogram	1	Each	\$ 50	\$ 50
d	Basic Eye Exam	1	Each	\$ N/C	\$ N/C
e	Basic Ear Exam	1	Each	\$ 20	\$ 20
f	Maximal Preadmill Test for 40 year olds and above (every 3 years)	1	Each	\$ 120	\$ 120
g	Sigmoidoscopy for 40 year olds and above (every 2 years)	1	Each	\$ 500	\$ 500
h	Mammogram (annual)	1	Each	\$ 175	\$ 175
i	Pap Smear (annual)	1	Each	\$ 25	\$ 25
l	Colonoscopy for 50 year olds and above (every 2 years)	1	Each	\$ 1250	\$ 1250

Item	Description	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Amount (Unit Price x Est. Annual Qty)
5	Annual Physicals (Fire – Sworn Personnel) per existing collective-bargaining agreement (Article 53)				
	The City estimates an annual quantity of eleven (11) Annual Physicals to be performed for Fire-Sworn Personnel. At time of request the City will specify per employee which examinations shall be performed. An estimated annual quantity of one (1) has been placed below for each exam for purposes of calculating pricing.				
a	Full Blood Workup & Urinalysis (chem. 23 panel, CBC with differential, thyroid panel and urinalysis test)	1	Each	\$ 120	\$ 120
b	Chest X-Ray	1	Each	\$ 50	\$ 50
c	Electro-Cardiogram	1	Each	\$ 50	\$ 50
d	Basic Eye Exam	1	Each	\$ N/G	\$ N/G
e	Basic Ear Exam	1	Each	\$ 20	\$ 20
f	Maximal Treadmill Test for 40 year olds and above (every 3 years)	1	Each	\$ 120	\$ 120
g	Sigmoidoscopy for 40 year olds and above (every 5 years)	1	Each	\$ 500	\$ 500
h	Mammogram (annual)	1	Each	\$ 175	\$ 175
i	Colonoscopy for 50 year olds and above (every 5 years)	1	Each	\$ 1250	\$ 1250
6	Miscellaneous – Blood Lead Testing	26	Each	\$ 40	\$ 1040
7	Miscellaneous – Hepatitis B (Multiple Vaccines)	30	Each	\$ 195	\$ 5850
8	Drug Testing (Pre-Employment/Random/Post Accident/Reasonable Suspicion)	600	Each	\$ 35	\$ 21,000
9	Drug Testing – Breath Alcohol Test	145	Each	\$ 35	\$ 5075
10	Fitness for Duty – Physical Evaluation	5	Each	\$ 100	\$ 500
11	Fitness for Duty – Mental Evaluation	5	Each	\$ 65	\$ 325
12	Return to Work – At the City's Request, physical evaluation and/or mental evaluation	7	Each	\$ 100	\$ 700
				TOTAL: (Items 1 to 12) (Sum of Extended Amounts)	\$ 81,826

Workers' Compensation Services. In accordance with Chapter 440, Florida Statutes, and Rule 69L-7 of Florida's Administrative Code, Proposer shall comply with the Worker's Compensation Medical Fee Schedule ("Fee Schedule") from the State of Florida. In the space provided below, Proposer shall indicate the percentage discount off the Fee Schedule to be offered for services and supplies provided by Proposer. The Schedule may be viewed by visiting <http://www.myfloridacfo.com/Division/wc/provider/reimbursement-manuals.htm>

Percentage Discount: 10 %

Additional / Optional Examinations. Proposer shall provide a **Unit Price** for each of the services listed below. Proposer may include additional examinations utilizing lines 17 through 22 or by attaching an additional page. The below listed items shall be ordered by the City throughout the term of the contract on an as-needed-basis.

Item	Description	Unit of Measure	Unit Price
1	Basic Eye Exam	Each	\$ N/C
2	Basic Ear Exam	Each	\$ 20
3	Tuberculosis Test	Each	\$ 25
4	Electro-Cardiogram	Each	\$ 50
5	Hepatitis C (Antibody)	Each	\$ 35
6	Back Evaluation	Each	\$ 27
7	Pulmonary Function Test	Each	\$ 27
8	Maximal Treadmill Test	Each	\$ 120
9	Chest X-Ray	Each	\$ 50
10	Lumbar X-Ray	Each	\$ 50
11	Stenoidoscopy w/o Biopsy	Each	\$ 500
12	Mammogram	Each	\$ 175
13	Pap Smear	Each	\$ 25
14	Colonoscopy w/o Biopsy	Each	\$ 1250
15	MRI	Each	\$ 350
16	CAT Scan	Each	\$ 200
17	Cardiovascular Stress Test	Each	\$ 200
18	Stress Test w/ Thallium	Each	\$ 600
19	Sigmoidoscopy w/ Biopsy	Each	\$ 750
20	Colonoscopy w/ Biopsy	Each	\$ 1500
21	Fitness for Duty - Mental (w/ Psychiatrist)	Each	\$ 350 - 500
22	Shooting Range Physical Lab Work	Each	\$ 578

City of Coral Gables MEDICAL PROTOCOLS

I. GENERALLY

These medical protocols are established pursuant to City of Coral Gables policy and the collective bargaining agreements. The medical facility shall perform the following medical and drug screenings in accordance with federal, state and local regulations (i.e. Agency for Healthcare Administration).

Department of Human Resources

1. Pre-employment screenings
2. Drug screenings (pre-employment)
3. Return to work

Office of Labor Relations & Risk Management

1. Drug testing (random, reasonable suspicion, post-accident)
 2. Annual physicals (as per collective bargaining unit)
-

II. DEPARTMENT OF HUMAN RESOURCES

<u>Pre-Employment Physicals (Non-CDL) shall include:</u>	
\$40	- Full Blood Workup (chem. 23 panel and CBC with differential)
N/C	- Basic Eye Exam (visual acuity test, eye focusing, eye teaming, eye movement testing)
\$20	- Basic Ear Exam (Pure Tone Audiometry (PTA))
\$25	- Tuberculosis Test
\$35	- Drug/Controlled Substance Testing (<i>NOTE: See Drug Testing Section below</i>)
\$35	- Basic Physical (Physician consultation/evaluation)
<u>Pre-Employment Physicals (CDL- DOT Standards) shall include:</u>	
\$40	- Full Blood Workup (chem. 23 panel and CBC with differential)
N/C	- Basic Eye Exam (visual acuity test, eye focusing, eye teaming, eye movement testing)
\$20	- Basic Ear Exam (Pure Tone Audiometry (PTA))
\$25	- Tuberculosis Test
\$35	- Drug/Controlled Substance Testing (<i>NOTE: See Drug Testing Section below</i>)
\$40	- Basic Physical (Physician consultation/evaluation)
<u>Pre-Employment Physicals (Police/Fire) shall include:</u>	
\$40	- Full Blood Workup (chem. 23 panel and CBC with differential)
N/C	- Basic Eye Exam (visual acuity test, eye focusing, eye teaming, eye movement testing)
\$20	- Basic Ear Exam (Pure Tone Audiometry (PTA))
\$35	- Drug/Controlled Substance Testing (<i>NOTE: See Drug Testing Section below</i>)
\$40	- Basic Physical (Physician consultation/evaluation)
\$50	- Electro-Cardiogram
\$195	- Hepatitis B (Multiple Vaccines)
\$35	- Hepatitis C (Antibody)

\$27	- Back Evaluation (Lumbosacral Spine X-ray, AP and lateral view of the lumbar spine)
\$27	- Pulmonary Function Test
\$120	- Maximal Treadmill Test
\$25	- Tuberculosis Test
\$50	- Chest X-Ray
\$50	- Lumbar X-Ray

III. OFFICE OF LABOR RELATIONS & RISK MANAGEMENT

<i>Annual Physicals (Police – Sworn Personnel) per existing collective bargaining agreement (Article 37) shall include:</i>	
\$105	- Full Blood Workup (chem. 23 panel, CBC with differential and thyroid panel)
\$50	- Chest X-Ray
\$50	- Electro-Cardiogram
N/C	- Basic Eye Exam (visual acuity test, eye focusing, eye teaming, eye movement testing)
\$20	- Basic Ear Exam ((Pure Tone Audiometry (PTA))
\$120	- Maximal Treadmill Test for 40 year olds and above (every 3 years)
\$500	- Sigmoidoscopy for 40 year olds and above (every 2 years)
\$175	- Mammogram (annual)
\$25	- Pap Smear (annual)
\$1250	- Colonoscopy for 50 year olds and above (every 2 years)
<i>Annual Physicals (Fire – Sworn Personnel) per existing collective-bargaining agreement (Article 53) shall include:</i>	
\$120	- Full Blood Workup & Urinalysis (chem. 23 panel, CBC with differential, thyroid panel and urinalysis test)
\$50	- Chest X-Ray
\$50	- Electro-Cardiogram
N/C	- Basic Eye Exam (visual acuity test, eye focusing, eye teaming, eye movement testing)
\$20	- Basic Ear Exam (Pure Tone Audiometry (PTA))
\$120	- Maximal Treadmill Test for 40 year olds and above (every 3 years)
\$500	- Sigmoidoscopy for 40 year olds and above (every 5 years)
\$175	- Mammogram (annual)
\$1250	- Colonoscopy for 50 year olds and above (every 5 years)
<i>Miscellaneous</i>	
\$40	<i>Blood Lead Testing</i>
\$195	<i>Hepatitis B (Multiple Vaccines)</i>

IV. DEPARTMENT OF HUMAN RESOURCES & OFFICE OF LABOR RELATIONS

<i>Drug Testing (Pre-Employment/Random/Post Accident/Reasonable Suspicion)</i>	
\$35	- Breath Alcohol Test
\$35	- Amphetamines, Cannabinoids, Cocaine, Phencyclidine (PCP), Methaqualone, Opiates, Barbiturates, Benzodiazepines, Synthetic Narcotics (Metahdone & Propoxyphene), a metabolite of any of the substances listed here in, Hallucinogens, and any other abused substances as added by federal law or Florida Statutes
<i>Fitness for Duty</i>	
\$100	Physical Evaluation
\$65	Mental Evaluation
<i>Return to Work</i>	
\$100	At the City's request, physical evaluation and/or mental evaluation.

PROPOSER'S AFFIDAVIT

SUBMITTED TO: City of Coral Gables
Procurement Division
2800 SW 72 Avenue
Miami, Florida 33155

The undersigned acknowledges and understands the information contained in response to this RFP Schedules A through I shall be relied upon by Owner awarding the contract and such information is warranted by Proposer to be true and correct. The discovery of any omission or misstatements that materially affects the Proposer to perform under the contract shall be cause for the City to reject the solicitation submittal, and if necessary, terminate the award and/or contract. I further certify that the undersigned name(s) and official signatures of those persons are authorized as (*Owner, Partner, Officer, Representative or Agent of the Proposer that has submitted the attached Response*). Schedules A through I are subject to Local, State and Federal laws (as applicable); both criminal and civil.

- SCHEDULE A – CERTIFICATE OF PROPOSER
- SCHEDULE B – NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT
- SCHEDULE C – DRUG-FREE STATEMENT
- SCHEDULE D – PROPOSER'S QUALIFICATION STATEMENT
- SCHEDULE E – STATEMENT OF NO-RESPONSE
- SCHEDULE F – CODE OF ETHICS, CONFLICT OF INTEREST, AND CODE OF SILENCE
- SCHEDULE G – AMERICANS WITH DISABILITIES ACT (ADA)
- SCHEDULE H – PUBLIC ENTITY CRIMES
- SCHEDULE I – ACKNOWLEDGEMENT OF ADDENDA

This affidavit is to be furnished to the City of Coral Gables with its RFP response. It is to be filled in, executed by the Proposer and notarized. If the Response is made by a Corporation, then it should be executed by its Chief Officer. This document MUST be submitted with the Response.

<p style="text-align: center;"><i>Maxine Topper</i> <u><i>Maxine Topper</i></u> Authorized Name and Signature</p>	<p style="text-align: center;">Executive Vice President</p> <hr/>	<p style="text-align: center;">1/2/2017</p> <hr/>
	<i>Title</i>	<i>Date</i>


STATE OF Florida

COUNTY OF Miami-Dade

On this 2nd day of January, 2017, before me the undersigned Notary Public of the State of Florida, personally appeared Maxine Topper
(Name(s) of individual(s) who appeared before Notary

And whose name(s) is/are subscribes to within the instrument(s), and acknowledges it's execution.

NOTARY PUBLIC, STATE OF Florida


(Name of notary Public; Print, Stamp or Type as Commissioned.)

NOTARY PUBLIC
SEAL OF OFFICE:



Personally know to me, or Produced Identification:

PERSONALLY KNOWN
(Type of Identification Produced)

SCHEDULE "A" - CITY OF CORAL GABLES - CERTIFICATE OF PROPOSER

Neither I, nor the firm, hereby represent has:

- a. employed or retained for a commission, percentage brokerage, contingent fee, or other consideration, any firm or person (other than a bona fide employee working solely for me or the Proposer) to solicit or secure this contract.
- b. agreed, as an express or implied condition for obtaining this contract, to employ or retain the services of any firm or person in connection with carrying out the contract, or
- c. paid, or agreed to pay, to any firm, organization or person (other than a bona fide employee working solely for me or the Proposer) any fee, contribution, donation or consideration of any kind for, or in connection with, procuring or carrying out the contract except as here expressly stated (if any):

SCHEDULE "B" - CITY OF CORAL GABLES - NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT

1. He/she is the Representative
(Owner, Partner, Officer, Representative or Agent)

of the Proposer that has submitted the attached Response.

2. He/she is fully informed with respect to the preparation and contents of the attached Response and of all pertinent circumstances respecting such Response;
3. Said Response is made without any connection or common interest in the profits with any other persons making any Response to this solicitation. Said Response is on our part in all respects fair and without collusion or fraud. No head of any department, any employee or any officer of the City of Coral Gables is directly or indirectly interested therein. If any relatives of Proposer's officers or employees are employed by the City, indicate name and relationship below.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

4. No lobbyist or other Proposer is to be paid on a contingent or percentage fee basis in connection with the award of this Contract.

SCHEDULE "C" CITY OF CORAL GABLES - VENDOR DRUG-FREE STATEMENT

Preference may be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under solicitation a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under solicitation, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section. As the person authorized to sign the statement, I certify that this form complies fully with the above requirements.

The company submitting this solicitation has established a Drug Free work place program in accordance with Sate Statute 287.087

SCHEDULE "E" CITY OF CORAL GABLES – STATEMENT OF NO-RESPONSE

NOTE: If you do not intend to propose on this RFP, please return this form immediately. Failure to return this form may result in your name being removed from the list of Proposers for the City of Coral Gables. Please indicate Request for Proposal name and number on the outside of the envelope.

MAIL TO: CITY OF CORAL GABLES
2800 S.W. 72nd AVENUE
MIAMI, FL 33155
ATTN: PROCUREMENT DIVISION
EMAIL: contracts@coralgables.com

We, the undersigned have declined to respond for the following reason:

_____ Insufficient time to respond to the Request for Proposal.

_____ We do not offer these services or an equivalent.

_____ Our schedule would not permit us to perform.

_____ Unable to meet specifications.

_____ Unable to meet Bond requirements.

_____ Specifications unclear (explain below).

_____ Unable to meet insurance requirements.

_____ Other (specify below)

REMARKS:

COMPANY NAME: _____

SIGNATURE: _____

ADDRESS: _____

TELEPHONE NO. _____

FAX NO. _____

EMAIL ADDRESS: _____

SCHEDULE "F" CITY OF CORAL GABLES – CODE OF ETHICS, CONFLICT OF INTEREST, AND CONE OF SILENCE

THESE SECTIONS OF THE CITY CODE CAN BE FOUND ON THE CITY'S WEBSITE, UNDER GOVERNMENT, CITY DEPARTMENT, PROCUREMENT, PROCUREMENT LINKS, ORDINANCE NO. 2009-53; SEC 2-1055; SEC 2-677; AND SEC 2-1059, RESPECTIVELY.

IT IS HEREBY ACKNOWLEDGED THAT THE ABOVE NOTED SECTIONS OF THE CITY OF CORAL GABLES CITY CODE ARE TO BE ADHERED TO PURSUANT TO THIS SOLICITATION.

SCHEDULE "G" CITY OF CORAL GABLES - AMERICANS WITH DISABILITIES ACT (ADA) DISABILITY NONDISCRIMINATION STATEMENT

I understand that the above named firm, corporation or organization is in compliance with and agreed to continue to comply with, and assure that any sub-contractor, or third party contractor under this project complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and service, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 U.S.C. 12101,12213 and 47 U.S.C. Sections 225 and 661 including Title I, Employment; Title 11, Public Services; Title III, Public Accommodations and Services Operated by Private Entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.

The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Sections 5553.501-553.513, Florida Statutes

The Rehabilitation Act of 1973, 229 U.S.C. Section 794

The Federal Transit Act, as amended, 49 U.S.C. Section 1612

The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

SCHEDULE "H" CITY OF CORAL GABLES - STATEMENT PURSUANT TO SECTION 287.133 (3) (a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

1. I understand that a "public entity crime" as define in Paragraph 287.133(1)(g), **Florida Statutes**, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any Proposal or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
2. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), **Florida Statutes**, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

3. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of a public entity crime; or 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
4. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which Proposals or applies to Proposal on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
5. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **[indicate which statement applies.]**

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list.

[attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

SCHEDULE "I" CITY OF CORAL GABLES - ACKNOWLEDGEMENT OF ADDENDA

1. The undersigned agrees, if this RFP is accepted, to enter in a Contract with the CITY to perform and furnish all work as specified or indicated in the RFP and Contract Documents within the Contract time indicated in the RFP and in accordance with the other terms and conditions of the solicitation and contract documents.
2. Acknowledgement is hereby made of the following Addenda, if any (identified by number) received since issuance of the Request for Proposal.

Addendum No. 1 Date 12/14/2016

Addendum No. _____ Date _____

Addendum No. _____ Date _____

Addendum No. _____ Date _____

Addendum No. _____ Date _____

Addendum No. _____ Date _____

AC# 7431119

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/16/2016	ME 38983	551555

The **MEDICAL DOCTOR** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2019**
RAFAEL ENRIQUE REYES CARDELLA
7887 N. KENDALL DR. STE.102
SUITE 102
MIAMI, FL 33156

QUALIFICATION(S):
DISPENSING PRACTITIONER



Rick Scott
GOVERNOR



Celeste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Dispensing Practitioner

EXPIRATION DATE: **JANUARY 31, 2019**

Your license number is ME 38983. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

Medical Quality Assurance has a new and improved Online Services Portal. In the new system, you have the ability to renew your license, update your mailing and practice location addresses, request a name change, request a duplicate license and update your profile information all from the convenience of your online account.

1. Go to www.FLHealthSource.gov.
2. Click on "Provider Services" and select "Manage Your License."
3. Select your profession and license type and click "Submit."
4. The question "Have you Registered in Our New Online Service System?" will display.
 - a. Click on "No" if you have not registered for an account in the new system and follow the instructions provided for new user registration.
 - b. Click on "Yes" if you are a returning user. Enter the user ID and password you selected during the registration process, then select "Sign In" to access your MQA Online Services Portal account.

IMPORTANT ANNOUNCEMENTS

Are You Renewal Ready?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit www.FLHealthSource.gov/AYRR

Grounds for Discipline

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

DEA REGISTRATION NUMBER AC1327077			THIS REGISTRATION EXPIRES 08-31-2017		FEE PAID \$731
SCHEDULES 2,2N,3 3N,4,5			BUSINESS ACTIVITY PRACTITIONER		DATE ISSUED 07-06-2014
CARDELLA, RAFAEL E MD 7887 N. KENDALL DR. SUITE 102 MIAMI, FL 33156					

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON, D.C. 20537

DEA REGISTRATION NUMBER AC1327077		THIS REGISTRATION EXPIRES 08-31-2017		FEE PAID \$731
SCHEDULES 2,2N,3 3N,4,5		BUSINESS ACTIVITY PRACTITIONER		DATE ISSUED 07-06-2014
CARDELLA, RAFAEL E MD 7887 N. KENDALL DR. SUITE 102 MIAMI, FL 33156				

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Form DEA-223 (05/04)

MROCC

Medical Review Officer Certification Council

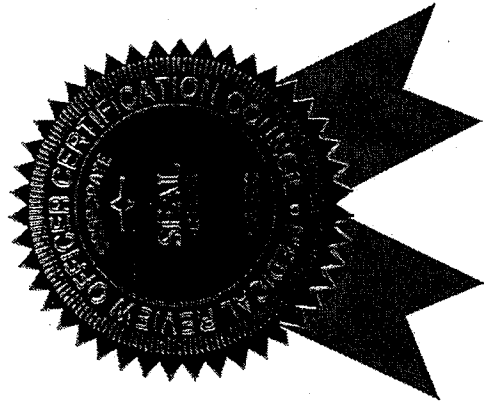
Certifies that

RAFAEL E. CARDELLA, M.D.

has successfully met all eligibility and examination criteria
and is hereby designated a

Certified Medical Review Officer

Effective this 16th day of MAY 20 14
Expires on 16th day of MAY 20 19



14-10536

Elizabeth Gruch MD

Chairman, Board of Directors

Michael D. Holland MD

Secretary, Board of Directors

National Registry of Certified Medical Examiners

The Federal Motor Carrier Safety Administration certifies that

RAFAEL E CARDELLA, MD

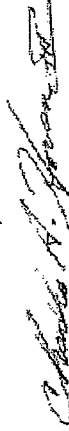
is a registered medical examiner on the Federal Motor Carrier Safety Administration's National Registry of Certified Medical Examiners. RAFAEL E CARDELLA has completed the required training and testing concerning the Federal physical qualifications and standards for truck and bus drivers and possesses the necessary knowledge and professional credentials to perform physical qualification examinations for commercial motor vehicle drivers in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41 – 391.49).

Issued at: Washington, DC 20590

Date: 03/05/2014

National Registry No.: 1966431160

Expires: 03/05/2024

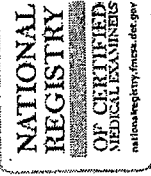


Charles A. Horan III, Director

Office of Carrier, Driver and Vehicle Safety Standards



U.S. Department of Transportation
Federal Motor Carrier Safety Administration



AC# 6840759

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

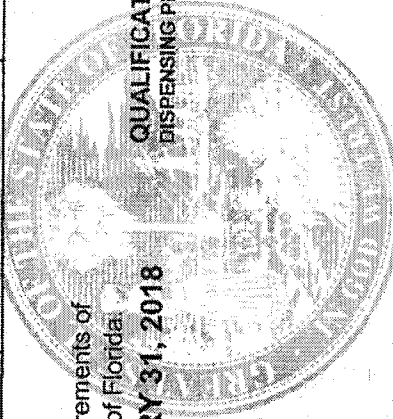
DATE	LICENSE NO.	CONTROL NO.
11/18/2015	ME 27131	511875

The **MEDICAL DOCTOR** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2018**

RICHARD WARREN SPIRER
7887 N. KENDALL DRIVE
STE#102
MIAMI, FL 33156

QUALIFICATION(S):
DISPENSING PRACTITIONER



Rick Scott

Rick Scott
GOVERNOR

John H. Armstrong

John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

DEA REGISTRATION NUMBER		THIS REGISTRATION EXPIRES		FEE PAID	
AS7104235		02-28-2017		\$731	
SCHEDULES		BUSINESS ACTIVITY		DATE ISSUED	
2,2N,3 3N,4,5		PRACTITIONER		01-07-2014	
SPIRER, RICHARD WARREN MD PHYSICIANS HEALTH CENTER 7887 N. KENDALL DRIVE SUITE 102 MIAMI, FL 33156					

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON, D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
AS7104235	02-28-2017	\$731

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	01-07-2014

SPIRER, RICHARD WARREN MD
 PHYSICIANS HEALTH CENTER
 7887 N. KENDALL DRIVE
 SUITE 102
 MIAMI, FL 33156



Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (05/04)

National Registry of Certified Medical Examiners

The Federal Motor Carrier Safety Administration certifies that

RICHARD W SPIRER, MD

is a registered medical examiner on the Federal Motor Carrier Safety Administration's National Registry of Certified Medical Examiners. RICHARD W SPIRER has completed the required training and testing concerning the Federal physical qualifications and standards for truck and bus drivers and possesses the necessary knowledge and professional credentials to perform physical qualification examinations for commercial motor vehicle drivers in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41 - 391.49).

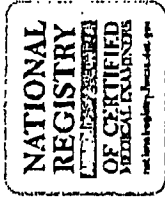
Issued at: Washington, DC 20590
Date: 01/22/2014
National Registry No.: 6213888229
Expires: 01/22/2024



Charles A. Horan III, Director
Office of Carrier, Driver and Vehicle Safety Standards



U.S. Department of Transportation
Federal Motor Carrier Safety Administration



AC# 5880312

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

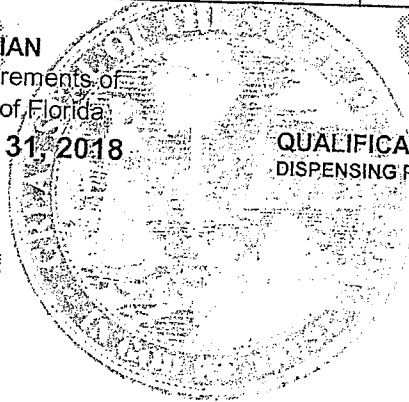
DATE	LICENSE NO.	CONTROL NO.
12/29/2015	OS 6525	51531

The OSTEOPATHIC PHYSICIAN
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **MARCH 31, 2018**

SUSAN FRANCES NELSON
6221 NW 36TH STREET
MIAMI, FL 33166

QUALIFICATION(S):
DISPENSING PRACTITIONER



A handwritten signature in black ink, appearing to read "Rick Scott".

Rick Scott
GOVERNOR

A handwritten signature in black ink, appearing to read "John H. Armstrong".

John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C. 20537													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DEA REGISTRATION NUMBER</th> <th style="text-align: left;">THIS REGISTRATION EXPIRES</th> <th style="text-align: left;">FEE PAID</th> </tr> <tr> <td>BD6611025</td> <td>10-31-2017</td> <td>\$731</td> </tr> </table>	DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	BD6611025	10-31-2017	\$731	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">SCHEDULES</th> <th style="text-align: left;">BUSINESS ACTIVITY</th> <th style="text-align: left;">DATE ISSUED</th> </tr> <tr> <td>2,2N,3 3N,4,5</td> <td>PRACTITIONER</td> <td>11-25-2014</td> </tr> </table> <p>NELSON, SUSAN DO 6221 NW 36 STREET MIAMI, FL 33166</p>	SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED	2,2N,3 3N,4,5	PRACTITIONER	11-25-2014
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID											
BD6611025	10-31-2017	\$731											
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED											
2,2N,3 3N,4,5	PRACTITIONER	11-25-2014											
<p>Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.</p> <p>THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.</p>													

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C. 20537													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DEA REGISTRATION NUMBER</th> <th style="text-align: left;">THIS REGISTRATION EXPIRES</th> <th style="text-align: left;">FEE PAID</th> </tr> <tr> <td>BD6611025</td> <td>10-31-2017</td> <td>\$731</td> </tr> </table>	DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	BD6611025	10-31-2017	\$731	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">SCHEDULES</th> <th style="text-align: left;">BUSINESS ACTIVITY</th> <th style="text-align: left;">DATE ISSUED</th> </tr> <tr> <td>2,2N,3 3N,4,5</td> <td>PRACTITIONER</td> <td>11-25-2014</td> </tr> </table> <p>NELSON, SUSAN DO 6221 NW 36 STREET MIAMI, FL 33166</p>	SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED	2,2N,3 3N,4,5	PRACTITIONER	11-25-2014
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID											
BD6611025	10-31-2017	\$731											
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED											
2,2N,3 3N,4,5	PRACTITIONER	11-25-2014											
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Form DEA-223 (05/04)</p>	<p>Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.</p> <p>THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.</p>												



Theodore F. Shults, MS, JD
Chairman
(919) 489-5407

American Association of Medical Review Officers

October 26, 2015

Verification of Certification for: Susan F. Nelson, DO
Physicians Health Center
6221 NW 36th Street
Miami, FL 33166

Certification Number: 991003116

Current Certification Date: October 25, 2015

Certification Expiration Date: **October 25, 2020**

This notice serves as verification that the above-referenced physician has been certified as a Medical Review Officer (MRO) through the American Association of Medical Review Officers (AAMRO).

For all physicians certified or recertified by AAMRO after October 1, 2010 will have to attend an MRO training program and take the exam. Recertification is required every five years to remain in good standing.

The referenced physician is listed in the AAMRO registry of Certified Medical Review Officers (www.aamro.com).

Theodore F. Shults, J.D., M.S.
Chairman

National Registry of Certified Medical Examiners

The Federal Motor Carrier Safety Administration certifies that

SUSAN F NELSON, DO

is a registered medical examiner on the Federal Motor Carrier Safety Administration's National Registry of Certified Medical Examiners. SUSAN F NELSON has completed the required training and testing concerning the Federal physical qualifications and standards for truck and bus drivers and possesses the necessary knowledge and professional credentials to perform physical qualification examinations for commercial motor vehicle drivers in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41 – 391.49).

Issued at: Washington, DC 20590

Date: 03/05/2014

National Registry No.: 8271002743

Expires: 03/05/2024

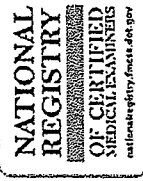


Charles A. Horan III, Director

Office of Carrier, Driver and Vehicle Safety Standards



U.S. Department of Transportation
Federal Motor Carrier Safety Administration



AC# 6267473

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/02/2014	ME 58546	475566

AC# 6267473

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/02/2014	ME 58546	475566

The MEDICAL DOCTOR named below has met all requirements of the laws and rules of the state of Florida. Expiration Date: JANUARY 31, 2017

BERNARD STANLEY CHAPNICK

The MEDICAL DOCTOR named below has met all requirements of the laws and rules of the state of Florida. Expiration Date: **JANUARY 31, 2017**
BERNARD STANLEY CHAPNICK
20535 NW 2ND AVE
SUITE 150
MIAMI GARDENS, FL 33169



Rick Scott
Rick Scott
GOVERNOR

John H. Armstrong
John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Dispensing Practitioner

EXPIRATION DATE: JANUARY 31, 2017

Your license number is ME 58546, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license please call (850) 488-0595.

Use this section to report name change. Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license, a divorce decree or a court order.

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information.

1. Go to www.FLHealthSource.gov
2. Click on "Provider Services"
3. Click on "Manage my License"
4. Select your profession
5. Enter the user ID and password that was provided to you on your initial license and click "Sign in using our secure server."
6. If you do not know your user ID and password, click on "Get Login Help?" or call our Customer Contact Center at (850) 488-0595 for assistance.

MAIL TO: DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SUPPORT SERVICES UNIT
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320

IMPORTANT ANNOUNCEMENT

THE DEPARTMENT OF HEALTH WILL NOW REVIEW YOUR CONTINUING EDUCATION RECORDS AT THE TIME OF LICENSE RENEWAL.

TO LEARN MORE, PLEASE VISIT WWW.CEatRENEWAL.COM

NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

FROM: _____
LAST FIRST MIDDLE
TO: _____
LAST FIRST MIDDLE
DH 2103, 5/98

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
AC1853301	08-31-2017	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	07-22-2014
CHAPNICK, BERNARD S MD 20535 NW 2ND AVENUE SUITE 150 MIAMI GARDENS, FL 33169-0000		

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Medical Review Officer Certification Council

836 Arlington Heights Road, #327, Elk Grove Village, IL 60007*847-631-0599*FAX 847-483-1282*mrocc@mrocc.org

VERIFICATION OF CERTIFICATION

The Physician Named Below is Certified through the
Medical Review Officer Certification Council:



Verification of Certification for: Bernard S. Chapnick, M.D.

Certification Number: 14-10365

Expiration Date: 1/2/2019

This notice serves as verification that the above referenced physician is a certified Medical Review Officer (MRO) through the Medical Review Officer Certification Council (MROCC).

MROCC certifies, through an eligibility process and written examination, licensed physicians who have had appropriate CME training and experience in performing the essential duties of the MRO. Certification is intended to ensure the public of quality services and the maintenance of ethical conduct by qualified physicians involved in drug and alcohol testing review.

MROCC's certification examination is annually reviewed and approved by the Department of Health and Human Services, and fulfills the requirement for certification of Medical Review Officers as established by the Department of Transportation in its Procedures for Transportation Workplace Drug and Alcohol Testing Programs 49 CFR Part 40 of the Federal Register.

The referenced physician is listed in the MROCC registry of Certified MROs located on the MROCC website on the Internet. A listing of all currently-certified MROs may be viewed and their verification letters printed from the web site.

Elizabeth E. Gresch, MD
Chairman of the Board

Michael G. Holland, MD
Secretary-Treasurer

Brian L. Compney
Executive Director

National Registry of Certified Medical Examiners

The Federal Motor Carrier Safety Administration certifies that

BERNARD S CHAPNIK MD, MD

is a registered medical examiner on the Federal Motor Carrier Safety Administration's National Registry of Certified Medical Examiners. BERNARD S CHAPNIK MD has completed the required training and testing concerning the Federal physical qualifications and standards for truck and bus drivers and possesses the necessary knowledge and professional credentials to perform physical qualification examinations for commercial motor vehicle drivers in accordance with the Federal Motor Carrier Safety Regulations. (49 CFR 391.41 – 391.49).

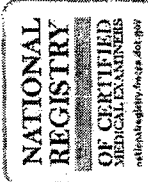
Issued at: Washington, DC 20590
Date: 04/08/2014
National Registry No.: 7268809232
Expires: 04/08/2024



Charles A. Horan III, Director
Office of Carrier, Driver and Vehicle Safety Standards



U.S. Department of Transportation
Federal Motor Carrier Safety Administration



AC# 6908641

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/20/2016	ME 67719	530157

The **MEDICAL DOCTOR**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2018**

JUAN DIOSDADO MIRABAL
6221 NW 36TH ST
MIAMI, FL 33166

QUALIFICATION(S):
DISPENSING PRACTITIONER



Rick Scott
GOVERNOR

John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BM4073906	01-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	01-25-2015
MIRABAL, JUAN D MD 6990 NW 37TH AVE MIAMI, FL 33147		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BM4073906	01-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	01-25-2015
MIRABAL, JUAN D MD 6990 NW 37TH AVE MIAMI, FL 33147		

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (05/04)



Theodore F. Shults, MS, JD
Chairman
(919) 489-5407

American Association of Medical Review Officers

November 14, 2012

Verification of Certification for: Juan Mirabal, MD
Physicians Health
4483 NW 36th Street
Suite 118
Miami, FL 33166

Certification Number: 970209141

Current Certification Date: February 17, 2012

Certification Expiration Date: February 17, 2017

This notice serves as verification that the above-referenced physician has been certified as a Medical Review Officer (MRO) through the American Association of Medical Review Officers (AAMRO).

For all physicians certified or recertified by AAMRO after October 1, 2010 will have to attend an MRO training program and take the exam. **In accordance with DOT, training and recertification is required every five years to remain in good standing.**

The referenced physician is listed in the AAMRO registry of Certified Medical Review Officers (www.aamro.com).

Theodore F. Shults, J.D., M.S.
Chairman

AC# 7401338

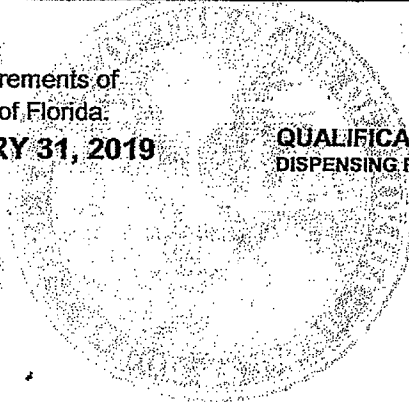
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/01/2016	ME 55844	546487

The **MEDICAL DOCTOR**
named below has met all requirements of
the laws and rules of the state of Florida:

Expiration Date: **JANUARY 31, 2019**
SEGUNDO JOSE CORRIPIO, JR
6990 NW 37 AVE.
MIAMI, FL 33147

QUALIFICATION(S):
DISPENSING PRACTITIONER



Rick Scott
GOVERNOR

Celeste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **JANUARY 31, 2019**

Your license number is ME 55844. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

Medical Quality Assurance has a new and improved Online Services Portal. In the new system, you have the ability to renew your license, update your mailing and practice location addresses, request a name change, request a duplicate license and update your profile information all from the convenience of your online account.

1. Go to www.FLHealthSource.gov.
2. Click on "Provider Services" and select "Manage Your License."
3. Select your profession and license type and click "Submit."
4. The question "Have you Registered in Our New Online Service System?" will display.
 - a. Click on "No" if you have not registered for an account in the new system and follow the instructions provided for new user registration.
 - b. Click on "Yes" if you are a returning user. Enter the user ID and password you selected during the registration process, then select "Sign In" to access your MQA Online Services Portal account.

IMPORTANT ANNOUNCEMENTS

Are You Renewal Ready?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit
www.FLHealthSource.gov AYRR

Grounds for Discipline

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BC2610322	08-31-2017	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	07-02-2014
CORRIPIO, SEGUNDO J JR MD 6990 NW 37th Ave MIAMI, FL 33147		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON, D.C. 20537

Sections 304 and 1006 (21 U.S.C. 824 and 856) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE		
UNITED STATES DEPARTMENT OF JUSTICE		
DRUG ENFORCEMENT ADMINISTRATION		
WASHINGTON, D.C. 20537		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BC2610322	08-31-2017	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	07-02-2014
CORRIPIO, SEGUNDO J JR MD 6990 NW 37th Ave MIAMI, FL 33147		
<p>Sections 304 and 1006 (21 U.S.C. 824 and 856) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.</p> <p>THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.</p>		

Form DEA-223 (06/04)

National Registry of Certified Medical Examiners

The Federal Motor Carrier Safety Administration certifies that

SEGUNDO CORRIPIO, MD

is a registered medical examiner on the Federal Motor Carrier Safety Administration's National Registry of Certified Medical Examiners. SEGUNDO CORRIPIO has completed the required training and testing concerning the Federal physical qualifications and standards for truck and bus drivers and possesses the necessary knowledge and professional credentials to perform physical qualification examinations for commercial motor vehicle drivers in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41 – 391.49).

Issued at: Washington, DC 20590

Date: 11/28/2013

National Registry No.: 6650262049

Expires: 11/28/2023

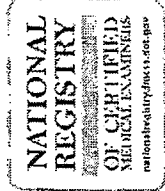


Charles A. Horan III, Director

Office of Carrier, Driver and Vehicle Safety Standards



U.S. Department of Transportation
Federal Motor Carrier Safety Administration



AC#6976090

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
03/04/2016	OS 4347	54888

The **OSTEOPATHIC PHYSICIAN**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **MARCH 31, 2018**
JAMES ROLLAND BLUMENTHAL
1448 N. KROME AVENUE
#101
FLORIDA CITY, FL 33034

QUALIFICATION(S):
DISPENSING PRACTITIONER



Handwritten signature of Rick Scott in black ink.

Rick Scott
GOVERNOR

Handwritten signature of John H. Armstrong, MD, FACS in black ink.

John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
AB8478275	07-31-2017	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2.2N, 3.3N,4.5.	PRACTITIONER	06-04-2014
BLUMENTHAL, JAMES R DO 1448 N KROME AVENUE SUITE 101 FLORIDA CITY, FL 33034-0000		

AC#G909174

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/20/2016	PA 9100266	60560

The PHYSICIAN ASSISTANT named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2018**
RAMON EMILIO LOPEZ
6221 NW 36TH STREET
MIAMI, FL 33166

QUALIFICATION(S):
PRESCRIBING #00002367

Rick Scott
Rick Scott
GOVERNOR

John H. Armstrong
John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW



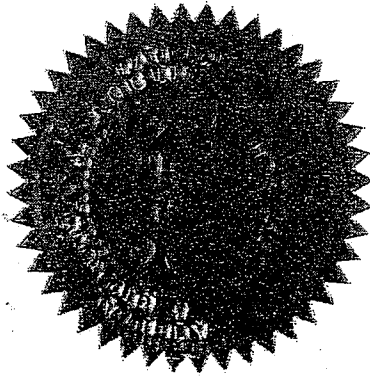
AMERICAN COLLEGE OF
OCCUPATIONAL AND
ENVIRONMENTAL MEDICINE

This serves as Proof of Participation for

Ramon E. Lopez

**as having completed ACOEM's
Commercial Driver Medical Examiner Online Training**

The *Commercial Driver Medical Examiner Course* utilizes the Core Curriculum for the National Registry of Certified Medical Examiner training as set forth by the Federal Motor Carrier Safety Administration.



Deborah L. Brisson

Deborah L. Brisson, CEM, CMP
ACOEM Education Coordinator

1/21/2014

Date

The American College of Occupational and Environmental Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

AC# 6928745

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

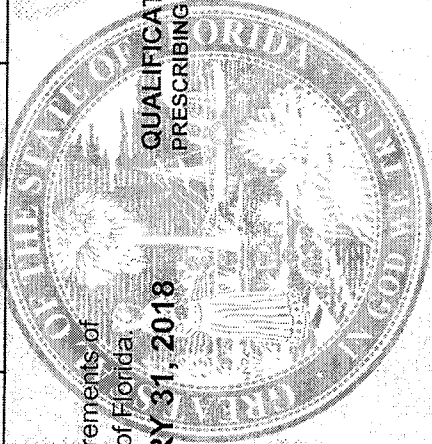
DATE	LICENSE NO.	CONTROL NO.
02/02/2016	PA 9100094	62241

The **PHYSICIAN ASSISTANT** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2018**

RICARDO RODRIGO ESPINOSA
6221 NW 36TH STREET
MIAMI, FL 33166

QUALIFICATION(S):
PRESCRIBING #00002321



Rick Scott

Rick Scott
GOVERNOR

John H. Armstrong

John H. Armstrong, MD, FACS
STATE CHIEF MEDICAL EXAMINER

National Registry of Certified Medical Examiners

The Federal Motor Carrier Safety Administration certifies that

RICARDO R ESPINOSA, PA

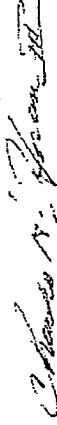
is a registered medical examiner on the Federal Motor Carrier Safety Administration's National Registry of Certified Medical Examiners. RICARDO R ESPINOSA has completed the required training and testing concerning the Federal physical qualifications and standards for truck and bus drivers and possesses the necessary knowledge and professional credentials to perform physical qualification examinations for commercial motor vehicle drivers in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41 – 391.49).

Issued at: Washington, DC 20590

Date: 01/23/2014

National Registry No.: 8143712995

Expires: 01/23/2024



Charles A. Horan III, Director

Office of Carrier, Driver and Vehicle Safety Standards



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

NATIONAL
REGISTRY
OF CERTIFIED
VEHICLE EXAMINERS
nationalregistry.fhcsa.dhs.gov

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/26/2015	ARNP 9381442	2096428

The ADV REG NURSE PRACTITIONER named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **APRIL 30, 2017**

BORIS LUIS IGLESIAS SIMON
15811 SW 61ST ST
MIAMI, FL 33193

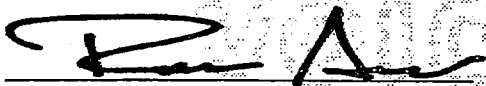
QUALIFICATION(S):
NURSE PRACTITIONER

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
AC# 68511E
DATE 11/26/2015
LICENSE NO. ARNP 9381442
CONTROL NO. 2096428

The ADV REG NURSE PRACTITIONER named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: APRIL 30, 2017

BORIS LUIS IGLESIAS SIMON



Rick Scott
GOVERNOR



John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Nurse Practitioner

EXPIRATION DATE: APRIL 30, 2017

Your license number is ARNP 9381442, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on the please call (850) 488-0595.

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2. Click on "Provider Services"
3. Click on "Manage my License"
4. Select your profession
5. Enter the user ID and password that was provided to you on your initial license and click "Sign in using our secure server."
6. If you do not know your user ID and password, click on "Get Login Help?" or call our Customer Contact Center at (850) 488-0595 for assistance.

MAIL TO: DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SUPPORT SERVICES UNIT
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320

IMPORTANT ANNOUNCEMENT

THE DEPARTMENT OF HEALTH WILL NOW REVIEW YOUR CONTINUING EDUCATION RECORDS AT THE TIME OF LICENSE RENEWAL.

TO LEARN MORE, PLEASE VISIT WWW.CEatRENEWAL.CC

NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

FROM: _____
LAST FIRST MIDDLE
TO: _____
LAST FIRST MIDDLE

DH 2103, 5/98

AC# 7037418

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
04/09/2016	ARNP 9382241	2147350

The **ADV REG NURSE PRACTITIONER** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **APRIL 30, 2018**

LEONEL BRAVO VIART
6221 N.W. 36TH ST
MIAMI, FL 33166

QUALIFICATION(S):
NURSE PRACTITIONER



Rick Scott
GOVERNOR



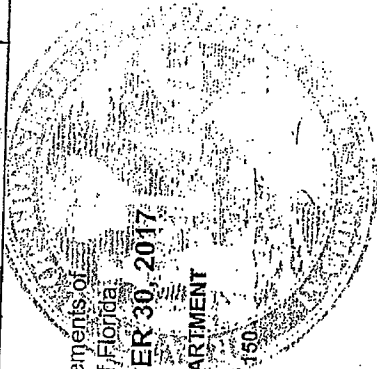
Celeste M. Philip, M.D., M.P.H.
Interim State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 6828669

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/05/2015	PT 22008	110351



The **PHYSICAL THERAPIST** named below has met all requirements of the laws and rules of the state of Florida.
 Expiration Date: **NOVEMBER 30, 2017**
MICHAEL CAPOTE
 ATTN: PHYSICAL THERAPY DEPARTMENT
 PHYSICIANS HEALTH CENTER
 20535 NW 2ND AVENUE, SUITE # 150
 MIAMI, FL 33169

Rick Scott
 Rick Scott
 GOVERNOR

John H. Armstrong
 John H. Armstrong, MD, FACS
 STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC# 6824436

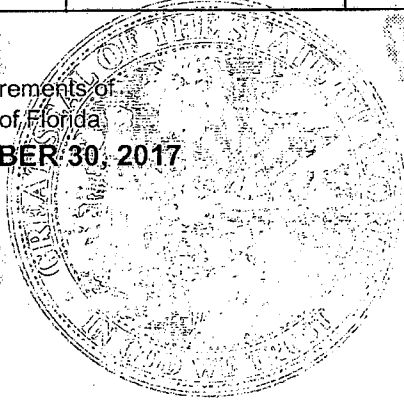
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/03/2015	PT 23905	109900

The **PHYSICAL THERAPIST**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **NOVEMBER 30, 2017**

DAVID CAPOTE
ATTN: DAVID CAPOTE
PHYSICIANS HEALTH CENTER
6221 NW 36 STREET
MIAMI, FL 33166



A handwritten signature in black ink, appearing to read "Rick Scott".

Rick Scott
GOVERNOR

A handwritten signature in black ink, appearing to read "John H. Armstrong".

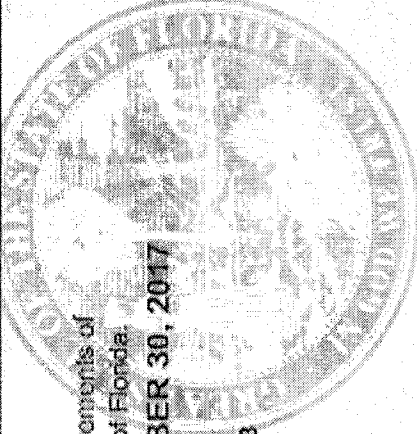
John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC#6774852

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE


DATE	LICENSE NO.	CONTROL NO.
09/04/2015	PT 3348	103930



The PHYSICAL THERAPIST
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **NOVEMBER 30, 2017**
JOSE GUILLERMO VELAZQUEZ
1245 DOVE AVENUE
MIAMI SPRINGS, FL 33166-3103


Rick Scott
GOVERNOR


John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

C# 6837613

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/17/2015	PT 16631	112840

The **PHYSICAL THERAPIST** named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: **NOVEMBER 30, 2017**
ROBERTO JOSE MARTINEZ
387 NORTH KENDALL DRIVE
SUITE 102
MIAMI, FL 33156

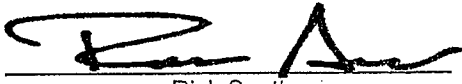
STATE OF FLORIDA AC# 6837613
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/17/2015	PT 16631	112840

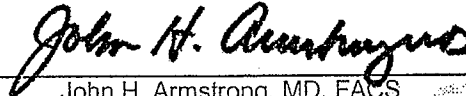
The **PHYSICAL THERAPIST** named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: **NOVEMBER 30, 2017**

ROBERTO JOSE MARTINEZ

LICENSEE SIGNATURE



Rick Scott
GOVERNOR



John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: NOVEMBER 30, 2017

Your license number is PT 16631, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0595.

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3. Click on "Manage my License"
4. Select your profession
5. Enter the user ID and password that was provided to you on your initial license and click "Sign in using our secure server."
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MAIL TO: DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SUPPORT SERVICES UNIT
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320

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TO LEARN MORE, PLEASE VISIT WWW.CEatRENEWAL.COM

NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

FROM: _____
LAST FIRST MIDDLE

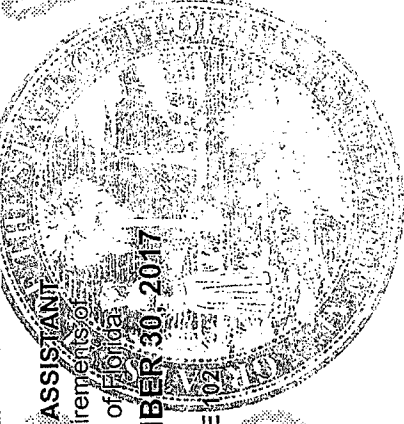
TO: _____
LAST FIRST MIDDLE

DH 2103, 5/98

AC# 6811863

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/15/2015	PTA 21071	49525



The **PHYSICAL THERAPIST ASSISTANT**

named below has met all requirements of the laws and rules of the state of Florida

Expiration Date: **NOVEMBER 30, 2017**

VINCENT ANTONIO ULACIA

7887 N. KENDALL DRIVE SUITE 102

MIAMI, FL 33156

Rick Scott

 Rick Scott
 GOVERNOR

John H. Armstrong

 John H. Armstrong, MD, FACS
 STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC# 7162776

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

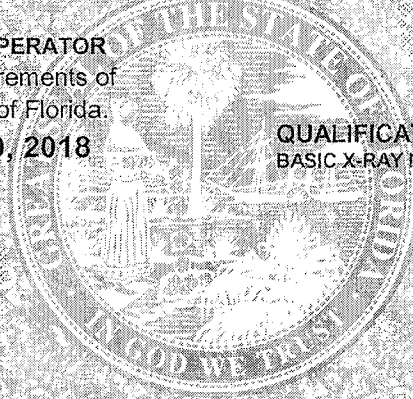
DATE	LICENSE NO.	CONTROL NO.
05/21/2016	BMO 83349	179594

The **BASIC X-RAY MACHINE OPERATOR** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **JUNE 30, 2018**

EUGENIO DELGADO JIMENEZ
281 W PARK DR. APT. 6
MIAMI, FL 33172

QUALIFICATION(S):
BASIC X-RAY MACHINE OPERATOR



Rick Scott
GOVERNOR

Celeste M. Philip, M.D., M.P.H.
Interim State Surgeon General

DISPLAY IF REQUIRED BY LAW

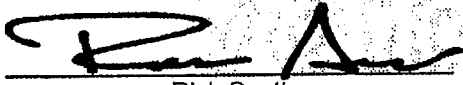
AC#6429850

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

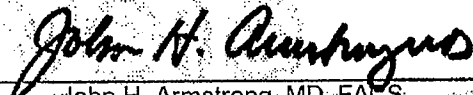
DATE	LICENSE NO.	CONTROL NO.
03/12/2015	BMO 38167	158527

The BASIC X-RAY MACHINE OPERATOR
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **MARCH 31, 2017**
ZULEMA HERNANDEZ
7887 N KENDALL DRIVE SUITE 102
MIAMI, FL 33156

QUALIFICATION(S):
BASIC X-RAY MACHINE OPERATOR



Rick Scott
GOVERNOR



John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC#6106654

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROLN.
07/11/2014	BMO 39609	146650

The BASIC X-RAY MACHINE OPERATOR named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **APRIL 30, 2016**

JOHN DURAN

6221 NW 36 ST

MIAMI, FL 33166

Rick Scott
GOVERNOR

John H. Armstrong
STATE SURGEON GENERAL

John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC#

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/22/2015	CRT 86333	172309

CERTIFIED RADIOLOGIC TECHNOLOGIST

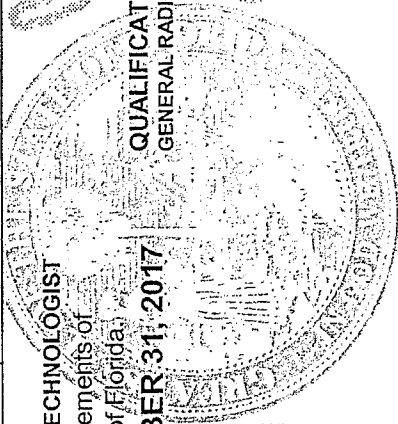
The named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **DECEMBER 31, 2017**

CARLA PAOLA JIMENEZ
10220 SW 144TH COURT.

MIAMI, FL 33186

QUALIFICATION(S):
GENERAL RADIOGRAPHER



Rick Scott
GOVERNOR

John H. Armstrong
John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

CE Biennium
12/01/2014
11/30/2016

Status - In CE Compliance

CARLA PAOLA JIMENEZ, R.T.(R)(ARRT)
10220 SW 144TH CT
MIAMI, FL 33186

DEC-2016

522130

Valid Thru End Of

THE AMERICAN REGISTRY OF
RADIOLOGIC TECHNOLOGISTS®
USE ORIGINAL CARD FOR VERIFICATION



I.D. Number

#6125660

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
07/23/2014	BMO 86850	147348

BASIC X-RAY MACHINE OPERATOR
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **MAY 31, 2016**

JOSE M FLORES
BASIC X-RAY MACHINE OPERATOR
SUNSET DR
MIAMI, FL 33173

QUALIFICATION(S):
BASIC X-RAY MACHINE OPERATOR

STATE OF FLORIDA AC# 6125660

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
07/23/2014	BMO 86850	147348

The BASIC X-RAY MACHINE OPERATOR
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **MAY 31, 2016**

JOSE M FLORES

QUALIFICATION(S):
Basic X-ray Machine Operator


Rick Scott
GOVERNOR


John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Basic X-ray Machine Operator

EXPIRATION DATE: **MAY 31, 2016**

license number is **BMO 86850**, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0595.

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- Go to www.FLHealthSource.gov
- Click on "Provider Services"
- Click on "Manage my License"
- Select your profession
- Enter the user ID and password. (User ID and password are case sensitive.) User ID: **floresjo** Password: **h5X2kiw4**
Where 'l' is lowercase letter 'L' and 'o' is lowercase letter 'O'.
- Click "Sign in using our secure server."

TO: DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SUPPORT SERVICES UNIT
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320

NAME CHANGE (ATTACH LEGAL DOCUMENTATION)



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

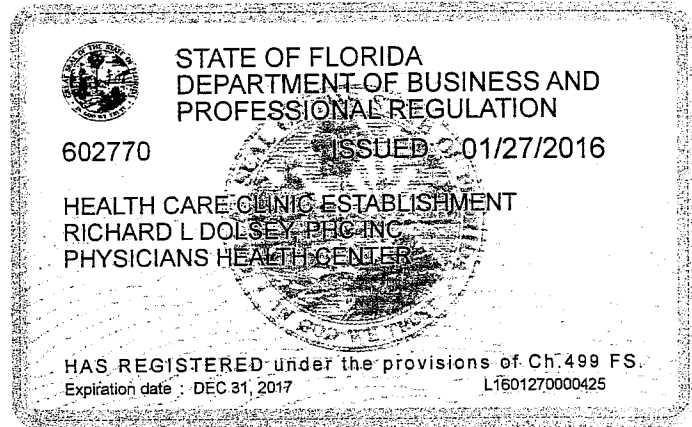
(850) 487-1395

RICHARD L DOLSEY, PHC INC
PHYSICIANS HEALTH CENTER
4483 NW 36 ST
STE 118
MIAMI FL 33166

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RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER
602770

The HEALTH CARE CLINIC ESTABLISHMENT
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: DEC 31, 2017



RICHARD L DOLSEY, PHC INC
PHYSICIANS HEALTH CENTER
7887 N KENDALL DR
STE 102
MIAMI FL 33156

ISSUED: 01/27/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1601270000425



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**FLORIDA DRUGS, DEVICES AND COSMETICS
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783**

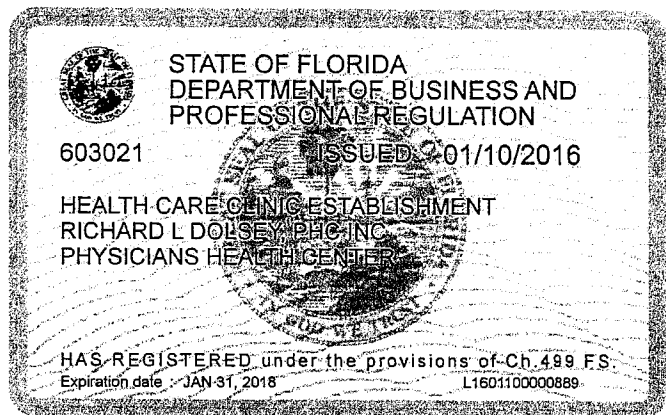
(850) 487-1395

**RICHARD L DOLSEY, PHC INC
PHYSICIANS HEALTH CENTER
4483 NW 36 ST
STE 118
MIAMI FL 33166**

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KEN LAWSON, SECRETARY

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS**

LICENSE NUMBER	
	603021

The HEALTH CARE CLINIC ESTABLISHMENT
Named below HAS REGISTERED
Under the provisions of Chapter 499 F.S.
Expiration date: JAN 31, 2018

**RICHARD L DOLSEY, PHC INC
PHYSICIANS HEALTH CENTER
6221 NW 36TH ST
MIAMI FL 33166**

ISSUED: 01/10/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1601100000889



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

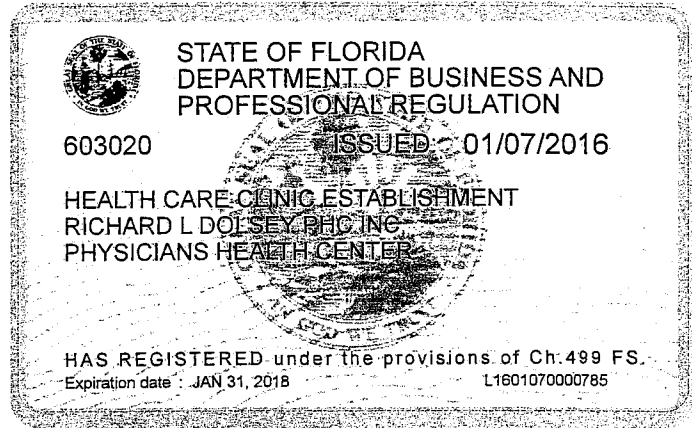
(850) 487-1395

RICHARD L DOLSEY PHC INC
PHYSICIANS HEALTH CENTER
4483 NW 36 ST
STE 118
MIAMI FL 33166

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RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER	
	603020

The HEALTH CARE CLINIC ESTABLISHMENT
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: JAN 31, 2018



RICHARD L DOLSEY PHC INC
PHYSICIANS HEALTH CENTER
1448 N KROME AVENUE
STE 101
FLORIDA CITY FL 33034



ISSUED: 01/07/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1601070000785



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

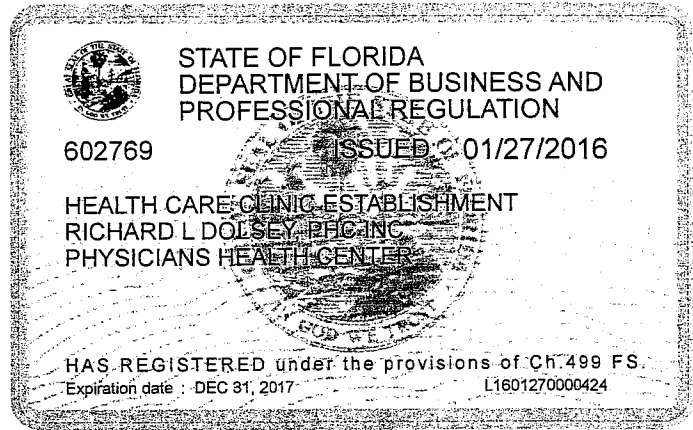
(850) 487-1395

RICHARD L DOLSEY, PHC INC
PHYSICIANS HEALTH CENTER
4483 NW 36 ST
STE 118
MIAMI FL 33166

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RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER	
602769	

The HEALTH CARE CLINIC ESTABLISHMENT
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: DEC 31, 2017



RICHARD L DOLSEY, PHC INC
PHYSICIANS HEALTH CENTER
20535 NW 2ND AVE STE 150
MIAMI FL 33169





STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

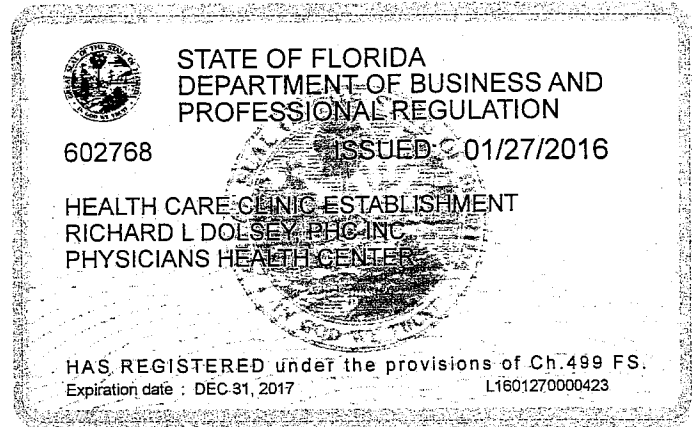
(850) 487-1395

RICHARD L DOLSEY, PHC INC
PHYSICIANS HEALTH CENTER
4483 NW 36 ST
STE 118
MIAMI FL 33166

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RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER	
602768	

The HEALTH CARE CLINIC ESTABLISHMENT
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: DEC 31, 2017



RICHARD L DOLSEY, PHC INC
PHYSICIANS HEALTH CENTER
6990 NW 37TH AVE
MIAMI FL 33147

ISSUED: 01/27/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1601270000423

007679

Local Business Tax Receipt

Miami-Dade County, State of Florida

-THIS IS NOT A BILL - DO NOT PAY

7186400

BUSINESS NAME/LOCATION

CARDELLA RAFAEL E REYES MD @PHYSICIANS HEALTH CENTER
6221 NW 36 ST
VIRGINIA GARDENS FL 33166

RECEIPT NO.

**RENEWAL
7467304**



EXPIRES

SEPTEMBER 30, 2017

Must be displayed at place of business
Pursuant to County Code
Chapter 8A - Art. 9 & 10

OWNER

CARDELLA RAFAEL E REYES MD @PHYSICIANS HEALTH CENTER
RICHARD L DOLSEY PHC INC

SEC. TYPE OF BUSINESS

212 P.A./CORP/PARTNERSHIP/FIRM
ME38983

**PAYMENT RECEIVED
BY TAX COLLECTOR**

\$60.00 08/09/2016
FPPU12-16-006569

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit www.miamidade.gov/taxcollector

002194

Local Business Tax Receipt

Miami-Dade County, State of Florida

-THIS IS NOT A BILL - DO NOT PAY

3722981

BUSINESS NAME/LOCATION

PHYSICIANS HEALTH CENTER
6221 NW 36 ST
VIRGINIA GARDENS FL 33166

RECEIPT NO.

**RENEWAL
3887917**



EXPIRES

SEPTEMBER 30, 2017

Must be displayed at place of business
Pursuant to County Code
Chapter 8A - Art. 9 & 10

OWNER

RICHARD L DOLSEY PHC INC

SEC. TYPE OF BUSINESS

212 P.A./CORP/PARTNERSHIP/FIRM

**PAYMENT RECEIVED
BY TAX COLLECTOR**

\$189.00 08/09/2016
FPPU12-16-006569

Employee(s) 42

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit www.miamidade.gov/taxcollector

Local Business Tax Receipt
Miami-Dade County, State of Florida
-THIS IS NOT A BILL - DO NOT PAY



5211529

BUSINESS NAME/LOCATION
PHYSICIANS HEALTH CENTER
1448 N KROME AVE 101
FLORIDA CITY FL 33034

RECEIPT NO.
RENEWAL
5446406

EXPIRES
SEPTEMBER 30, 2017

Must be displayed at place of business
Pursuant to County Code
Chapter 8A - Art. 9 & 10

OWNER
RICHARD L DOLSEY PHC INC

SEC. TYPE OF BUSINESS
212 P.A./CORP/PARTNERSHIP/FIRM

PAYMENT RECEIVED
BY TAX COLLECTOR
\$54.00 08/09/2016
FPPU12-16-006569

Employee(s) 12

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit www.miamidade.gov/taxcollector

003084

Local Business Tax Receipt

Miami-Dade County, State of Florida
-THIS IS NOT A BILL - DO NOT PAY



4648474

BUSINESS NAME/LOCATION
PHYSICIANS HEALTH CENTER
20535 NW 2 AVE 150
MIAMI GARDENS FL 33169

RECEIPT NO.
RENEWAL
4853462

EXPIRES
SEPTEMBER 30, 2017

Must be displayed at place of business
Pursuant to County Code
Chapter 8A - Art. 9 & 10

OWNER
RICHARD L DOLSEY PHC INC
MARK E KERNESS PRES
Employee(s) 11

SEC. TYPE OF BUSINESS
212 P.A./CORP/PARTNERSHIP/FIRM

PAYMENT RECEIVED
BY TAX COLLECTOR
\$49.50 08/09/2016
FPPU12-16-006569

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit www.miamidade.gov/taxcollector

005201

100299

Local Business Tax Receipt

Miami-Dade County, State of Florida

-THIS IS NOT A BILL -DO NOT PAY

490300

BUSINESS NAME/LOCATION

PHYSICIANS HEALTH CENTER

7887 SW 88 ST 102

MIAMI FL 33156

RECEIPT NO.

RENEWAL

490300



EXPIRES

SEPTEMBER 30, 2017

Must be displayed at place of business

Pursuant to County Code

Chapter 8A - Art. 9 & 10

OWNER

RICHARD L DOLSEY PHC INC

MARK E KERNESS PRES

Employee(s) 1

SEC. TYPE OF BUSINESS

212 P.A./CORP/PARTNERSHIP/FIRM

PAYMENT RECEIVED

BY TAX COLLECTOR

\$75.00 08/09/2016

FPPU12-16-006569

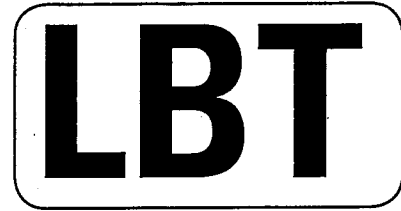
This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit www.miamidade.gov/taxcollector

Local Business Tax Receipt

Miami-Dade County, State of Florida
-THIS IS NOT A BILL - DO NOT PAY



5211529

BUSINESS NAME/LOCATION
PHYSICIANS HEALTH CENTER
1448 N KROME AVE 101
FLORIDA CITY FL 33034

RECEIPT NO.
RENEWAL
5446406

EXPIRES
SEPTEMBER 30, 2017

Must be displayed at place of business
Pursuant to County Code
Chapter 8A - Art. 9 & 10

OWNER
RICHARD L DOLSEY PHC INC

SEC. TYPE OF BUSINESS
212 P.A./CORP/PARTNERSHIP/FIRM

PAYMENT RECEIVED
BY TAX COLLECTOR

Employee(s) 12

\$54.00 08/09/2016
FPPU12-16-006569

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

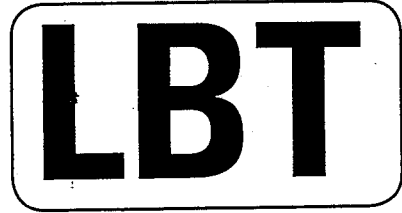
For more information, visit www.miamidade.gov/taxcollector

003626

Local Business Tax Receipt

Miami-Dade County, State of Florida

-THIS IS NOT A BILL - DO NOT PAY



4922093

BUSINESS NAME/LOCATION

DOLSEY RICHARD L PHC INC
4483 NW 36 ST 120
MIAMI SPRINGS FL 33166

RECEIPT NO.

**RENEWAL
5138532**

**EXPIRES
SEPTEMBER 30, 2017**

Must be displayed at place of business
Pursuant to County Code
Chapter 8A - Art. 9 & 10

OWNER

RICHARD L DOLSEY PHC INC

SEC. TYPE OF BUSINESS

207 ADMIN OFFICE/OPERATION CTR

**PAYMENT RECEIVED
BY TAX COLLECTOR**

\$49.50 08/09/2016
FPPU12-16-006569

Employee(s) 11

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit www.miamidade.gov/taxcollector

004371

Local Business Tax Receipt

Miami-Dade County, State of Florida

-THIS IS NOT A BILL - DO NOT PAY



4169256

BUSINESS NAME/LOCATION

O M MANAGEMENT INC
4483 NW 36 ST 120
MIAMI SPRINGS FL 33166

RECEIPT NO.

**RENEWAL
4353579**

**EXPIRES
SEPTEMBER 30, 2017**

Must be displayed at place of business
Pursuant to County Code
Chapter 8A - Art. 9 & 10

OWNER

O M MANAGEMENT INC

SEC. TYPE OF BUSINESS

213 HEALTH TESTING NON-INVASIVE

**PAYMENT RECEIVED
BY TAX COLLECTOR**

\$45.00 07/19/2016
FPPU05-16-016322

Employee(s) 10

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit www.miamidade.gov/taxcollector



Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

APPENDIX

**PHYSICIANS HEALTH CENTER
DOCUMENTS**

A - I

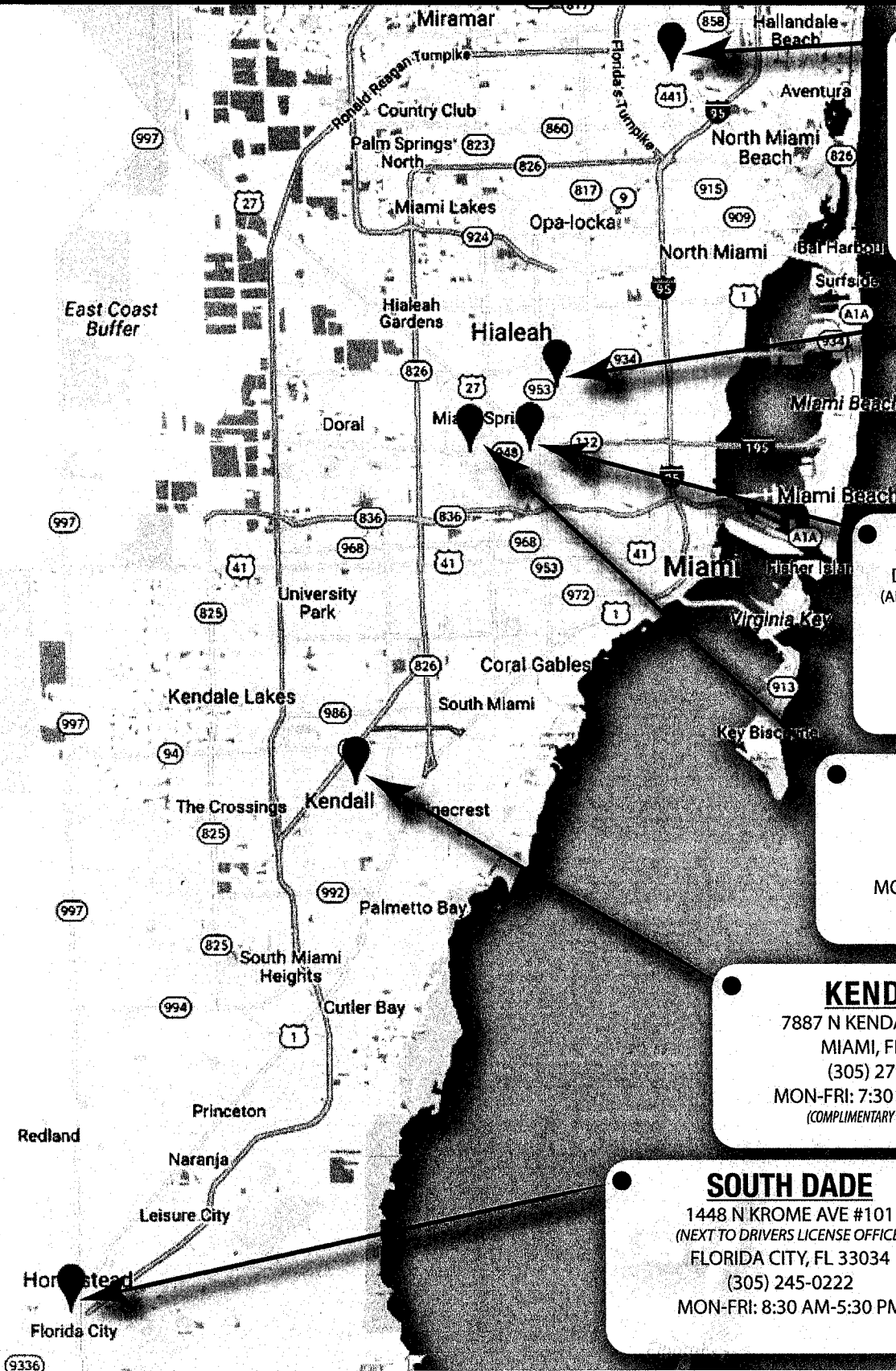


Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

www.PhysiciansHealthCenter.com

Six Locations Serving Miami-Dade, South Broward & Monroe Counties



NORTH DADE

20535 NW 2ND AVE
SUITE 150

MIAMI, FL 33169

DADE: (305) 653-7720

BROWARD: (954) 922-5501

MON-FRI: 8:30 AM - 6:00 PM

SAT: 8:30 AM - 12:30 PM

HIALEAH

6990 NW 37TH AVE

MIAMI, FL 33147

(305) 691-5050

MON-FRI: 7:30 AM - 5:00 PM

OM MANAGEMENT, INC.

DRUG SCREEN COLLECTION SITE
(AFFILIATE OF PHYSICIANS HEALTH CENTER)

4483 NW 36TH ST SUITE 120

MIAMI, FL 33166

(305) 888-4050

MON-FRI: 8:30 AM - 5:30 PM

AIRPORT

6221 NW 36TH ST

MIAMI, FL 33166

(305) 871-3627

MON-FRI: 7:30 AM - 6:00 PM

SAT: 8:30 AM - 12:30 PM

KENDALL

7887 N KENDALL DR #102

MIAMI, FL 33156

(305) 279-7722

MON-FRI: 7:30 AM - 6:00 PM*

(COMPLIMENTARY VALET PARKING)

SOUTH DADE

1448 N KROME AVE #101

(NEXT TO DRIVERS LICENSE OFFICE)

FLORIDA CITY, FL 33034

(305) 245-0222

MON-FRI: 8:30 AM - 5:30 PM



Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

IF YOU ARE INJURED ON THE JOB

PHYSICIANS HEALTH CENTER'S FIVE **WALK-IN** OCCUPATIONAL MEDICAL CENTERS HAVE BEEN PROVIDING IMMEDIATE CARE FOR WORK-RELATED INJURIES FOR OVER 30 YEARS.

OUR MEDICAL CENTERS COVER ALL OF MIAMI DADE, SOUTH BROWARD AND THE KEYS.

AIRPORT OFFICE

6221 NW 36th Street

Miami, FL 33166

Phone: (305) 871-3627

Fax: (305) 871-7569

HOURS: M-F 7:30 A.M. - 6:00 P.M.

SAT 8:30 A.M. - 12:30 P.M.

Contact: Yarley Simon, Office Manager, ext.2314
ysimon@ommanagement.com

NORTH DADE/SOUTH BROWARD OFFICE:

20535 NW 2nd Avenue, Suite 150 (US 441)

Miami, FL 33169

Phone: (305) 653-7720 Broward Line: (954) 922-5501

Fax: (305) 653-2099

HOURS: M-F 8:30 A.M. - 6:00 P.M.

SAT 8:30 A.M.- 12:30 P.M.

Contact: Julissa Rodriguez, Office Manager, ext.2614
jrodriguez@ommanagement.com

HIALEAH OFFICE

6990 NW 37th Avenue

Hialeah, FL 33147

Phone: (305) 691-5050

Fax: (305) 691-0006

HOURS: M-F 7:30 A.M. - 5:00 P.M.

Contact: Nubia Downs, Office Manager, ext.2514
[ndowns@ommanagement.com](mailto:n downs@ommanagement.com)

FLORIDA CITY/HOMESTEAD OFFICE

1448 North Krome Avenue, Suite 101

Florida City, FL 33034

Phone: (305) 245-0222

Fax: (305) 246-3700

HOURS: M-F 8:30 A.M. - 5:30 P.M.

Contact: Susana Lopez, Office Manager, ext.2414
sussil@ommanagement.com

KENDALL OFFICE:

7887 N. Kendall Drive, Suite 102

Miami, FL 33156

Phone: (305) 279-7722

Fax: (305) 279-2090

HOURS: M-F 7:30 A.M. - 6:00 P.M.

Contact: Eugenio Delgado, Office Manager, ext.2214
edelgado@ommanagement.com

PHYSICIAN STAFF:

Richard Spierer, M.D. Medical Director, James R. Blumenthal, D.O., Rafael Cardella, M.D.,
Bernard Chapnick, M.D., Segundo Corripio, M.D., Susan Nelson, D.O., Juan Mirabal, M.D.,

www.PhysiciansHealthCenter.com



5 LOCATIONS SERVING MIAMI-DADE, SOUTH BROWARD AND MONROE

Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

SERVICES PROVIDED

MEDICAL TREATMENT

- Prompt Treatment of Work-Related injury and illness
- Safe and Prompt Return to Work
- Surgical Clearances
- DWC-25 available online
- Medical Notes available online
- Phone Triage available 24/7
- Tri-Lingual Staff (English/Spanish/Creole)
- Dispensing Pharmacy
- Healthcare Advantage Program

EXPOSURE MONITORING

- Vision, Audiometry, Pulmonary Function Testing, Blood Lead Testing, Cadmium Testing, Blood Borne Pathogen Exposure.

PHYSICAL THERAPY

- Medical Exercise Therapy
- Functional Strengthening & Flexibility Exercises
- Pre-Surgical & Post Surgical Physical Therapy for Orthopedic Injuries
- Ergonomic Training and Consulting
- Physical Reconditioning for Injured Workers
- Functional Capacity Evaluations
- PT Evaluation within 24 Hours of Referral
- Bi-Lingual Therapist
- PT Notes Online

OSHA MEDICAL PROGRAMS

- Hearing Conservation Programs - Audiograms
- Respiratory Clearance - Pulmonary Function Testing
- Respirator Fit Testing - Qualitative

DRUG SCREEN SERVICES

- Certified Medical Review Officers (MROs)
- DOT and Non-DOT
- Random, Pre-Employment, Post-Accident, Reasonable Suspicion
- Breath Alcohol Testing (EBT)
- Instant Urine Testing • Hair Testing • Saliva Testing
- Nationwide Drug Program Management
- On-Site Collections Performed 24/7

WELLNESS & PREVENTION SERVICES

- Immunizations
- EKG
- Wellness at the Workplace Programs
- Travel Medicine
- Health and Safety Fairs

PHYSICAL EXAMS

- Pre-Employment and Post-Offer Physicals
- DOT Physicals
- FDLE and Firefighter Physicals
- Fitness for Duty
- FAA Flight Physicals
- Military Physicals
- Diver Certification
- Customized Physicals
- Physical Capability Testing

DISPENSING PHARMACY

- Generic Non-Narcotic Medications and Orthopedic Supplies

RADIOLOGY

- An X-ray can be obtained at any Physicians Health Center location.



5 Locations Serving Miami-Dade, South Broward & Monroe Counties

Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

AFTER-HOURS PROTOCOL

If an employee requires after-hours medical care:*

Call (305) 871-3627 and our after-hours service will have a Physician return your call within 30 minutes to discuss the injury with your employee and/or supervisor. The Physician will determine the appropriate course of action i.e. medication, ice, bed rest, Emergency Room visit.

After-Hours Injury and Drug and Alcohol Testing

If there is an accident requiring a drug/alcohol test at night or on the weekend, the supervisor/security should follow the procedures listed below:

- 1-Call Physicians Health Center at (305) 871-3627 to connect to the PHC After-Hours Service.
- 2-Specify that you need a Drug/Alcohol Collector to call you and leave name and 2 phone numbers where you can be reached.
- 3-Collector will return the call. Advise him where you need the test done and you will be given an approximate time when he will arrive.

If an employee must be taken to the Hospital ER:

- 1-Give the Drug Screen Collector the name of the hospital where the employee has been taken.
- 2-Your employee should report to Physicians Health Center the next day, if released from the ER.

www.PhysiciansHealthCenter.com

**Please leave 2 phone numbers
(cell & land) with service*

“the right choice”



Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

Protocolo Para Asistencia Despues de Horas Laborables

Si un empleado necesita asistencia médica despues de horas laborables:*

Llame al (305) 871-3627. Un operador atendera su llamada y hará que uno de nuestros doctores le devuelva la llamada en menos de media hora para discutir el accidente con su empleador o supervisor. El doctor le dará las instrucciones a seguir; ponerse hielo, medicamentos, reposo o ir a una sala de emergencia.

Accidente y exámenes de alcohol y droga despues de horas laborables:

Si un accidente requiere un examen de alcohol /droga despues de horas laborables o durante el fin de semana, el supervisor/seguridad debe seguir este procedimiento:

- 1-Llamar a Physicians Health Center al (305) 871-3627. Un operador atenderá su llamada.
- 2-Especifique que usted necesita un examen de alcohol/droga para que un colector o recaudador le devuelva la llamada.
- 3-El colector o recaudador lo llamará, usted le dara instrucciones de donde quiere que hagan el examen y una hora aproximada para su llegada a este lugar.

Si un empleado necesita ser llevado a la sala de emergencia de un hospital:

- 1-Dígale al colector el nombre del hospital al que el empleado fue llevado..
- 2-Su empleado debe reportarse con PHC el día siguiente para un examen médico si no es admitido en el hospital.

www.PhysiciansHealthCenter.com

**Por favor, deje dos números de teléfono (celular y directo) con el servicio.*

“the right choice”



Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

PHYSICAL THERAPY

Physicians Health Center promotes rapid recovery with an aggressive approach to Physical Therapy in the initial and most critical stages of the injury. Our focus is on Physical Therapists and Physicians working together to optimize the benefit to the patient and minimize the time away from work.

Four Offices to Provide your Physical Therapy:

North Dade - 20535 NW 2nd Ave, Suite 150, Miami, FL 33169

Hours: Mon. - Fri. 7:30 AM - 6:00 PM

Phone: (305) 653-7720 x 2001 **Fax:** (305) 653-2099

Kendall - 7887 N Kendall Drive, Suite 102 Miami, FL 33156

Hours: Mon. - Fri. 7:30 AM - 6:00 PM

Phone: (305) 279-7722 x 2005 **Fax:** (305) 279-2090

Airport - 6221 NW 36th St., Miami, FL 33166

Hours: Mon. - Fri. 7:30 AM - 6:00 PM, Sat. 8:30 - 12:30 PM

Phone: (305) 871-3627 x 102 **Fax:** (305) 871-4153

Homestead - 1448 Krome Ave, Suite 101, Florida City, FL 33034

Hours: Mon. - Fri. 7:30 AM - 6:00 PM

Phone: (305)245-0222 x2001 **Fax:** (305) 246-6262

Physical Therapy Key Components at PHC:

- PT Evaluation Within 24 Hours of Referral
- Customized Home Exercise Programs
- Functional Capacity Evaluations
- "One on One" Treatment
- Online PT Notes
- Safety Training Classes
- Bilingual Licensed Therapist
- Pre-Surgical & Post-Surgical PT
- Certified Orthopedic Manual Therapists



"the right choice"



Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

EMPLOYEE SAFETY LECTURES

Physicians Health Center strives to be an educational leader in preventing work-related injuries for our South Florida employers. We provide our clients with safety lectures to reduce injuries at the workplace. These lectures focus on job safety and body mechanics awareness.

Our spine safety lectures are presented by our Physical Therapists in English and Spanish. These lectures, offered free of charge for our clients, may be tailored to multiple industries and typically include:

Types of Injuries

Common Causes of Back Injuries

Back Injury Prevention

How to Handle an Acute Injury

Nutrition

Principles of Safe Handling

Proper Lifting Techniques

Positioning and Posture

Exercising

Promotion of a Healthy Lifestyle



5 Locations Serving
Miami-Dade, South Broward & Monroe Counties

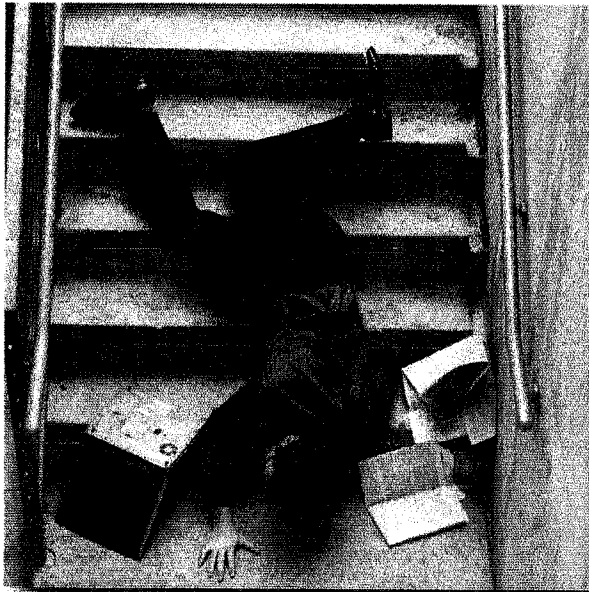
Contact Maxine Topper
for more information: (305) 888-7555 Ext. 2111
www.physicianshealthcenter.com

“the right choice”



Physicians Health Center
OCCUPATIONAL MEDICAL SPECIALISTS

Ouch, I'm injured...Now What?



PHC's newest In-Service, presented at your company, will help you to establish Best Practices for what to do when your employees get hurt on-the-job!

Should it be First Aid at the jobsite, an Occ-Med Center for urgent care...or the ER?

Sign up for this free training!

Email request to max@ommanagement.com

NORTH DADE

20535 NW 2nd Ave. Suite 150 Miami, FL 33169

Phone: 305-653-7720 / 954-922-5501

Mon-Fri: 8:30am - 6:00pm Saturday: 8:30am - 12:30pm

KENDALL

7887 N Kendall Drive, Suite 102 Miami, FL 33156

Phone: 305-279-7722

Monday - Friday: 7:30am - 6:00pm

AIRPORT

6221 NW 36th Street Miami, FL 33166

Phone: 305-871-3627

Mon-Fri: 7:30am - 6:00pm Saturday: 8:30am - 12:30pm

HIALEAH

6990 NW 37th Ave. Miami, FL 33147

Phone: 305-691-5050

Monday - Friday: 7:30am - 5:00pm

SOUTH DADE

1448 N Krome Ave., Suite 101 Florida City, FL 33034

Phone: 305-245-0222

Monday - Friday: 8:30am - 5:30pm



Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

PHC Case Management Portal

Physicians Health Center hosts an On-Line Portal where authorized case managers, adjustors and employers can access medical case notes, physical therapy progress notes and DWC-25s for patients being treated at any of our five medical centers. Documents can be viewed or printed and will be available within 24 hours.

Start the process by requesting your Secure Login (Username/ Password) at our website:

www.physicianshealthcenter.com. The username and password is for your security. You can request that we issue passwords to each staff member, or you may prefer to have a shared password for your department.

Don't hesitate to contact our Marketing Department at (305) 888-7555 ext. 2111 if you require assistance.

“the right choice”



Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

Employer / Guarantor User Instructions for Case Notes / DWC-25 / PT Notes

To access your employees Case Notes, PT Notes and DWC-25 follow the below instructions.
A Username/Password will be provided by your Client Service Manager.

INSTRUCTIONS FOR CASES OPENED AFTER JANUARY 1ST, 2014:

1. Go to the website: www.physicianshealthcenter.com
2. Click on "CASE MGMT / DWC-25"
3. Enter User ID / Password
4. Click the "Log In" button or press "Enter"
5. Click on the "Injury" Tab
6. Select your **Search Option** and input required information
(Choose from Injury Date, First Visit Date, Patient, or All Injuries)
7. Click on "Search"
8. Click on specific **Injury Date**
9. Scroll down, click "Show Documents" for DWC-25
10. Click on "View" for DWC-25
11. Case Notes for all visits can be found by scrolling down to the "Memo" section under "Details" for each visit date.

Documents can be viewed or printed.

Physicians Health Center
CASE MANAGEMENT PORTAL

Home

Welcome to our new Case Management Portal.

To access Case Notes and DWC-25 for work comp cases opened as of January 1st, 2014, you will need to request a separate username and password; [Click Here](#).

Login:

Username:

Password:

Injury Treatment Trend Analysis

Search By: [Injury Date](#) [First Visit Date](#) [Patient](#) [All Injuries](#)

Injury Search by: Injury Date

Start Date: 12/30/2013 End Date: 12/31/2013

Status: All Open Closed Employer:

Expanded View

For Assistance Call: (305) 888-7555 Ext. 2118

5 Locations Serving Miami-Dade, South Broward & Monroe Counties

www.physicianshealthcenter.com

"the right choice"

Florida Workers' Compensation Uniform Medical Treatment/Status Reporting Form - PAGE 1

BEFORE COMPLETING THIS FORM. PLEASE CAREFULLY REVIEW THE INSTRUCTIONS BEGINNING ON PAGE 3

NOTE: Health care providers shall legibly and accurately complete all sections of this form, limiting their responses to their area of expertise.

1. Insurer Name: Johns Eastern Co. 110279	2. Visit/Review Date: 12/27/2016	5. FOR INSURER USE ONLY
3. Injured Employee (Patient) Name: John Doe	4. Date of Birth: 11/19/1991	
6. Date of Accident: 12/23/2016	7. Employer Name City of Coral Gables	8. Initial visit with this physician? <input type="checkbox"/> a) NO <input checked="" type="checkbox"/> b) YES

SECTION I CLINICAL ASSESSMENT / DETERMINATIONS

9. No change in Items 9 - 13d since last reported visit. If checked, GO TO SECTION II.

10. Injury/ Illness for which treatment is sought is:
 a) NOT WORK RELATED b) WORK RELATED c) UNDETERMINED as of this date

11. Has the patient been determined to have Objective Relevant Medical Findings? Pain or abnormal anatomical findings, in the absence of objective relevant medical findings, shall not be an indicator of injury and/or illness and are not compensable.
 a) NO b) YES c) UNDETERMINED as of this date
 If YES or UNDETERMINED, explain: Pain left back

12. Diagnosis(es):

1. S43.80XA Sprain of other specified parts of unspecified shoulder girdle, initial encounter	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____
9. _____	10. _____
11. _____	12. _____

13. Major Contributing Cause: When there is more than one contributing cause, the reported work-related injury must contribute more than 50% to the present condition and be based on the findings in Item 11.

a) Is there a pre-existing condition contributing to the current medical disorder?
 a1) NO a2) YES a3) UNDETERMINED as of this date

b) Do the objective relevant medical findings identified in Item 11 represent an exacerbation (temporary worsening) or aggravation (progression) of a pre-existing condition?
 b1) NO b2) exacerbation b3) aggravation b4) UNDETERMINED as of this date

c) Are there other relevant co-morbidities that will need to be considered in evaluating or managing this patient?
 c1) NO c2) YES

d) Given your responses to the Items above, is the injury/illness in question the major contributing cause for:
 d1) NO d2) YES the reported medical condition?
 d3) NO d4) YES the treatment recommended (management/treatment plan)?
 d5) NO d6) YES the functional limitations and restrictions determined?

SECTION II PATIENT CLASSIFICATION LEVEL

- 14. LEVEL I** - Key issue: specific, well-defined medical condition, with clear correlation between objective relevant physical findings and patients' subjective complaints. Treatment correlates to the specific findings.
- 15. LEVEL II** - Key issue: regional or generalized deconditioning (i.e. deficits in strength, flexibility, endurance, and motor control. Treatment: physical reconditioning and functional restoration.
- 16. LEVEL III** - Key issue: poor correlation between patient's complaints and objective, relevant physical findings, indicating both somatic and non-somatic clinical factors. Treatment: interdisciplinary rehabilitation and management.
- 17. LEVEL UNDETERMINED AS OF THIS DATE.**

SECTION III MANAGEMENT / TREATMENT PLAN

18. No clinical services indicated at this time. If checked, GO TO SECTION IV

19. No change in Items 20a - 20g since last report submitted. If checked, GO TO SECTION IV

20. The following proposed, subsequent clinical service(s) is/are deemed medically necessary.
***** THIS IS A PROVIDER'S WRITTEN REQUEST FOR INSURER AUTHORIZATION OF TREATMENT OR SERVICES. *****

a) Consultation with or referral to a specialist. Identify Principal Physician: _____
 Identify specialty & provide rationale:
 a1) CONSULT ONLY a2) REFERRAL & CO-MANAGE a3) TRANSFER CARE

b) Diagnostic Testing: (Specify) Xrays thoracic spine 2v

c) Physical Medicine. Check appropriate box and indicate specificity of services, frequency and duration below:
 c1) Physical/Occupational therapy, Chiropractic, Osteopathic or comparable physical rehabilitation.
 c2) Physical Reconditioning (Level II Patient Classification)
 c3) Interdisciplinary Rehabilitation Program (Level III Patient Classification)
 Specific instruction(s): _____

d) Pharmaceutical(s) (specify): methocarbamol 500mg #7 dispensed, naproxen 500mg #14 dispensed.

e) DME or Medical Supplies: biofreeze #7 (x2)

f) Surgical Intervention - specify procedure(s): _____
 f1) In-Office: _____
 f2) Surgical Facility: _____
 f3) Injectable(s) (e.g. pain management): _____

g) Attendant Care: _____

Florida Workers' Compensation Uniform Medical Treatment/Status Reporting Form - PAGE 2

Patient Name: John Doe

D/A: 12/23/2016

Visit/Review Date: 12/27/2016

SECTION IV FUNCTIONAL LIMITATIONS AND RESTRICTIONS

Assignment of limitations or restrictions must be based upon the injured employee's specific clinical dysfunction or status related to the work injury. However, the presence of objective relevant medical findings does not necessarily equate to an automatic limitation or restriction in function.

- 21 No functional limitations identified or restrictions prescribed as of the following date: _____
22. The injured workers' functional limitations and restrictions, identified in detail below, are of such severity that he/she cannot perform activities, even at a sedentary level (e.g. hospitalization, cognitive impairment, infection, contagion), as of the following date: _____ Use additional sheet if needed.
23. The injured worker may return to activities so long as he/she adheres to the functional limitations and restrictions identified below. Identify ONLY those functional activities that have specific limitations and restrictions for this patient. Identify joint and/or body part _____ Use additional sheet if needed.

Functional Activity	Load	Frequency & Duration	ROM/Position & Other Parameters
<input type="checkbox"/> Bend			
<input type="checkbox"/> Carry			
<input type="checkbox"/> Climb			
<input type="checkbox"/> Grasp			
<input type="checkbox"/> Kneel			
<input type="checkbox"/> Lift-floor>waist			
<input type="checkbox"/> Lift-waist>overhead			
<input type="checkbox"/> Pull			
<input type="checkbox"/> Push			
<input type="checkbox"/> Reach-overhead			
<input type="checkbox"/> Sit			
<input type="checkbox"/> Squat			
<input type="checkbox"/> Stand			
<input type="checkbox"/> Twist			
<input type="checkbox"/> Walk			

Comments: No lifting, pulling or pushing greater than 15 lbs

Other choices; Skin Contact/ Exposure; Sensory; Hand Dexterity; Cognitive; Crawl; Vision; Drive/Operate Heavy Equipment; Environmental Conditions: heat, cold, working at heights, vibration; Auditory; Specific Job Task(s); etc.

NOTE: Any functional limitations or restrictions assigned above apply to both on and off the job activities, and are in effect until the next scheduled appointment unless otherwise noted or modified prior to the appointment date.

Specify those functional limitations and restrictions, in Item 23, which are permanent if MMI / PIR have been assigned in Item 24.

SECTION V MAXIMUM MEDICAL IMPROVEMENT / PERMANENT IMPAIRMENT RATING

24. Patient has achieved maximum medical improvement?
 a) YES, Date: _____ b) NO c) Anticipated MMI date: _____
 d) Anticipated MMI date cannot be determined at this time. Future Medical Care Anticipated: e) Yes f) No
 Comments: _____
25. % Permanent Impairment Rating (body as a whole) _____ Body part/system: _____
26. Guide used for calculation of Permanent Impairment Rating (based on date of accident - see instructions)
 a) 1996 FL Uniform PIR Schedule b) Other, specify _____
27. Is a residual clinical dysfunction or residual functional loss anticipated for the work related injury?
 a) YES b) NO c) Undetermined at this time.

SECTION VI FOLLOW-UP

28. Next Scheduled Appointment Date & Time: 01/02/2017 9:30 AM

SECTION VII ATTESTATION STATEMENT

"As the Physician, I hereby attest that all responses herein have been made, in accordance with the instructions as part of this form, to a reasonable degree of medical certainty based on objective relevant medical findings, are consistent with my medical documentation regarding this patient, and have been shared with the patient."

"I certify to any MMI/PIR information provided in this form."

Physician Group: Physicians Health Center-Dadeland

Date: 12/27/2016

Physician Signature: _____

Physician DOH License #: ME27131

Physician Name: Richard W. Spierer, MD
 (print name)

Physician Specialty: Occupational Medicine

If any direct billable services for this visit were rendered by a provider other than a physician, please complete sections below:

"I hereby attest that all responses herein relating to services I rendered have been made, in accordance with the instructions as part of this form, to a reasonable degree of medical certainty based on objective relevant medical findings, are consistent with my medical documentation regarding this patient, and have been shared with the patient."

Provider Signature: _____

Provider DOH License #: _____

Provider Name: _____
 (print name)

Date: _____

PHYSICIANS HEALTH CENTER-DADELAND

7887 N. Kendall Dr., #102

Miami, FL 33156-7494

Phone: 305-279-7722

FAX: 305-279-2090

Patient: John Doe

Date of Birth: November 19, 1991

Injury Date: December 23, 2016

Company: City of Coral Gables

Exam Date: 12/27/2016

ALLERGIES: erythromycin.

VITAL SIGNS: Blood Pressure: 118/68. Pulse Rate: 75/min. Height: 65 inches. Weight: 137 lbs.

OFFICE VISIT DICTATION:

INITIAL WORKER'S COMPENSATION CONSULTATION

HISTORY OF PRESENT ILLNESS: This 25-year-old stepped wrong while moving a recycling bin. He fell, holding onto the pin and hurt his posterior left upper back. He denies any prior history of back problems.

PAST MEDICAL HISTORY:

MEDICATIONS: None

SURGICAL HISTORY: Cleft palate repair

HOSPITALIZATIONS: Surgical

GI INTOLERANCE: None

SOCIAL HISTORY:

SMOKING: The patient has no history of smoking.

ALCOHOL INTAKE: The patient drinks alcohol occasionally.

SEAT BELT USE: The patient uses a seat belt when driving.

DRUG OR ALCOHOL ADDICTION: The patient has no history of drug or alcohol addiction.

FAMILY HISTORY: Denies any family history of the following

HYPERTENSION:

DIABETES:

STROKE:

HEART DISEASE:

CANCER:

REVIEW OF SYSTEMS:

CONSTITUTIONAL: No fevers, weight loss, headache, weakness, or other pain.

EYES: No change in vision, double vision, or loss of vision.

EARS, NOSE, MOUTH, THROAT: Denies bleeding, masses, pain, or changes in/ loss of hearing.

CARDIOVASCULAR: Denies chest pain, chest pressure, palpitations, rapid or irregular heart beat.

RESPIRATORY: Denies SOB, DOE, PND or unusual/persistent cough.

GASTROINTESTINAL: Denies nausea, vomiting, diarrhea, abdominal pains, or change in bowel habits.

GENITOURINARY: Denies dysuria, hematuria, weak urinary stream, incontinence, or genital lesions.

MUSCULOSKELETAL: Aside from the current problem, the patient has no other back, neck or extremity complaints.

INTEGUMENTARY: Denies rash, easy bruisability, masses or skin lesions.

NEUROLOGICAL: Denies dizziness, localized weakness, paresthesias, loss of sensation/function.

PSYCHIATRIC: Denies feelings of anxiety, depression, or mood swings.

ENDOCRINE: Denies unusual weight loss/gain, polyuria, polydipsia, hair loss/gain.

HEMATOLOGIC/LYMPHATIC: Denies unusual bleeding, easy bruisability, or skin lumps.

PHYSICAL EXAMINATION:THORACIC SPINE ASSESSMENT

Visual assessment: Skin intact, no scars, no swelling, no discoloration.

Posture: Non-antalgic.

Palpation: An upper scoliosis is palpated. There's tenderness to palpation to the left subscapular region on the period

There is full range of motion at both shoulders without pain.

DIAGNOSTIC TESTS: A 2 view x-ray of the thoracic spine demonstrates significant upper scoliosis

DIAGNOSIS: Subscapular sprain: Left

PLAN OF TREATMENT:Physical therapy, three times a week over a two week period will be ordered. The patient was given Naprosyn 500 mg. # 14, Robaxin 500 mg. # 7 and Biofreeze. Light duty restrictions will be given, including no bending and no lifting, pushing, or pulling over 15 pounds. Followup in one week.

Dictated by: Richard W. Spirer, M.D.

DICTATED NOT READ

PHYSICIANS HEALTH CENTER-AIRPORT

6221 NW 36th Street
Miami, FL 33166-7026
Phone: 305-871-3627
FAX: 305-871-7569

Patient: John Doe
Date of Birth: November 28, 1993

Company: City of Coral Gables
December 14, 2016

Physical Exam Dictation:

The City of Coral Gables
Police/Fire
Pre-Placement Physical Exam

Date of Examination: December 5, 2016

Name: John Doe Age: 23 Sex: M.

PAST MEDICAL HISTORY:

MEDICATIONS: None
SURGICAL HISTORY: None
HOSPITALIZATIONS: None
DRUG ALLERGIES: None
LAST MENSTRUAL PERIOD: N/A.

SOCIAL HISTORY:

SMOKING: The patient has no history of smoking.
ALCOHOL INTAKE: The patient drinks alcohol occasionally.
SEAT BELT USE: The patient uses a seat belt when driving.
DRUG OR ALCOHOL ADDICTION: The patient has no history of drug or alcohol addiction.

FAMILY HISTORY:

HYPERTENSION: None
DIABETES: None
STROKE: None
HEART DISEASE: None
CANCER: None

REVIEW OF SYSTEMS:

CONSTITUTIONAL: No fevers, weight loss, headache, weakness, or unusual pain.
EYES: No change in vision, double vision, or loss of vision.
EARS, NOSE, MOUTH, THROAT: Denies bleeding, masses, pain, or changes in/ loss of hearing.
CARDIOVASCULAR: Denies chest pain, chest pressure, palpitations, rapid or irregular heartbeat.
RESPIRATORY: Denies SOB, DOE, PND or unusual/persistent cough.
GASTROINTESTINAL: Denies nausea, vomiting, diarrhea, abdominal pains, or change in bowel habits.

GENITOURINARY: Denies dysuria, hematuria, weak urinary stream, incontinence, or genital lesions.

MUSCULOSKELETAL:

INTEGUMENTARY: Denies rash, easy bruisability, masses or skin lesions.

NEUROLOGICAL: Denies dizziness, localized weakness, paresthesias, loss of sensation/function.

PSYCHIATRIC: Denies feelings of anxiety, depression, or mood swings.

ENDOCRINE: Denies unusual weight loss/gain, polyuria, polydipsia, hair loss/gain.

HEMATOLOGIC/LYMPHATIC: Denies unusual bleeding, easy bruisability, or skin lumps.

PHYSICAL EXAMINATION:

Blood Pressure: 120/82

Heart Rate: 65

Temperature: 97.0

Respirations: 14

Height: 69 inches

Weight: 181 pounds

Pulse Oximetry: N./A.

HEENT: The head is atraumatic. The pupils are equally reactive to light and accommodation. Extra ocular movements are intact. The tympanic membranes and canals are normal bilaterally. The nose is non-injection without congestion. The pharynx is without hyperemia or exudates.

Neck: The neck is supple, with full range of motion. The thyroid is not palpable. There is no J.V.D. or adenopathy. No bruits are heard.

Chest: The lungs are clear to percussion and auscultations, with equal bilateral expansion. There are no rales, ronchi or wheezes.

Heart: There is a regular rate and rhythm. There are no murmurs, rubs or gallops.

Abdomen: The abdomen is soft without distention. Bowel sounds are normal. No hepatosplenomegaly, hernias or abnormal masses are appreciated. There is no tenderness to palpation. The femoral pulses are equal.

Extremities: There is full range of motion without pain or deficits to all extremities. Distal motor, sensory and vascular testing is normal.

Skin: Warm and dry, without significant rash.

Neurological: Cranial nerves II through XII are intact. There is no Romberg sign. Mental status appears normal.

Back Examination: Normal range of motion

Diagnostic Tests:

EKG: Normal sinus rhythm

Treadmill Test: Normal sinus rhythm

Chest X-ray: No active disease

Lumbosacral Spine X-ray: No acute findings

Urinalysis: Within normal limits

CBC: Within normal limits

Chemistry: Within normal limits

Lipid Profile: Total cholesterol 234. LDL cholesterol 140.

Hepatitis C Antibody: Nonreactive

Hepatitis B Immunization: Patient has immunity to hepatitis B

Audiometry: Within normal limits

Visual Acuity: 20/20 bilaterally for distance vision within normal limits

T.B. Skin Test: PPD read as negative on December 7, 2016

Spirometry: Within normal limits

Recommendations:

Physical exam and all studies within normal limits except for elevated lipids. Patient is to followup with his PCP regarding this. Patient to return p.r.n.

Dictated by: Susan F. Nelson, D.O.

Dictated NOT READ



Physicians Health Center's Expert IT Consultant

Support305 based in Miami, Florida delivers expert IT consulting to Physicians Health Center and OM Management, Inc. The certified IT consultants align IT services and support to meet our business objectives and to lend assistance to our clients.

Support305 IT solutions provide the supportive IT services and support framework that will allow you to utilize PHC's Case Management Portal and DP Live, OMM's online drug testing results.



Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

APPENDIX

**O.M. MANAGEMENT, INC.
DOCUMENTS**

A - II



O.M. MANAGEMENT, INC.

Drug Program Management Specialists

O.M. Management is a full service drug testing and drug program management company servicing employer's nationwide and sister company of Physicians Health Center. Their services range from providing a single drug test anywhere in the country to full service drug and alcohol program management and testing programs servicing multiple employer locations nationwide. DOT/ FAA, FMCSA, FTA drug and alcohol testing and program management consortium is at the forefront of their services. Currently the City of Coral Gables receives their services.

OMM provides the following services under the Physicians Health Center's agreement:

- Drug and Alcohol Testing
- Drug & Alcohol Awareness Training for FTA and FMCSA.
- Counseling on all drug-related issues (at no charge)
- Courtesy Random Selections for the City of Coral Gables
- On-Site and After-hours Testing



O.M. MANAGEMENT, INC.
Drug Program Management Specialists



REASONABLE SUSPICION TRAINING

Drug and Alcohol Awareness Training

Protect your business, your employees and the general public from impaired employees. This 2 hour course will help your supervisors or managers handle that important role!

Course outline

- The role of the supervisor
- What to observe
- Signs and symptoms of alcohol misuse
- Signs and symptoms of drug use
- How to approach the situation
- What if someone refuses to test
- When to test and when not to test
- How to conduct testing

FLORIDA
THIS IS A
DRUG-FREE
WORKPLACE



O.M. MANAGEMENT, INC.

Drug Free Workplace Specialists

An Affiliate of Physicians Health Center

Our DP Live Module

- Provides instant access to test results virtually anytime and anywhere.
- Allows anyone to list and print donor information.
- Controls data transmissions so information cannot be seen by anyone but the logged-in user (secure connection).
- Makes test results available to you as soon as they are verified by the MRO.



Druggak Live Step by Step Instructions

- 1) Log onto our website via: www.physicianshealthcenter.com or www.ommanagement.com and click on the “Drug Test Results” TAB.
- 2) On the Security Alert Window click “YES”
- 3) On the login page: type your ACCOUNT NAME and PASSWORD.
→ Then click “*CLICK HERE TO LOG IN*”.

You are now live on our web page and may only access results already verified by the M.R.O. and pertaining to your company.

There are several ways to view results. You may view:

- A) An individual’s record
- B) Records for a group of people
- C) Records for multiple companies

A) To view an individual’s record:

- Go to the “Participants” tab
- Under the Browse Participants section select a sort order
→ Then click “Browse Participants”
- Once on that participant (employee/donor) look at the upper left hand corner and
→ Click “All Results”
This will give you all the results for that one person.
(You may select the method in which you would prefer to view it.)
- Once you have decided which result you would like to view, click on the magnifying glass found next to the result and under the Status section. You will be sent to that actual result.
(You may print the actual result by clicking on your printer button on your toolbar).

B) To view a group of results:

- Go to the “Results” tab
- Choose either “View All New Results” section or “Get Custom Result List” section.
- Using their drop down menu make a selection to your preferred method of lookup.
(This will give you all the results under your search criteria.)
- Once you have decided which result you would like to view, click on the magnifying glass found next to the result and under the Status section.
(You will be sent to that actual result. If you choose to print it you can.)

C) If you are authorized to view multiple companies:

- Go to the “Company” tab
→ Click “Browse Companies”
- Click on “Previous” or “Next” until you get to the desired company
→ Click on “Make Current”
(You will be notified that the company is now current)
- Close out that window
- Follow the above stated search options.

You may use your back button or simply change tabs. For more help, go to the help tab or call 305-888-4050 ext. 2114 if you are experiencing any difficulties.



Physicians Health Center - M.R.O. Office
4483 N.W. 36 Street Ste. 118
Miami, Florida 33166

ATTENTION:

Patrick Armstrong
ARMSTRONG AVIATION
6221 N.W. 36 Street
Miami, FL 33166

Participant: Rob Cerra
Participant ID: 2
SSN: 147-01-4014

Results of DOT Controlled Substance Test

Record Status: **Negative**
Test Type: Pre-Employment
Collection Date/Time: 10/01/2007 1315
Batch_ID: 20071022
Specimen ID: 1274679
Date COC Received: 10/02/2007

Laboratory: Quest Diagnostics
3175 Presidential Drive
Atlanta, GA 30340
Collection Site: O.M. Management, Inc.
4483 N.W. 36 Street #120
Miami, FL 33166
Specimen Collector: Ivis E. Velunza

<u>Substance Tested</u>	<u>Result</u>	<u>Substance Tested</u>	<u>Result</u>
Amphetamines	Negative	Cocaine	Negative
Marijuana	Negative	Phencyclidine	Negative
Opiates	Negative		

This test was performed, recorded, and reported in accordance with CFR 49 Part 40.

Medical Review Officer: Chapnick/Nelson/Cardella

Date Verified: 10/02/2007