



**Physicians Health Center**

**OCCUPATIONAL MEDICAL SPECIALISTS**

**RFP NO. 2023-022**

**Drug / Alcohol Screening &  
Physical Examination Services**

**INFOR EVENT No. 33**

**PHYSICIANS HEALTH CENTER**

**8100 Oak Lane, Suite 400**

**Miami Lakes, FL 33016**

**CONTACT PERSON: Zachary Rosenthal**

**EMAIL: [ZROSENTHAL@PHYSICIANSHEALTHCENTER.COM](mailto:ZROSENTHAL@PHYSICIANSHEALTHCENTER.COM)**

**(786) 218-8253**

**DATE: 9/11/2023**

# Table of Contents

## Request for Proposal (RFP) No 2023-022

### **Section I: Title Page, Table of Contents, Required Forms, and Minimum Qualification Requirements**

Title Page..... Pg. 1

Table of Contents ..... Pg. 2

Proposer Acknowledgement Form..... Pg. 3

Solicitation Submission Checklist..... Pg. 4

Proposer’s Affidavit and Schedules A through H..... Pg. 7

E-Verify Affidavit..... Pg. 15

Minimum Qualification Requirements..... Pg. 16

Lobbyist Registration and Oral Presentation Form..... Pg. 48

**Section II: Experience and Proposer’s Qualifications..... Pg. 52**

(i) For Proposer

Company History and Description..... Pg. 53

Scope of Services..... Pg. 65

(ii) For Key Personnel

Key Personnel Qualifications..... Pg. 66

Minimum of two (2) physicians on staff.....Pg. 106

Minimum of two (2) (MRO) on staff.....Pg. 108

Minimum of two (2) Breath Alcohol Technicians on staff.....Pg. 110

**Section III: Project Approach and Methodology..... Pg. 115**

Project Understanding..... Pg. 116

Office Locations..... Pg. 120

**Section IV: Past Performance and References..... Pg. 122**

References..... Pg. 123

Past and Present Performance for City of Coral Gables.....Pg. 125

Public Sector Clients.....Pg. 126

Performance Issues and Incidents..... Pg. 127

# CITY OF CORAL GABLES, FL

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

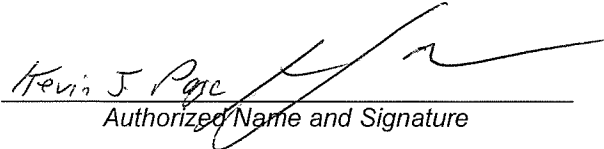
## PROPOSER'S ACKNOWLEDGEMENT

<p><b>RFP Title:</b>                  Drug/ Alcohol Screening &amp; Physical Examination Services</p> <hr/> <p><b>RFP No.:</b> 2023-022</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 2-1027 of the City of Coral Gables Procurement Code.</p>	<p><b>Electronic submittals must be received prior to 2:00 p.m., September 11, 2023, via INFOR and will remain valid for 120 calendar days. Submittals received after the specified date and time will not be accepted.</b></p> <p>Contact: Andrea Chung                  Title: Procurement Specialist                  Telephone: 305-441-5745                  Email: <a href="mailto:achung2@coralgables.com">achung2@coralgables.com</a>  <a href="mailto:contracts@coralgables.com">contracts@coralgables.com</a></p>
---	---

<p><b>Proposer Name:</b>                  Richard L. Dolsey, PHC Inc. D.B.A., Physicians Health Center</p>	<p><b>FEIN or SS Number:</b>                  59-2355972</p>
<p><b>Complete Mailing Address:</b>                  8100 Oak Lane, Suite 400                  Miami Lakes, FL 33016</p>	<p><b>Telephone No.:</b> (305) 888-7555</p>
<p><b>Indicate type of organization below:</b>                  Corporation: <input checked="" type="checkbox"/> Partnership: <input type="checkbox"/> Individual: <input type="checkbox"/> Other: <input type="checkbox"/></p>	<p><b>Cellular No.:</b> (786) 218-8253</p>
	<p><b>Fax No.:</b>                  (305) 888-4044</p>
	<p><b>Email:</b>                  zrosenthal@physicianshealthcenter.com</p>

**ATTENTION: THIS FORM ALONG WITH ALL REQUIRED RFP FORMS MUST BE COMPLETED, SIGNED (PREFERABLY IN BLUE INK), AND SUBMITTED WITH THE RESPONSE PRIOR TO THE SUBMITTAL DEADLINE. FAILURE TO DO SO MAY DEEM PROPOSER 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 SIGNING BELOW PREFERABLY IN BLUE INK, ALL RFP PAGES ARE ACKNOWLEDGED AND ACCEPTED AS WELL AS ANY SPECIAL INSTRUCTION SHEET(S) IF APPLICABLE. THE UNDERSIGNED HEREBY DECLARES (OR CERTIFIES) ACKNOWLEDGEMENT OF THESE REQUIREMENTS AND THAT HE/SHE IS AUTHORIZED TO BIND PERFORMANCE OF THIS RFP FOR THE ABOVE PROPOSER.

 _____ Authorized Name and Signature	VPA/COV _____ Title	9/11/2023 _____ Date
---	---------------------------	----------------------------

# **SOLICITATION SUBMISSION CHECKLIST**

## **Request for Proposals (RFP) No. 2023-022**

COMPANY NAME: (Please Print): Richard L. Dolsey, PHC Inc., D.B.A, Physicians Health Center  
Phone: (305) 888-7555 Email: zrosenthal@physicianshealthcenter.com

**A response package numbered by page must be submitted ELECTRONICALLY via INFOR. Please provide the PAGE NUMBER of your solicitation response in the blanks provided as to where compliance information is located in your Submittal for each of the required submittal items listed below:**

### **SUBMITTAL - SECTION I: TITLE PAGE, TABLE OF CONTENTS, REQUIRED FORMS, AND MINIMUM QUALIFICATION REQUIREMENTS.**

- 1) Title Page: Show the RFP number and title, the name of your firm, address, telephone number, name of contact person, e-mail address, and date. **PAGE # 1**
- 2) Provide a Table of Contents in accordance with and in the same order as the respective "Sections" listed below. Clearly identify the material by section and page number. **PAGE # 2**
- 3) Fill out, sign, and submit the Proposer's Acknowledgement Form. **PAGE # 3**
- 4) Fill out and submit the Solicitation Submission Check List. **PAGE # 4**
- 5) Fill out, sign, notarize (as applicable), and submit the Proposer's Affidavit and Schedules A through H. **PAGE # 7**
- 6) Fill out, E-Verify Affidavit **PAGE # 15**
- 7) Minimum Qualification Requirements: submit detailed verifiable information affirmatively documenting compliance with the Minimum Qualifications Requirements shown in Section 3. **PAGE # 16**
- 8) Fill out, Lobbyist Registration & Oral Presentation Forms **PAGE # 48**

### **SUBMITTAL - SECTION II: EXPERIENCE AND PROPOSER'S QUALIFICATIONS**

#### **(i) FOR PROPOSER:**

- 1) Provide a complete history and description of your company, including, but not limited to, the number of years in business, size, number of employees, office location, copy of applicable licenses/certifications, credentials, capabilities, and capacity to meet the City's needs. **PAGE # 53**
- 2) Describe the Proposer's relevant knowledge and experience in providing the services described in the "Scope of Services" to public sector agencies similar in size to the City of Coral Gables. **PAGE # 65**

#### **(ii) FOR KEY PERSONNEL:**

- 1) Provide a summary of the qualifications, copy of applicable active licenses/certifications, and experience of all proposed key personnel. Include resumes (listing experience, education, licenses/certifications) for your proposed key personnel and specify the role and responsibilities of each team member in providing the



services outlined in the RFP. Provide an organizational chart of all key personnel that will be used. For each key team member, please describe the experience in providing the services solicited herein.

PAGE # 66

- 2) Must have a minimum of two (2) physicians on staff. Attending Physicians must be licensed in the State of Florida, with valid copies of licenses submitted with proposal.

PAGE # 106

- 3) Must have a minimum of two (2) Medical Review Officers (MRO) on staff. Provide current copies of certifications for Medical Review Officers.

PAGE # 108

- 4) Must have a minimum of two (2) Breath Alcohol Technicians on staff and provide current copies of certifications.

PAGE # 110

### **SUBMITTAL - SECTION III: PROJECT APPROACH AND METHODOLOGY**

- 1) Describe in detail your approach to performing the services solicited herein. Include detailed information, as applicable, which addresses, but need not be limited to: understanding of the RFP scope and requirements, implementation plan and communication with City staff and Consultants. Indicate how the Proposer intends to positively and innovatively work with the City in providing the services outlined in this RFP.

PAGE # 116

- 2) Provide address(es) of local offices, examination and testing locations and offices/facilities within a ten (10) mile radius of the City limits.

PAGE # 120

### **SUBMITTAL – SECTION IV: PAST PERFORMANCE AND REFERENCES**

- 1) Provide a minimum of three (3) references via the Reference Form, Attachment D (but no more than five (5)) from for which Proposer has performed similar scope of services in the past five (5) years. Please include: (1) client name, (2) address, (3) contact name, (4) contact telephone number, (5) contact email address, (6) term of contract (start and end date), (7) contract amount, (8) services provided. **DO NOT include work/services performed for the City of Coral Gables or City employees as reference (City related experience will be outlined in the request below).**

PAGE # 123

- 2) List all contracts for which the Proposer has performed (past and present) as a PRIME for the City of Coral Gables. The City will review all contracts the Proposer has performed for the City. Any and all Proposer's performance records (satisfactory and unsatisfactory) will be utilized in the evaluation process regardless of the type of work performed for the city.

PAGE # 125

- 3) Provide a list with contact information of all public sector clients in the last five (5) years, and include if any, that have discontinued use of Proposer's services within the past two (2) years and indicate the reasons for the same. Additionally, please provide any documentation related to performance issues of the current or past contracts to include any non-performance reports or notices to cure. The City reserves the right to contact any reference or current customer identified as part of the evaluation process.

PAGE # 126

- 4) Please identify each incident within the last five (5) years where a civil, criminal, administrative, other similar proceeding was filed or is pending, if such proceeding arises from or is a dispute concerning the Proposer's rights, remedies or duties under a contract for the same or similar type services to be provided under this RFP (See Affidavit D).

PAGE # 127

### **SUBMITTAL – SECTION V: PROPOSAL PRICE PROPOSAL**

- 1) Provide pricing in INFOR.

### **SUBMITTAL – SECTION VI: AGREEMENT COMMENTS/EXCEPTIONS**

- 1) Please follow the instructions as outlined in Section 1.6 Agreement Execution. The acceptance of or any exceptions taken to the terms and conditions of the City's Agreement shall be considered a part of a Proposer's submittal and will be considered by the Evaluation Committee.

**-- NOTICE --**

**BEFORE SUBMITTING YOUR RFP RESPONSE MAKE SURE YOU:**

1. Carefully read and have a clear understanding of the RFP, including the Scope of Services and enclosed Professional Services Agreement (*draft*).
2. Carefully follow the Submission Requirements outlined in Section 6 of the RFP and ensure you have submitted all of the required information. **DO NOT INCLUDE A COPY OF THE ORIGINAL SOLICITATION.**
3. **Prepare and submit ONE (1) electronic copy via INFOR.**
4. Make sure your Response is submitted prior to the submittal deadline. **Late responses will not be accepted.**

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

**PROPOSER'S AFFIDAVIT**

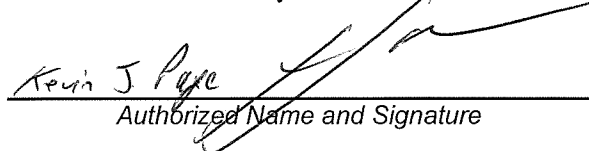
**SOLICITATION:** RFP 2023-022 Drug Screening & Physical Examination Services

**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 solicitation and the referenced Schedules A through H shall be relied upon by Owner awarding the contract and such information is warranted by the Proposer to be true and correct. The discovery of any omission or misstatements that materially affects the Proposer's ability 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 H are subject to Local, State and Federal laws (as applicable); both criminal and civil.

- SCHEDULE A – STATEMENT OF CERTIFICATION
- SCHEDULE B – NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT
- SCHEDULE C – DRUG-FREE STATEMENT
- SCHEDULE D – PROPOSER'S QUALIFICATION STATEMENT
- SCHEDULE E – CODE OF ETHICS, CONFLICT OF INTEREST, AND CONE OF SILENCE
- SCHEDULE F – AMERICANS WITH DISABILITIES ACT (ADA)
- SCHEDULE G – PUBLIC ENTITY CRIMES
- SCHEDULE H – 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.

 _____ Authorized Name and Signature	VP/COO _____ Title	9/1/2023 _____ Date
---	--------------------------	---------------------------

STATE OF Florida

COUNTY OF Miami-Dade

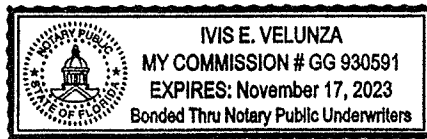
On this 1st day of September, 2023, before me the undersigned Notary Public of the State of FL, personally appeared Kevin J. Page  
(Name(s) of individual(s) who appeared before Notary

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

NOTARY PUBLIC, STATE OF FL

Ivis E. Velunza

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



NOTARY PUBLIC  
SEAL OF OFFICE:

Personally know to me, or Produced Identification:

\_\_\_\_\_  
(Type of Identification Produced)

**SCHEDULE "A" - CITY OF CORAL GABLES – STATEMENT OF CERTIFICATION**

Neither I, nor the firm, hereby represented 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 Officer  
*(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: N/A Relationship: N/A

Name: N/A Relationship: N/A

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 State Statute 287.087

**SCHEDULE "D" CITY OF CORAL GABLES – PROPOSER'S QUALIFICATION STATEMENT**

The undersigned declares the truth and correctness of all statements and all answers to questions made hereinafter:

**GENERAL COMPANY INFORMATION:**

Company Name: Richard L. Dolsey, PHC Inc. D.B.A., Physicians Health Center

Address: 8100 Oak Lane, Suite 400 Miami Lakes FL 33016  
Street City State Zip Code

Telephone No: (305)888-7555 Fax No: (305)888-4044 Email: zrosenthal@physicianshealthcenter.com

How many years has your company been in business under its present name? 30 Years

If Proposer is operating under Fictitious Name, submit evidence of compliance with Florida Fictitious Name Statue:

N/A

Under what former names has your company operated? : N/A

At what address was that company located? N/A

Is your Company Certified? Yes X No \_\_\_ If Yes, **ATTACH COPY** of Certification.

Is your Company Licensed? Yes X No \_\_\_ If Yes, **ATTACH COPY** of License

Has your company or its senior officers ever declared bankruptcy?

Yes \_\_\_ No X If yes, explain: N/A

**LEGAL INFORMATION:**

Please identify each incident ***within the last five (5) years*** where a civil, criminal, administrative, other similar proceeding was filed or is pending, if such proceeding arises from or is a dispute concerning the Proposer's rights, remedies or duties under a contract for the same or similar type services to be provided under this RFQ (***A response is required. If applicable, please indicate "none" or list specific information related to this question. Please be mindful that responses provided for this question will be independently verified***):

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your company ever been debarred or suspended from doing business with any government entity?

Yes \_\_\_ No X If Yes, explain N/A

**SCHEDULE "E" 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 CODE (CITY CODE CHAPTER 2 ARTICLE VIII); SEC 2-1023; SEC 2-606; AND SEC 2-1027, 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 "F" 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 "G" 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. **[Must indicate which statement below 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 "H" CITY OF CORAL GABLES - ACKNOWLEDGEMENT OF ADDENDA**

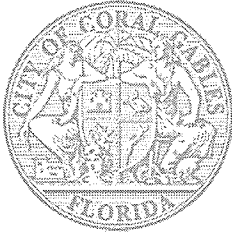
1. The undersigned agrees, if this RFP is accepted, to enter in a Contract with the CITY to perform and furnish all work as specified or indicated in the RFP, any associated addendum and Contract Documents within the contract time indicated in the RFP and in accordance with the other terms and conditions 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 9/07/2023 Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

Addendum No. \_\_\_\_\_ Date \_\_\_\_\_ Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

Addendum No. \_\_\_\_\_ Date \_\_\_\_\_ Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

**Failure to adhere to changes communicated via any addendum may render your response non-responsive.**



City of Coral Gables  
Finance Department/Procurement Division

**Employer E-Verify Affidavit**

By executing this affidavit, the undersigned employer verifies its compliance with F.S. 448.095, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in F.S. 448.095 which prohibits the employment, contracting or sub-contracting with an unauthorized alien. The undersigned employer further confirms that it has obtained all necessary affidavits from its subcontractors, if applicable, in compliance with F.S. 448.095, and that such affidavits shall be provided to the City upon request. Failure to comply with the requirements of F.S. 448.095 may result in termination of the employer's contract with the City of Coral Gables. Finally, the undersigned employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

475426  
Federal Work Authorization User Identification Number  
12/16/2011  
Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

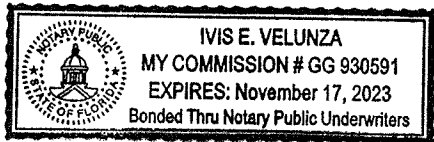
Executed on 9/11/2023 in Miami Lakes (city), FL (state).

[Signature]  
Signature of Authorized Officer or Agent

Kevin Page VP/COO  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE 1st DAY OF September, 2023

[Signature]  
NOTARY PUBLIC  
My Commission Expires:





**Physicians Health Center**

**OCCUPATIONAL MEDICAL SPECIALISTS**

# **Minimum Qualification Requirements**



**REFERENCE FORM**  
**RFP 2023-022 Drug/ Alcohol Screening & Physical Examination Services**

Complete the form as indicated below, to provide the required information. The City shall contact the firms listed below to provide references on behalf of your company.

1. Project Name/Location \_\_\_\_\_

Owner Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Telephone No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Yearly Budget/Cost \_\_\_\_\_

Dates of Contract From: \_\_\_\_\_ To: \_\_\_\_\_

Project Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Project Name/Location \_\_\_\_\_

Owner Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Telephone No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Yearly Budget/Cost \_\_\_\_\_

Dates of Contract From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Description



The City of Coral Gables  
Procurement Division  
2800 S.W. 72ND AVENUE  
MIAMI, FLORIDA 33155

3. Project Name/Location

---

Owner Name

---

Contact Person

---

Contact Telephone No.

---

Email Address:

---

Yearly Budget/Cost

---

Dates of Contract

From: \_\_\_\_\_ To: \_\_\_\_\_

Project Description

---

---

---

---

4. Project Name/Location

---

Owner Name

---

Contact Person

---

Contact Telephone No.

---

Email Address:

---

Yearly Budget/Cost

---

Dates of Contract

From: \_\_\_\_\_ To: \_\_\_\_\_

---

---

---

---





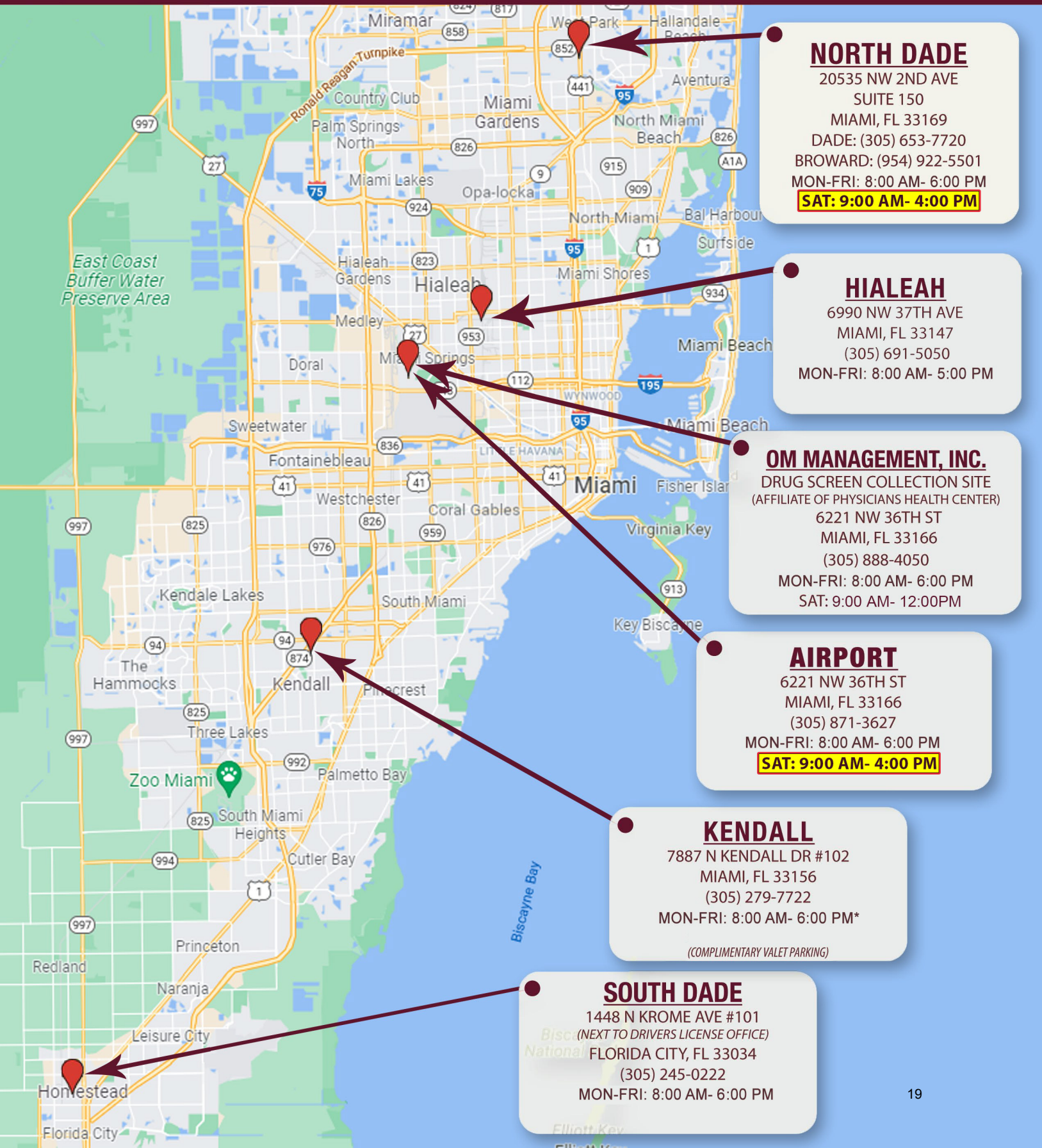
# Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

[www.PhysiciansHealthCenter.com](http://www.PhysiciansHealthCenter.com)

**New Extended  
Saturday Hours  
at Airport &  
North Dade**

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: 8:00 AM- 6:00 PM  
**SAT: 9:00 AM- 4:00 PM**

## **HIALEAH**

6990 NW 37TH AVE  
MIAMI, FL 33147  
(305) 691-5050  
MON-FRI: 8:00 AM- 5:00 PM

## **OM MANAGEMENT, INC.** DRUG SCREEN COLLECTION SITE (AFFILIATE OF PHYSICIANS HEALTH CENTER)

6221 NW 36TH ST  
MIAMI, FL 33166  
(305) 888-4050  
MON-FRI: 8:00 AM- 6:00 PM  
SAT: 9:00 AM- 12:00PM

## **AIRPORT**

6221 NW 36TH ST  
MIAMI, FL 33166  
(305) 871-3627  
MON-FRI: 8:00 AM- 6:00 PM  
**SAT: 9:00 AM- 4:00 PM**

## **KENDALL**

7887 N KENDALL DR #102  
MIAMI, FL 33156  
(305) 279-7722  
MON-FRI: 8:00 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: 8:00 AM- 6:00 PM



## Locations From Which Work Is Performed

### Kendall Office

- **Address:**
  - 7887 North Kendall Drive, Suite 102  
Miami, FL 33156
  - Mileage to City Limits: 8.0 Miles
- **Size:**
  - 4400 Sq. Ft.
- **Hours:**
  - Monday – Friday: 8:00 AM – 6:00 PM
- **Parking:**
  - Self-Parking & Valet Parking (Complimentary)
- **Equipment:**
  - Audio Machine
    - Make: Grason - Stadler
    - Model: GSI-18
    - Last Calibration: 01/19/2023
  - Vision
    - Make: OPTEC
    - Model: 5000P
    - Last Annual Check: 03/24/2022
  - P.F.T.
    - Make: Easy One
    - Model: 2500
    - Last Annual Check: 03/24/2022
  - EKG
    - Make: Schiller America
    - Model: AT-2 Plus
    - Last Annual Check: 03/24/2022
  - X-Ray Machine
    - Make: Summit
    - Model: NOVA 325
    - Last Calibration: 2022





# Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

## Locations From Which Work Is Performed

### Airport Office

- **Address:**
  - 6221 N.W. 36<sup>th</sup> St.  
Miami, FL 33166
  - Mileage to City Limits: 6.4 Miles
- **Size:**
  - 6995 Sq. Ft.
- **Hours:**
  - Monday – Friday: 8:00 AM – 6:00 PM
  - Saturday: 9:00 AM – 4:00 PM
- **Parking:**
  - 60+ Spaces
- **Equipment:**
  - Audio Machine
    - Make: Grason Stadler
    - Model: GSI-18
    - Last Calibration: 05/16/22
  - Vision
    - Make: Stereo Optical
    - Model: Optec2000P
    - Last Calibration: 5/16/22
  - P.F.T.
    - Make: Easy One Air Spirometry
    - Model: 2500
    - Last Calibration: 02/03/23
  - EKG
    - Make: Schiller
    - Model: AT-2 Plus
    - Last Calibration: 02/03/23
  - X-Ray Machine
    - Make: Americomp
    - Model: F280
    - Last Monthly Maintenance 11/23/22

**CORPORATE OFFICE**

8100 Oak Lane,  
Suite 400  
Miami Lakes, FL 33016  
Phone (305) 888-7555  
Fax (305) 888-7404

**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



**Physicians Health Center**  
**OCCUPATIONAL MEDICAL SPECIALISTS**

**CURRICULUM VITAE**

**Susan F. Nelson, DO**

**WORK HISTORY**

- 2004 - Present      Physicians Health Center, Miami, FL  
*Chief Medical Director 2020 – Present*  
*Lead Physicians 2004 – 2020*
- 1997-2004      Sunshine Medical Center, Miami, FL  
*Physician*
- 1994-1996      Westchester General Hospital, Miami Beach, FL  
*Physician*

**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

AC# 10862642

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE**

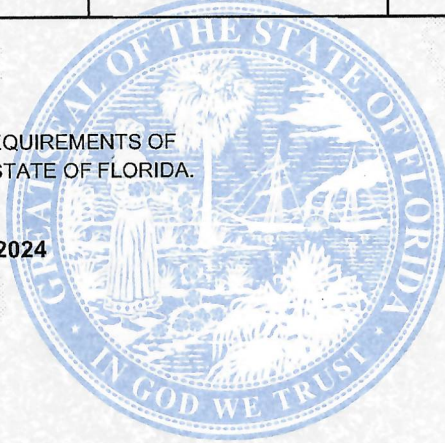
DATE	LICENSE NO.	CONTROL NO.
03/22/2022	OS 6525	90955

**THE OSTEOPATHIC PHYSICIAN**

NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **MARCH 31, 2024**  
**SUSAN FRANCES NELSON**  
6221 NW 36TH STREET  
MIAMI, FL - 33166

QUALIFICATION(S):  
Dispensing Practitioner



Ron DeSantis  
GOVERNOR

Joseph A. Ladapo, MD, PhD  
State Surgeon General

DISPLAY IF REQUIRED BY LAW



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

## American Association of Medical Review Officers

---

October 26, 2020

Susan Nelson D.O.  
Physicians Health Center  
6221 NW 36TH Street  
Miami, FL 33182

Dear Dr. Nelson:

Thank you for participating in the AAMRO recertification examination. I am pleased to inform you that based on your examination results; you have met AAMRO's criteria for recertification.

Your AAMRO number is the same: **991003116**

Your new certification expiration date is: **10/25/25**

Review your subscription/membership to the online MRO Center at <http://www.aamro.com> to make sure it is activated! You will find a searchable database with back issues of MRO ALERT, state laws, federal regulations and guidance. This will be a valuable resource for your MRO practice.

If you do not know or have a Username to access the MRO Center, please send an email to [bbrandon@aamro.com](mailto:bbrandon@aamro.com) or call 800-489-1839. We can provide your Username only, because we do not have access to your Password.

Your name and phone number you provided are listed in the AAMRO Registry of Certified MROs on our website at [www.aamro.com](http://www.aamro.com). Enclosed is verification letter and CME documents. If you wish to make changes, you can contact us or change your record online using your MRO Center sign-in information.

An update sticker for your AAMRO wall certificate is attached to this letter. The verification letter, showing the dates of your certification and recertification, will be useful to present to employers, laboratories, and others who need to verify your MRO status.

Sincerely,

A handwritten signature in black ink that reads "Theodore F. Shults".

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

Enclosures







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

## American Association of Medical Review Officers

---

October 26, 2020

**Verification of Certification for:** Susan Nelson D.O.  
Physicians Health Center  
6221 NW 36TH Street  
Miami FL 33182

**Certification Number:** 991003116

**Current Certification Date:** 10/25/20

**Certification Expiration Date:** 10/25/25

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](http://www.aamro.com)).

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



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

## American Association of Medical Review Officers

---

# STATEMENT OF CONTINUING MEDICAL EDUCATION

## Medical Review Officer Online Recertification Examination

Completed 10/25/20

This program has been reviewed and is acceptable for

16.00 prescribed credit hours

by the American Academy of Family Physicians

(These CME credits are acceptable as category 1 credit hours  
when used towards an AMA certificate program.)

Susan Nelson D.O.

*Cindy Ferrell*

---

Participant

---

Cindy Ferrell  
Program Coordinator



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

## American Association of Medical Review Officers

---

# STATEMENT OF CONTINUING MEDICAL EDUCATION

## Medical Review Officer **Online Recertification Training**

Completed 10/21/2020

This program has been reviewed and is acceptable for

15.00 prescribed credit hours

by the American Academy of Family Physicians

(These CME credits are acceptable as category 1 credit hours  
when used towards an AMA certificate program.)

Susan Nelson, D.O.

---

Participant

*Cindy Ferrell*

---

Cindy Ferrell  
Program Coordinator

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BD6611025	10-31-2023	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	10-23-2020
NELSON, SUSAN DO 6221 NW 36TH ST VIRGINIA GARDENS, FL 331667026		

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

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.**

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BD6611025	10-31-2023	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	10-23-2020
NELSON, SUSAN DO 6221 NW 36TH ST VIRGINIA GARDENS, FL 331667026		

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.

28

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



**CORPORATE OFFICE**

8100 Oak Lane,  
Suite 400  
Miami Lakes, FL 33016  
Phone (305) 888-7555  
Fax (305) 888-7404

**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



**Physicians Health Center**  
**OCCUPATIONAL MEDICAL SPECIALISTS**

**CURRICULUM VITAE**

**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

AC# 11307920

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/16/2022	ME 38983	816594

THE MEDICAL DOCTOR

NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):  
Dispensing Practitioner

Expiration Date: JANUARY 31, 2025  
RAFAEL ENRIQUE REYES CARDELLA  
7887 N KENDALL DR  
SUITE 102  
MIAMI, 33156

Ron DeSantis  
GOVERNOR



Joseph A. Ladapo, MD, PhD  
State Surgeon General



DISPLAY - IF REQUIRED BY LAW

QUALIFICATION(S):  
Dispensing Practitioner

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

AC# 11307920

DATE	LICENSE NO.	CONTROL NO.
11/16/2022	ME 38983	816594

THE MEDICAL DOCTOR

NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date : JANUARY 31, 2025  
RAFAEL ENRIQUE REYES CARDELLA

LICENSEE SIGNATURE

# 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**

Certification Number: 19-12980

Effective from May 16, 2019  
to May 16, 2024



# National Registry of Certified Medical Examiners

The Federal Motor Carrier Safety Administration certifies that

**RAFAEL E CARDELLA, MD**

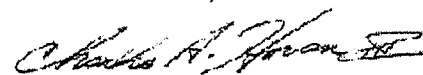
*is a registered medical examiner on the Federal Motor Carrier Safety Administration's National Registry of Certified Medical Examiners. RAFAEL E CARDELLA has completed the required training and testing concerning the Federal physical qualifications and standards for truck and bus drivers and possesses 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

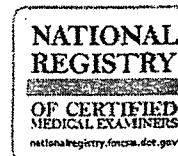


Charles A. Horan III, Director

Office of Carrier, Driver and Vehicle Safety Standards



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



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
AC1327077	08-31-2023	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	07-10-2020
CARDELLA, RAFAEL E MD 7887 N KENDALL DR STE 102 MIAMI, FL 331567494		

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

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.**

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
AC1327077	08-31-2023	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	07-10-2020
CARDELLA, RAFAEL E MD 7887 N KENDALL DR STE 102 MIAMI, FL 331567494		

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.

33

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



**The American Board  
of Preventive Medicine, Inc.®**

*A Member Board of The American Board of Medical Specialties*

Danace O. Kesler, MD, MPH  
*Chair*

Susan E. Northrup, MD, MPH  
*Vice Chair  
Aerospace Medicine*

Ronald W. Stout, MD, MPH  
*Vice Chair  
Occupational Medicine*

Marcel E. Salve, MD, MPH  
*Vice Chair  
Public Health and  
General Preventive Medicine*

Natalie P. Hartenbaum, MD, MPH  
*Secretary*

Joshua B. Lipsman, MD, JD, MPH  
*Treasurer*

William W. Groavos, MD, MSPH  
*Executive Director*

Kristine Pasciak  
*Administrator*

**PERSONAL AND CONFIDENTIAL**

December 3, 2012

Rafael E. Cardella, M.D.  
11270 Sun View Way  
Cooper City, FL 3326

ID: 024476

Dear Dr. Cardella:

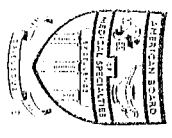
It gives me great pleasure to inform you that you have successfully completed the American Board of Preventive Medicine (ABPM) certifying examination and are certified as a specialist in Occupational Medicine. This conclusion is based on the anonymous review by the Board of all examination results as prepared and presented by Measurement Research Associates, Inc. Your certification in Occupational Medicine is effective January 01, 2013 and is valid until January 31, 2023.

The members of the Board have asked me to convey their sincere congratulations to you on this very important occasion. An ABPM lapel pin will be sent separately. We wish you continued success in your career and send our very best wishes for the future.

The company we use to issue our certificates, Jim Henry, Inc, will be sending you a mailing to let you know when your certificate will be issued and offering certificate framing opportunities, if you are interested. Please note: Your name will be printed on the certificate exactly as it appears on this letter. If your degrees are not shown, they will not be printed on the certificate. If you wish to make changes in the way your name appears on the certificate, or if you wish to make any changes to the address to which your certificate should be sent, please notify the Board in writing prior to January 4, 2013.

We are interested in identifying question writers for future examinations. If you are interested in writing test items, send your name, address, telephone number, email and curriculum vitae to the Board office. Your information will be forwarded to the appropriate person.

**The American Board of Preventive Medicine**  
 Incorporated



*Organized to Encourage the Study, Improve the Practice  
 and Advance the Cause of Preventive Medicine*

*This Certifies that*

**Rafael E. Gurdella, M.D.**

*has satisfied the requirements of the Board and has hereby  
 been awarded certification in the Specialty of*

**Occupational Medicine**

January 1, 2013 to

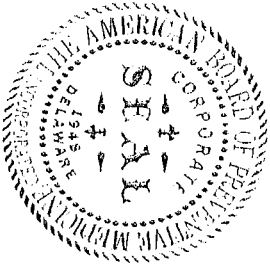
January 31, 2023

Certificate No. 24476

*Dennis Kuhn, M.D., MPH*  
 CHAIR

*DSE*  
 VICE CHAIR

*Kathleen P. Hartmann, M.D., MPH*  
 SECRETARY



*© All Members Board of The American Board of Preventive Medicine*

**CORPORATE OFFICE**

8100 Oak Lane,  
Suite 400  
Miami Lakes, FL 33016  
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****Richard W. Spirer, MD**

**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**

2021 - Present Physicians Health Center, Miami, FL  
*Physician*

2003 - 2020 Physicians Health Center, Miami, FL  
*Chief Medical Director 2008-2020*  
*Lead Physicians 2003-2008*

1993-2002 Palmetto General Hospital, Miami, FL  
*Assistant Director 1996-2000*  
*Chairman of the Department of Emergency Medicine 2000-2002*

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

[www.physicianshealthcenter.com](http://www.physicianshealthcenter.com)





## Department of Health

RICHARD WARREN SPIRER

License Number: ME27131

*Data As Of 1/12/2022*

<b>Profession</b>	Medical Doctor
<b>License</b>	ME27131
<b>License Status</b>	CLEAR/ACTIVE
<b>Qualifications</b>	Dispensing Practitioner
<b>License Expiration Date</b>	1/31/2024
<b>License Original Issue Date</b>	09/20/1976
<b>Address of Record</b>	7887 N. KENDALL DRIVE STE#102 MIAMI, FL 33156
<b>Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)</b>	No
<b>Discipline on File</b>	Yes
<b>Public Complaint</b>	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
AS7104235	02-28-2026	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	01-08-2023
SPIRER, RICHARD WARREN MD PHYSICIANS HEALTH CENTER 7887 N KENDALL DR STE 102 MIAMI, FL 331567494		

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

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.**

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	02-28-2026	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	01-08-2023
SPIRER, RICHARD WARREN MD PHYSICIANS HEALTH CENTER 7887 N KENDALL DR STE 102 MIAMI, FL 331567494		

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.

38

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
AS7104235	02-28-2026	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3,3N,4,5	PRACTITIONER	01-08-2023
SPIRER, RICHARD WARREN MD PHYSICIANS HEALTH CENTER 7887 N KENDALL DR STE 102 MIAMI, FL 331567494		

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

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.**

Form DEA-223/511 (9/2016)

**REPORT  
CHANGES  
PROMPTLY**

REQUESTING MODIFICATIONS TO YOUR  
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at [deaddiversion.usdoj.gov](http://deaddiversion.usdoj.gov) - or
2. call our customer Service Center at 1-(800) 882-9539 - or
3. submit your change(s) in writing to:  
**Drug Enforcement Administration**  
**P.O. Box 2639**  
**Springfield, VA 22152-2639**

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

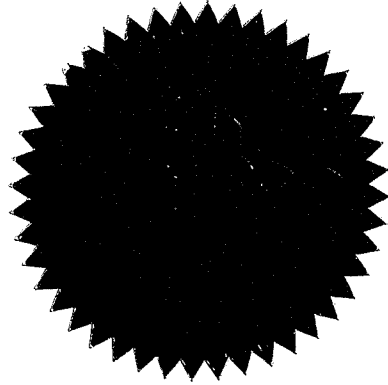
----- You have been registered to handle the following chemical/drug codes: -----

# *Breath Alcohol Technician Certificate*

*This Certifies That*

*Mayda Garces*

*Has Completed the Breath Alcohol Technician Training Course,  
is Proficient in 49 CFR Part 40 Procedures and  
the Operation of EBT.*



Issued on this 4th day of November 2022.  
Expires on the 4th day of November 2027.

A handwritten signature in black ink, appearing to read 'Patrick B. Armstrong', written over a horizontal line.

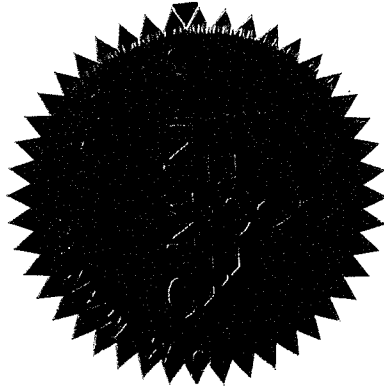
*Certified by: Patrick B. Armstrong #9129*

# Breath Alcohol Technician Certificate

*This Certifies That*

***Yuliet Martinez***

*Has Completed the Breath Alcohol Technician Training Course,  
is Proficient in 49 CFR Part 40 Procedures and  
the Operation of EBT.*



Issued on this 28th day of September 2018  
Expires on the 28th day of September 2023

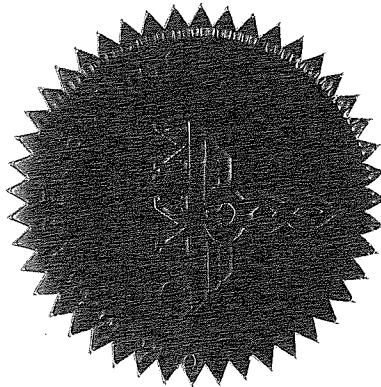
*Certified by: Patrick B. Armstrong #9129*

# Breath Alcohol Technician Certificate

*This Certifies That*

***Luis Velez***

*Has Completed the Breath Alcohol Technician Training Course,  
is Proficient in 49 CFR Part 40 Procedures and  
the Operation of EBT.*



Issued on this 11th day of August 2021  
Expires on the 11th day of August 2026

*Certified by: Patrick B. Armstrong #9129*

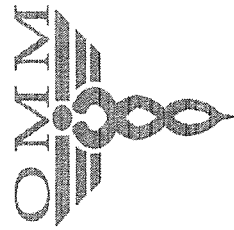
# *Breath Alcohol Technician Certificate*

*This Certifies That*

***Madalin Delgado***

*Has Completed the Breath Alcohol Technician Training Course,  
is Proficient in 49 CFR Part 40 Procedures and  
the Operation of EBT.*

Issued on this 17th day of December 2020  
Expires on the 16th of December 2025.



*Patrick B. Armstrong*

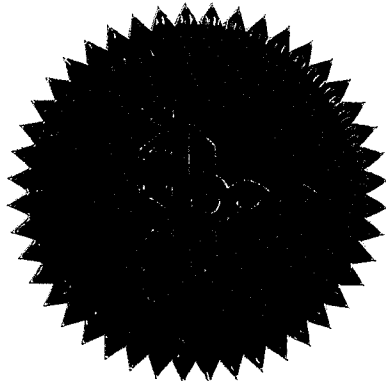
*Certified by: Patrick B. Armstrong #9129*

# *Breath Alcohol Technician Certificate*

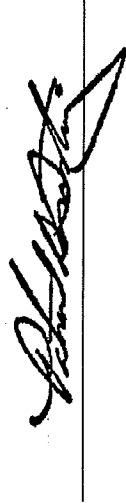
*This Certifies That*

***Chelsea Gilbert***

*Has Completed the Breath Alcohol Technician Training Course,  
is Proficient in 49 CFR Part 40 Procedures and  
the Operation of EBT.*



Issued on this 4th day of November 2022.  
Expires on the 4th day of November 2027.



*Certified by: Patrick B. Armstrong #9129*



## **General Qualifications**

We certify that all the equipment required to perform the services herein are available at all treatment locations.

We certify that Physicians Health Center is in and will maintain compliance with HIPAA throughout the duration of the Contract.

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G80506

**Entity Name:** RICHARD L. DOLSEY PHC, INC.

**Current Principal Place of Business:**

8100 OAK LANE  
SUITE 400  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

8100 OAK LANE  
SUITE 400  
MIAMI LAKES, FL 33016 US

**FEI Number:** 59-2355972

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KERNESS, MARK E PRES  
8100 OAK LANE  
SUITE 400  
MIAMI LAKES, FL 33016 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** MARK E. KERNESS

04/10/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name KERNESS, MARK E PRES  
Address 8100 OAK LANE  
SUITE 400  
City-State-Zip: MIAMI LAKES FL 33016

Title VP  
Name PAGE, KEVIN E VP  
Address 8100 OAK LANE  
SUITE 400  
City-State-Zip: MIAMI LAKES FL 33016

Title VP  
Name KERNESS, DANIEL E VP  
Address 8100 OAK LANE  
SUITE 400  
City-State-Zip: MIAMI LAKES FL 33016

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK E KERNESS

PRES

04/10/2023

Electronic Signature of Signing Officer/Director Detail

Date

**APPLICATION FOR RENEWAL OF FICTITIOUS NAME**

REGISTRATION# G14000030549

Fictitious Name: PHYSICIANS HEALTH CENTER

FILED  
Jun 04, 2019  
Secretary of State  
G19000064534

**Current Mailing Address:**

4483 NW 36TH ST SUITE 120  
MIAMI, FL 33166

**New Mailing Address:**

**Current County of Principal Place of Business:**

MIAMI-DADE

**New County of Principal Place of Business:**

**Current FEI Number:**

59-2355972

**New FEI Number:**

**Current Owner(s):**

Document #: G80506 ( ) Delete  
FEI #: 59-2355972  
Name: RICHARD L. DOLSEY PHC, INC.  
Address: 4483 NW 36TH ST #120  
City-St-Zip: MIAMI, FL 33166

**Additions/Changes to Owner(s):**

Document #: ( ) Change ( ) Addition  
FEI #:  
Name:  
Address:  
City-St-Zip:

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I understand that the electronic signature below shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

MARK KERNESS

06/04/2019

Electronic Signature(s)

Date

**Certificate of Status Requested (X)**

**Certified Copy Requested ( )**

CITY OF CORAL GABLES  
FINANCE DEPARTMENT/PROCUREMENT DIVISION  
LOBBYIST REGISTRATION FORM

SOLICITATION NAME/NUMBER: RFP 2023-022 Drug Screening & Physical Examination Services

The Bidder/Proposer certifies that it understands if it has retained a lobbyist(s) to lobby in connection with this specific competitive solicitation that each lobbyist retained has timely filed the registration or amended registration required under the City of Coral Gables Lobbyist Registration requirement pursuant to Ordinance 2021-24 as outlined below:

*Lobbyist* means an individual, firm, corporation, partnership, or other legal entity employed or retained, whether paid or not, by a principal, or that contracts with a third-party for economic consideration to perform lobbying activities on behalf of a principal.

*Lobbying activity* means any attempt to influence or encourage the passage or defeat of, or modification to, governmental actions, including, but not limited to, ordinances, resolutions, rules, regulations, executive orders, and procurement actions or decisions of the city commission, the mayor, any city board or committee, or any city personnel. The term "lobbying activity" encompasses all forms of communication, whether oral, written, or electronic, during the entire decision-making process on actions, decisions, or recommendations which foreseeably will be heard or reviewed by city personnel. This definition shall be subject to the exceptions stated below.

*Procurement matter* means the city's processes for the purchase of goods and services, including, but not limited to, processes related to the acquisition of: technology; public works; design services; construction, professional architecture, engineering, landscape architecture, land surveying, and mapping services; the purchase, lease or sale of real property; and the acquisition, granting, or other interest in real property.

*City personnel* means those city officials, officers and employees who are entrusted with the day-to-day policy setting, operation, and management of certain defined city functions or areas of responsibility, even though ultimate responsibility for such functions or areas rests with the city commission, with the exception of the City Attorney, Deputy City Attorney, and Assistant City Attorneys, advisory personnel (members of city advisory boards and agencies whose sole or primary responsibility is to recommend legislation or give advice to the city commission); and any employee of a city department or division with the authority to participate in procurement matters, when the communication involves such procurement.

**Affidavit requirement.** The following provisions shall apply to certain individuals who, in procurement matters participate in oral presentations or recorded negotiation meetings and sessions:

- a. The principal shall list on an affidavit form, provided by the City, all technical experts or employees of the principal whose normal scope of employment does not include lobbying activities and whose sole participation in the city procurement matter involves an appearance and participation in a city procurement matter involves an appearance and participation in an oral presentation before a city certification, evaluation, selection, technical review or similar committee, or recorded negotiation meetings or sessions.
- b. No person shall appear before any procurement committee or at any procurement negotiation meeting or session on behalf of a principal unless he/she has been listed as part of the principal's presentation or negotiation team or has registered as a lobbyist. For purposes of this subsection only, the listed members of the oral presentation or negotiation team shall not be required to separately register as lobbyists or pay any registration fees. The affidavit will be filed by the city procurement staff with the city clerk at the after the proposal is submitted or prior to the recorded negotiation meeting or session. Notwithstanding the foregoing, any person who engages in lobbying activities in addition to appearing before a procurement committee to make an oral presentation, or at a recorded procurement negotiation meeting or session, shall comply with all lobbyist registration requirements.

The Bidder/Proposer hereby certifies that: (select one)

It has not retained a lobbyist(s) to lobby in connection with this competitive solicitation; however, if one is retained anytime during the competitive process and prior to contract execution for this project, the lobbyist will properly register with the City Clerk's Office within two (2) business days of being retained with copy to the city procurement staff.

It has retained a lobbyist(s) to lobby in connection with this competitive solicitation and certified that each lobbyist retained has timely filed the registration or amended registration required under the City of Coral Gables

CITY OF CORAL GABLES  
FINANCE DEPARTMENT/PROCUREMENT DIVISION  
LOBBYIST REGISTRATION FORM

Lobbyist Registration requirement pursuant to Ordinance 2021-24 Section and that the required affidavit has been properly filed

It is a requirement of this solicitation that the following information be provided for all lobbyists retained to lobby in connection with this solicitation be listed below:

Name of Lobbyist: N/A  
Lobbyist's Firm (if applicable): \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name of Lobbyist: N/A  
Lobbyist's Firm (if applicable): \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name of Lobbyist: N/A  
Lobbyist's Firm (if applicable): \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name of Lobbyist: N/A  
Lobbyist's Firm (if applicable): \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Printed Name: Kevin Payne

Date: 8.31.23

Title: VP/COO

Bidder/Proposer Name: Richard L. Dalseg, PRC Inc d/b/a Physicians Hca/Hc Center

CITY OF CORAL GABLES  
 FINANCE DEPARTMENT/PROCUREMENT DIVISION

LOBBYIST AFFIDAVIT

Solicitation Name/Number: Drug/Alcohol & Physical Examinations Services / 2023-022

The following provisions shall apply to certain individuals who, in procurement matters participate in oral presentations or recorded responsiveness, responsibility or negotiation meetings and sessions:

- a. The principal shall list below all technical experts or employees of the principal whose normal scope of employment does not include lobbying activities and whose sole participation in the city procurement matter involves an appearance and participation in an oral presentation before an evaluation, selection, technical review or similar committee, or recorded responsiveness, responsibility or negotiation meetings or sessions.
- b. No person shall appear before any procurement committee or at any procurement responsiveness, responsibility or negotiation meeting or session on behalf of a principal unless he/she has been listed as part of the principal's team pursuant to this affidavit or has registered as a lobbyist. For purposes affidavit only, the listed members of the oral presentation or negotiation team shall not be required to separately register as lobbyists or pay any registration fees.

This affidavit will be provided by the city procurement staff to the city clerk after the proposal is submitted or prior to the oral presentation. Any changes after the original affidavit is submitted by the proposer and prior to the oral presentations, an updated copy shall be presented to the Procurement Division and the City Clerk at least twenty-four (24) hours prior scheduled time for the oral presentation session. Notwithstanding the foregoing, any person who engages in lobbying activities in addition to appearing before a procurement committee to make an oral presentation, or at a recorded procurement negotiation meeting or session, shall comply with all lobbyist registration requirements.

List of employees & technical experts:

NAME	TITLE	ROLE	COMPANY/FIRM
Zachary Rosenthal	Director of Sales & Marketing	Department Leader	Physicians Health Center
Maxine Topper	Executive Vice President	Management	Physicians Health Center
Ivis Velunza	General Manager	Department Leader	O.M. Management, Inc.
Elisa Garvin	Client Service Manager	Coral Gables Representative	Physicians Health Center

CITY OF CORAL GABLES  
FINANCE DEPARTMENT/PROCUREMENT DIVISION

LOBBYIST AFFIDAVIT

I do solemnly swear that all of the foregoing information is true and correct and I will fully comply with requirements of this affidavit and the associated City of Coral Gables Lobbyist Registration requirement pursuant to Ordinance 2021-24 Section.

Authorized Signature: [Signature]

Printed Name: Kevin J. Page Title: VP/COO

Date: 9/11/2023

Bidder/Proposer's Name: Richard L. Dilsey, PHC Inc d/b/a Physicians Health Center

NOTARY PUBLIC

STATE OF Florida

COUNTY OF Miami-Dade

On this 1st day of September, 2023, before me the undersigned Notary Public of the State of FL, personally

appeared Kevin J. Page (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.

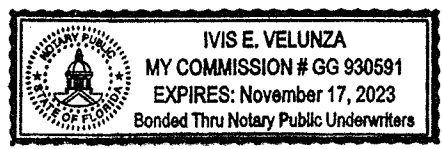
NOTARY PUBLIC, STATE OF FL  
Ivis E. Velunza

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

SEAL OF OFFICE:

Personally know to me, or Produced  
Identification:

\_\_\_\_\_  
(Type of Identification Produced)





**Physicians Health Center**

**OCCUPATIONAL MEDICAL SPECIALISTS**

## **SECTION II:**

# **EXPERIENCE AND PROPOSER'S QUALIFICATIONS**





# Physicians Health Center

---

## OCCUPATIONAL MEDICAL SPECIALISTS

## Company History

Physicians Health Center has been dedicated exclusively to the specialty of Occupational Medicine in Miami Dade County for over four 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. Our clients include 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.

Dr. Susan Nelson, 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 always calibrated. Our offices are routinely audited by AHCA and we have always received superior rankings.

Our Physicians also sign off on the Nursing Standards for several in-house corporate medical centers in Miami Dade County, such as Beckman Coulter AAR, Ocean Reef, and Caterpillar. Our doctors are responsible for the medical care administered on-site to the employees of these corporations.

PHC 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 Amazon and UPS. 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 municipalities to treat their injured employees. We present 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 205<sup>th</sup> 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 fully bilingual (English/Spanish), with Trilingual capabilities.

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. For over a decade we have been based at the Pepsi Bottling Group. Lost time and absenteeism have been significantly reduced because of our on-site Wellness Program.

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 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 Coronavirus Physicians Health Center developed on-site testing and immunizations for Dade County Public Schools and our cities and companies. 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 decades of medical service, we have maintained a strong partnership with Miami Dade County Public Schools (the 2<sup>nd</sup> largest employer in the State of Florida), Miami Dade County and The State of Florida.

- Number of Years in Business: 45 Years
- 5 Medical Centers and 1 Corporate Office (See Locations Map)
- Number of Employees: 92

**Physicians Health Center** - Contact Person: Zachary Rosenthal - (786) 218-8253





Ron DeSantis, Governor

Melanie S. Griffin, Secretary



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

**FLORIDA DRUGS, DEVICES AND COSMETICS**

THE Health Care Clinic Establishment HEREIN HAS REGISTERED UNDER THE  
PROVISIONS OF CHAPTER 499, FLORIDA STATUTES

**RICHARD L. DOLSEY PHC, INC.**

PHYSICIANS HEALTH CENTER  
6221 NW 36TH ST  
MIAMI FL 33166

**LICENSE NUMBER: 603021**

**EXPIRATION DATE: JANUARY 31, 2024**

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





Ron DeSantis, Governor

Melanie S. Griffin, Secretary



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

**FLORIDA DRUGS, DEVICES AND COSMETICS**

THE Health Care Clinic Establishment HEREIN HAS REGISTERED UNDER THE  
PROVISIONS OF CHAPTER 499, FLORIDA STATUTES

**RICHARD L. DOLSEY PHC, INC.**

PHYSICIANS HEALTH CENTER  
1448 N KROME AVENUE  
STE 101  
FLORIDA CITY FL 33034

**LICENSE NUMBER: 603020**

**EXPIRATION DATE: JANUARY 31, 2024**

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





Ron DeSantis, Governor

Melanie S. Griffin, Secretary



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

**FLORIDA DRUGS, DEVICES AND COSMETICS**

THE Health Care Clinic Establishment HEREIN HAS REGISTERED UNDER THE  
PROVISIONS OF CHAPTER 499, FLORIDA STATUTES

**RICHARD L. DOLSEY PHC, INC.**

PHYSICIANS HEALTH CENTER  
6990 NW 37TH AVE  
MIAMI FL 33147

**LICENSE NUMBER: 602768**

**EXPIRATION DATE: DECEMBER 31, 2023**

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





Ron DeSantis, Governor

Melanie S. Griffin, Secretary



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

**FLORIDA DRUGS, DEVICES AND COSMETICS**

THE Health Care Clinic Establishment HEREIN HAS REGISTERED UNDER THE  
PROVISIONS OF CHAPTER 499, FLORIDA STATUTES

**RICHARD L. DOLSEY PHC, INC.**

PHYSICIANS HEALTH CENTER  
7887 N KENDALL DR  
STE 102  
MIAMI FL 33156

**LICENSE NUMBER: 602770**

**EXPIRATION DATE: DECEMBER 31, 2023**

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





Ron DeSantis, Governor

Melanie S. Griffin, Secretary



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

**FLORIDA DRUGS, DEVICES AND COSMETICS**

THE Health Care Clinic Establishment HEREIN HAS REGISTERED UNDER THE  
PROVISIONS OF CHAPTER 499, FLORIDA STATUTES

**RICHARD L. DOLSEY PHC, INC.**

PHYSICIANS HEALTH CENTER  
20535 NW 2ND AVE STE 150  
MIAMI FL 33169

**LICENSE NUMBER: 602769**

**EXPIRATION DATE: DECEMBER 31, 2023**

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

# Local Business Tax Receipt

Miami-Dade County, State of Florida

-THIS IS NOT A BILL - DO NOT PAY



3722981

RECEIPT NO.

RENEWAL

3887917

**BUSINESS NAME/LOCATION**

PHYSICIANS HEALTH CENTER

6221 NW 36TH ST

VIRGINIA GARDENS, FL

33166-7026



**EXPIRES**  
**SEPTEMBER 30, 2023**

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/PARTNERSHI

P/FIRM

**PAYMENT RECEIVED  
BY TAX COLLECTOR**

189.00 09/07/2022

CHECK21-22-065371

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](http://www.miamidade.gov/taxcollector)**





# Local Business Tax Receipt

Miami-Dade County, State of Florida

-THIS IS NOT A BILL - DO NOT PAY



490300

RECEIPT NO.

RENEWAL

490300

**BUSINESS NAME/LOCATION**

PHYSICIANS HEALTH CENTER  
7887 N KENDALL DR STE 102  
MIAMI, FL 33156-7494



**EXPIRES**  
**SEPTEMBER 30, 2023**

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

**SEC. TYPE OF BUSINESS**

212 P.A./CORP/PARTNERSHI  
P/FIRM

**PAYMENT RECEIVED  
BY TAX COLLECTOR**

75.00 09/07/2022  
CHECK21-22-065371

Employee(s) 1

**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](http://www.miamidade.gov/taxcollector)**



# Local Business Tax Receipt

Miami-Dade County, State of Florida

-THIS IS NOT A BILL - DO NOT PAY



5211529

RECEIPT NO.

RENEWAL  
5446406

**BUSINESS NAME/LOCATION**  
PHYSICIANS HEALTH CENTER  
1448 N KROME AVE STE 101  
FLORIDA CITY, FL 33034-2402



**EXPIRES**  
**SEPTEMBER 30, 2023**

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/PARTNERSHI  
P/FIRM

**PAYMENT RECEIVED  
BY TAX COLLECTOR**

54.00 09/07/2022  
CHECK21-22-065371

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](http://www.miamidade.gov/taxcollector)**



# Local Business Tax Receipt

Miami-Dade County, State of Florida

-THIS IS NOT A BILL - DO NOT PAY



3721942

RECEIPT NO.

RENEWAL

3886877

**BUSINESS NAME/LOCATION**

PHYSICIANS HEALTH CENTER

6990 NW 37TH AVE

MIAMI, FL 33147-6514



**EXPIRES**  
**SEPTEMBER 30, 2023**

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/PARTNERSHI

P/FIRM

**PAYMENT RECEIVED  
BY TAX COLLECTOR**

45.00 09/07/2022

CHECK21-22-065371

Employee(s)

9

**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](http://www.miamidade.gov/taxcollector)**



# Local Business Tax Receipt

Miami-Dade County, State of Florida

-THIS IS NOT A BILL - DO NOT PAY



4648474

RECEIPT NO.

RENEWAL

4853462

**BUSINESS NAME/LOCATION**

PHYSICIANS HEALTH CENTER

20535 NW 2ND AVE STE 150

MIAMI GARDENS, FL

33169-2507



**EXPIRES**  
**SEPTEMBER 30, 2023**

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

**SEC. TYPE OF BUSINESS**

212

P.A./CORP/PARTNERSHI

P/FIRM

**PAYMENT RECEIVED  
BY TAX COLLECTOR**

49.50 09/07/2022

CHECK21-22-065371

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](http://www.miamidade.gov/taxcollector)**





# Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

## Scope of Services

Physicians Health Center is fully committed to meeting the requirements set forth in the RFP for Drug / Alcohol Screening & Physical Examination Services (No. 2023-022) for the City of Coral Gables, Florida. We 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 can provide The Scope of Services outlined in the RFP. Pre-Employment Physical Exams, Annual Physical Exams, Drug Testing, Fitness for Duty Exams and Return to Work Physical Exams are services we routinely oversee in our five occupational medical centers. All 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.

All pre-employment and annual physical exam and drug testing services are done onsite at our medical centers and are not outsourced. All our medical centers have digital Xray capabilities.

Physicians Health Center meets the Proposer Qualifications outlined in this RFP. 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:

Zachary Rosenthal, Director of Sales and Marketing - 786-218-8253  
*(Proposed Project Manager for this RFP)*

Maxine Topper, Executive Vice President - 305-439-4165

Elisa Garvin, Client Service Manager - 305-989-3095



# Physicians Health Center

---

OCCUPATIONAL MEDICAL SPECIALISTS

## Proposer's Qualifications

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

- Zachary Rosenthal
  - Title
    - Director of Sales and Marketing
  - Similar Experience
    - Oversees municipality accounts including City of North Miami Beach, City of North Miami, City of Opa-Locka, North Bay Village and City of Miami Gardens
  - Level of Involvement
    - Key contacts for the cities PHC serve. Available via cellphone always.
  - Field of Expertise
    - Business and program development, client service.
    - Technology, marketing, and training.
  
- 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 protocol's 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.
  
- Dr. Susan Nelson
  - Title
    - Medical Director 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 for the company. Will perform physicals and interpret Drug Screen results.
  - Field of Expertise
    - Occupational Medicine, Communication with employers and case managers/adjustors, Drug Testing.
  
- 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 and Kendall offices. Works with cities and companies to follow their setup requirements. Medical Review Officer for drug testing.

- Level of Involvement
  - Treating physician at Airport and Kendall office. Will perform physicals and interpret Drug Screen results.
- Field of Expertise
  - Board Certified in Occupational Medicine, communication with employers and case managers/adjustors, Drug Testing.
- Dr. Richard Spierer
  - Title
    - Physician
  - Similar Experience
    - Oversees Kendall office 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.
    - Patient Care, communication with employers and case managers/adjustors, Drug Testing.
- Yarley Simon
  - Title
    - General Manager & Airport Office Manager
  - Similar Experience
    - Works with City of Miami Springs, City of Hialeah, Miami Dade County, City of Miami, and others.
  - Level of Involvement
    - Supervising the Managers and making certain protocols are followed. Managing the staff at Airport Office. Ensuring the office is responsive to the City's needs.
  - Field of Expertise
    - Medical office management, customer service, case management.
- Ana Cala
  - Title
    - Kendall Office Manager
  - Similar Experience



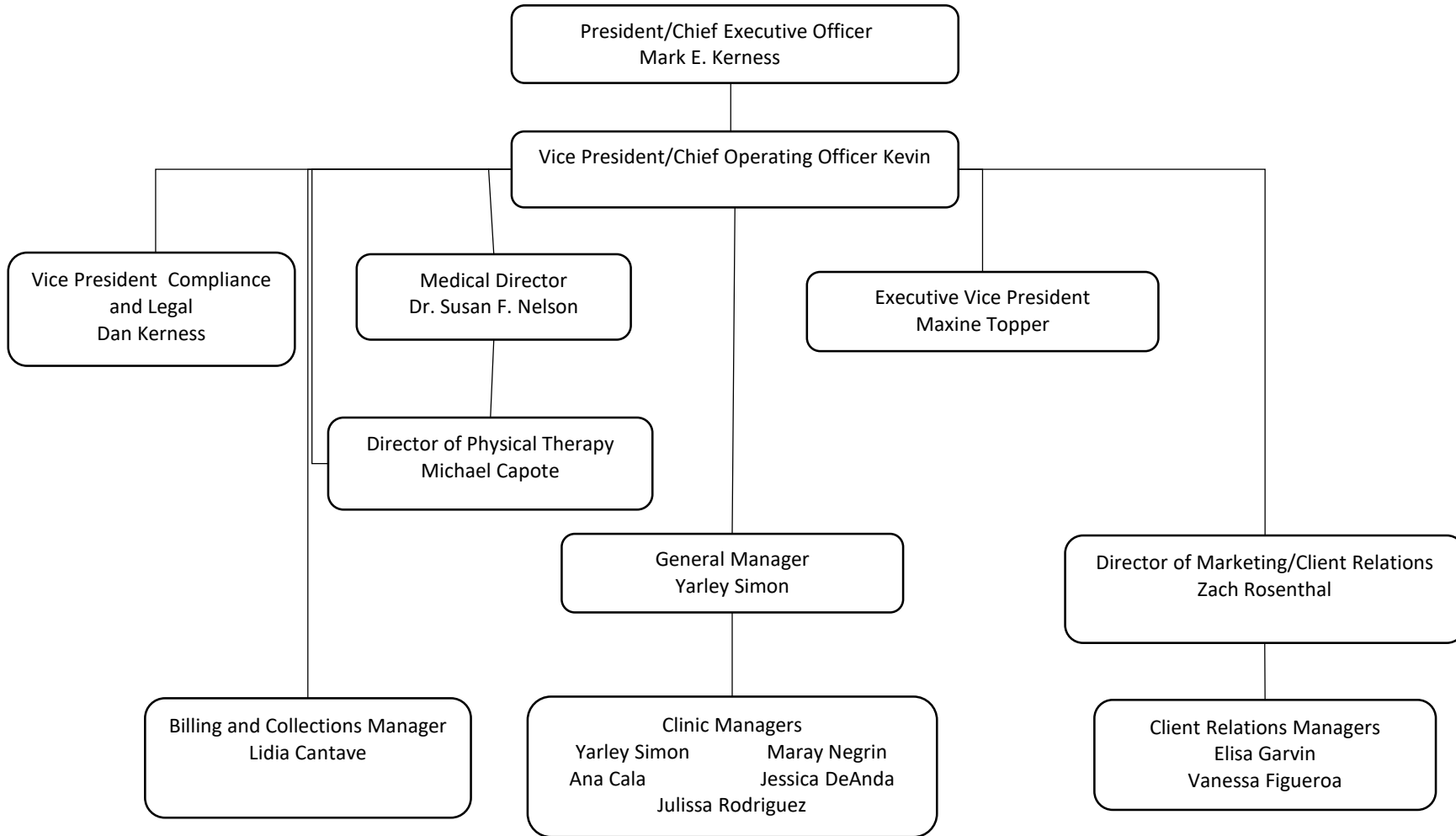
- Works with Village of Key Biscayne, Village of Pinecrest, Miami Dade County, City of Miami, City of South Miami, Nicklaus Children's Hospital and others.
  - Level of Involvement
    - Supervising the staff and making certain protocols are followed and that the office is responsive to the City's needs.
  - Field of Expertise
    - Medical office management, customer service, case management.
- Luisana Martinez
  - 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 3 years of experience.
- Mayda Garces
  - Title
    - Lead Technician - Airport 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 25 years of experience.
- 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.

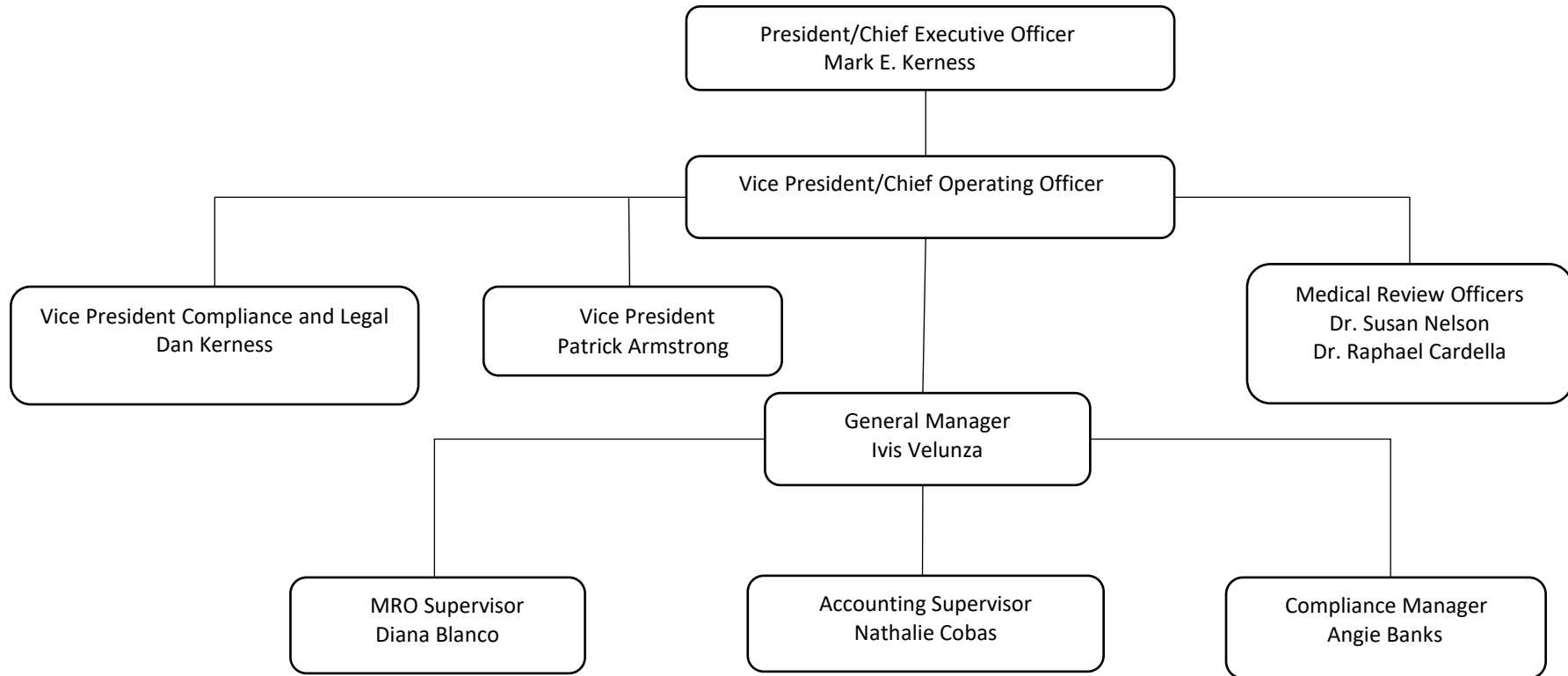
- Level of Involvement
  - Supervisor over all of the physical therapy services performed under this RFP.
- Field of Expertise
  - Physical Therapy training and management.
- Frank Gali, PT
  - Title
    - Clinical Site Coordinator for Airport Office PT
  - Similar Experience
    - Works closely with City of Miami. Oversees the PT at the Airport office. Designs our Safety Programs presented for the Cities.
  - Level of Involvement
    - Safety Presentations, Physical Capability Testing, Functional Capacity Evaluations.
  - Field of Expertise
    - Physical Therapy/Manual Therapy for the Industrial Athlete.
- Robert Martinez, PT, MTC
  - Title
    - Clinical Site Coordinator for Dadeland Office PT
  - Similar Experience
    - 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.
- Ivis Velunza
  - Title
    - OM Management General Manager
  - Similar Experience

- Oversees all MRO/Drug Testing issues and setup requirements regarding 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.

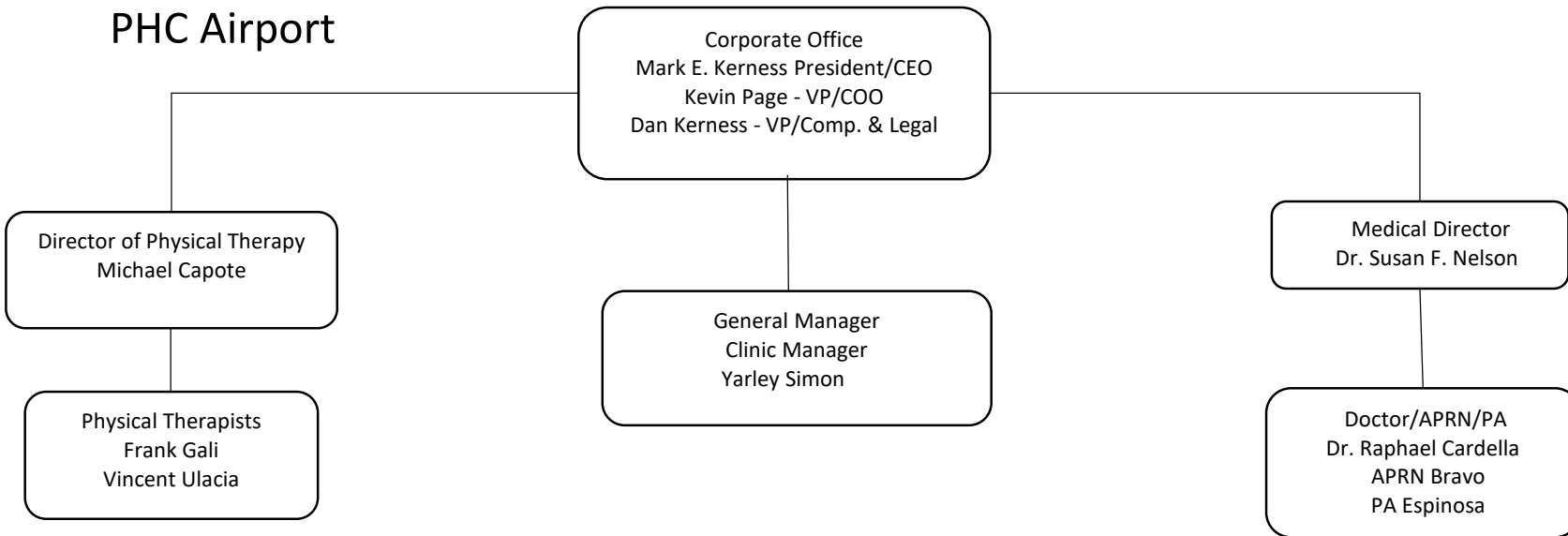
# Physicians Health Center Corporate Structure



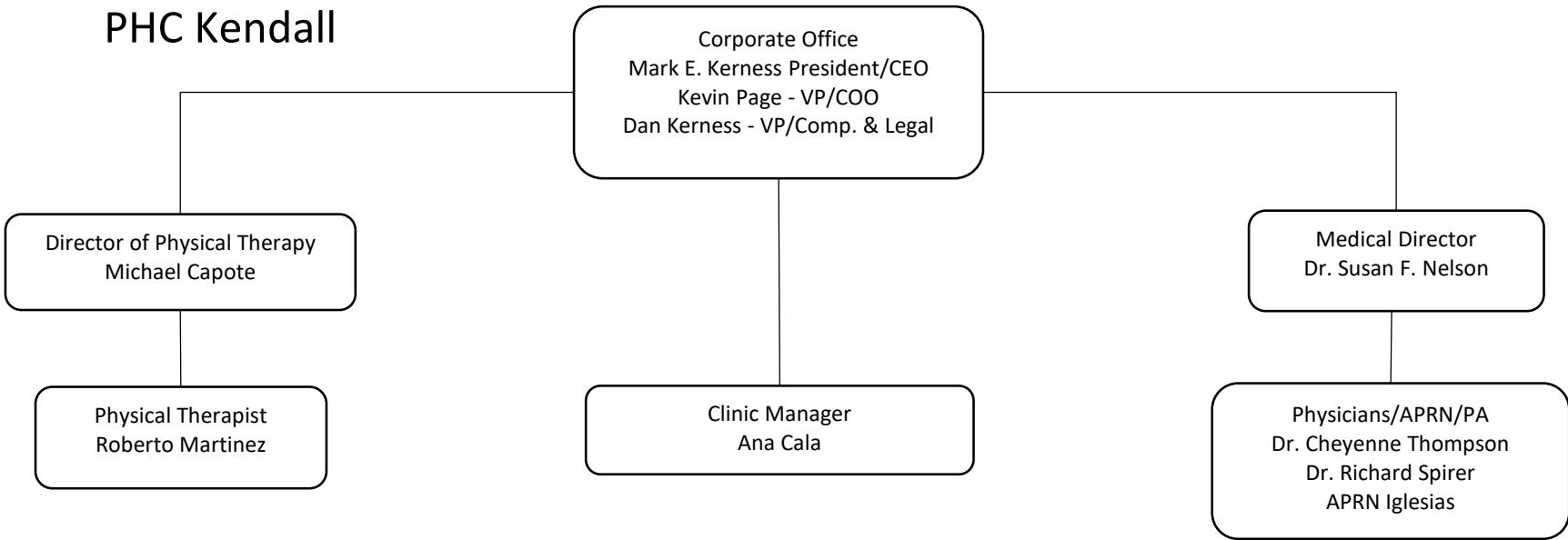
# OM Management Corporate Structure



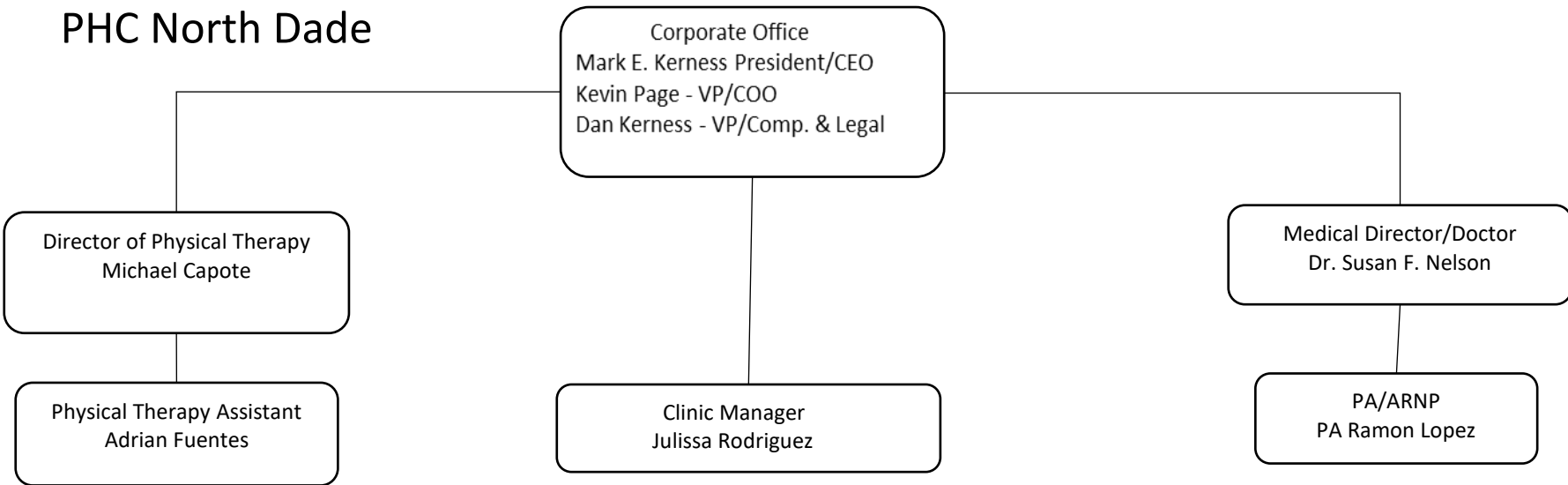
# PHC Airport



# PHC Kendall

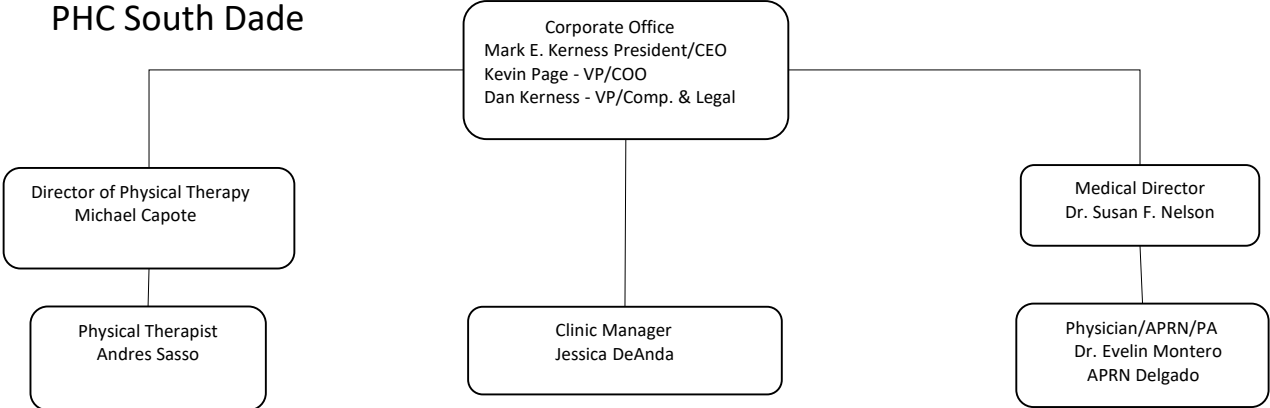


# PHC North Dade

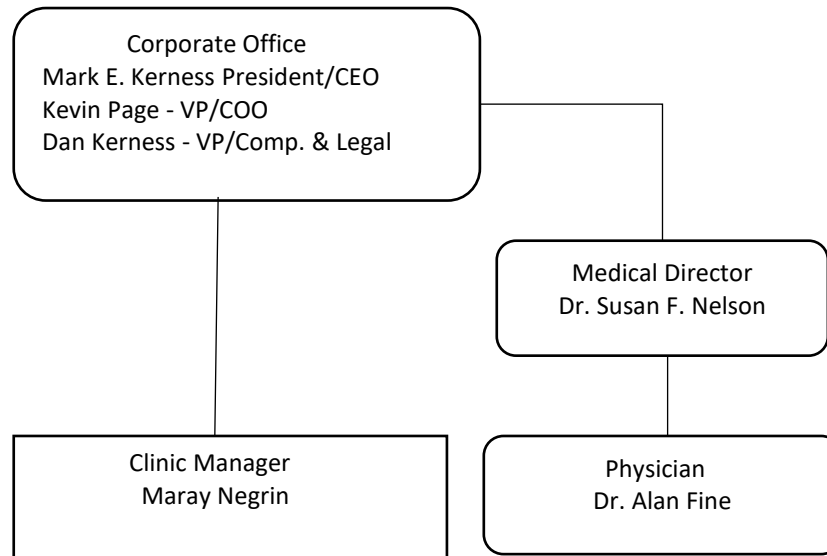




# PHC South Dade



# PHC Hialeah



**CORPORATE OFFICE**

8100 Oak Lane,  
Suite 400  
Miami Lakes, FL 33016  
Phone (305) 888-7555  
Fax (305) 888-7404

**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



**Physicians Health Center**  
**OCCUPATIONAL MEDICAL SPECIALISTS**

**CURRICULUM VITAE**

**Susan F. Nelson, DO**

**WORK HISTORY**

- 2004 - Present      Physicians Health Center, Miami, FL  
*Chief Medical Director 2020 – Present*  
*Lead Physicians 2004 – 2020*
- 1997-2004      Sunshine Medical Center, Miami, FL  
*Physician*
- 1994-1996      Westchester General Hospital, Miami Beach, FL  
*Physician*

**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

AC# 10862642

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE**

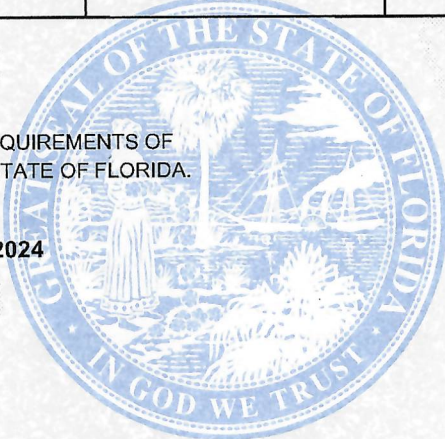
DATE	LICENSE NO.	CONTROL NO.
03/22/2022	OS 6525	90955

**THE OSTEOPATHIC PHYSICIAN**

NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **MARCH 31, 2024**  
**SUSAN FRANCES NELSON**  
6221 NW 36TH STREET  
MIAMI, FL - 33166

QUALIFICATION(S):  
Dispensing Practitioner



Handwritten signature of Ron DeSantis in black ink.

Ron DeSantis  
GOVERNOR

Handwritten signature of Joseph A. Ladapo in black ink.

Joseph A. Ladapo, MD, PhD  
State Surgeon General

DISPLAY IF REQUIRED BY LAW



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

## American Association of Medical Review Officers

---

October 26, 2020

Susan Nelson D.O.  
Physicians Health Center  
6221 NW 36TH Street  
Miami, FL 33182

Dear Dr. Nelson:

Thank you for participating in the AAMRO recertification examination. I am pleased to inform you that based on your examination results; you have met AAMRO's criteria for recertification.

Your AAMRO number is the same: **991003116**

Your new certification expiration date is: **10/25/25**

Review your subscription/membership to the online MRO Center at <http://www.aamro.com> to make sure it is activated! You will find a searchable database with back issues of MRO ALERT, state laws, federal regulations and guidance. This will be a valuable resource for your MRO practice.

If you do not know or have a Username to access the MRO Center, please send an email to [bbrandon@aamro.com](mailto:bbrandon@aamro.com) or call 800-489-1839. We can provide your Username only, because we do not have access to your Password.

Your name and phone number you provided are listed in the AAMRO Registry of Certified MROs on our website at [www.aamro.com](http://www.aamro.com). Enclosed is verification letter and CME documents. If you wish to make changes, you can contact us or change your record online using your MRO Center sign-in information.

An update sticker for your AAMRO wall certificate is attached to this letter. The verification letter, showing the dates of your certification and recertification, will be useful to present to employers, laboratories, and others who need to verify your MRO status.

Sincerely,

A handwritten signature in black ink that reads "Theodore F. Shults".

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

Enclosures





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

## American Association of Medical Review Officers

---

October 26, 2020

**Verification of Certification for:** Susan Nelson D.O.  
Physicians Health Center  
6221 NW 36TH Street  
Miami FL 33182

**Certification Number:** 991003116

**Current Certification Date:** 10/25/20

**Certification Expiration Date:** 10/25/25

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](http://www.aamro.com)).

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





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

American Association of Medical Review Officers

STATEMENT OF CONTINUING MEDICAL EDUCATION

Medical Review Officer  
**Online Recertification Examination**

Completed 10/25/20

This program has been reviewed and is acceptable for

16.00 prescribed credit hours

by the American Academy of Family Physicians

(These CME credits are acceptable as category 1 credit hours  
when used towards an AMA certificate program.)

Susan Nelson D.O.

*Cindy Ferrell*

---

Participant

---

Cindy Ferrell  
Program Coordinator



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

## American Association of Medical Review Officers

---

# STATEMENT OF CONTINUING MEDICAL EDUCATION

## Medical Review Officer Online Recertification Training

Completed 10/21/2020

This program has been reviewed and is acceptable for

15.00 prescribed credit hours

by the American Academy of Family Physicians

(These CME credits are acceptable as category 1 credit hours  
when used towards an AMA certificate program.)

Susan Nelson, D.O.

---

Participant

*Cindy Ferrell*

---

Cindy Ferrell  
Program Coordinator



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BD6611025	10-31-2023	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	10-23-2020
NELSON, SUSAN DO 6221 NW 36TH ST VIRGINIA GARDENS, FL 331667026		

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

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.**

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BD6611025	10-31-2023	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	10-23-2020
NELSON, SUSAN DO 6221 NW 36TH ST VIRGINIA GARDENS, FL 331667026		

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.

85

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

**CORPORATE OFFICE**

8100 Oak Lane,  
Suite 400  
Miami Lakes, FL 33016  
Phone (305) 888-7555  
Fax (305) 888-7404

**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



**Physicians Health Center**  
**OCCUPATIONAL MEDICAL SPECIALISTS**

**CURRICULUM VITAE**

**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

AC# 11307920

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/16/2022	ME 38983	816594

THE MEDICAL DOCTOR

NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: JANUARY 31, 2025  
RAFAEL ENRIQUE REYES CARDELLA  
7887 N KENDALL DR  
SUITE 102  
MIAMI, 33156

QUALIFICATION(S):  
Dispensing Practitioner

Ron DeSantis  
GOVERNOR



Joseph A. Ladapo, MD, PhD  
State Surgeon General



DISPLAY - IF REQUIRED BY LAW

QUALIFICATION(S):  
Dispensing Practitioner

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

AC# 11307920

DATE	LICENSE NO.	CONTROL NO.
11/16/2022	ME 38983	816594

THE MEDICAL DOCTOR

NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date : JANUARY 31, 2025  
RAFAEL ENRIQUE REYES CARDELLA

LICENSEE SIGNATURE

# MROCC

## Medical Review Officer Certification Council

certifies that

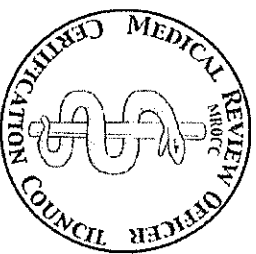
**Rafael E. Cardella, M.D.**

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

**Certified Medical Review Officer**

Certification Number: 19-12980

Effective from May 16, 2019  
to May 16, 2024



# National Registry of Certified Medical Examiners

The Federal Motor Carrier Safety Administration certifies that

**RAFAEL E CARDELLA, MD**

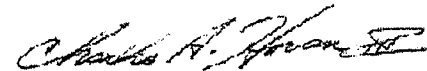
*is a registered medical examiner on the Federal Motor Carrier Safety Administration's National Registry of Certified Medical Examiners. RAFAEL E CARDELLA has completed the required training and testing concerning the Federal physical qualifications and standards for truck and bus drivers and possesses 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

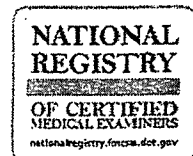


Charles A. Horan III, Director

Office of Carrier, Driver and Vehicle Safety Standards



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



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
AC1327077	08-31-2023	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	07-10-2020
CARDELLA, RAFAEL E MD 7887 N KENDALL DR STE 102 MIAMI, FL 331567494		

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

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.**

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
AC1327077	08-31-2023	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	07-10-2020
CARDELLA, RAFAEL E MD 7887 N KENDALL DR STE 102 MIAMI, FL 331567494		

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.

90

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



**The American Board  
of Preventive Medicine, Inc.®**

*A Member Board of The American Board of Medical Specialties*

Danace O. Kesler, MD, MPH  
*Chair*

Susan E. Northrup, MD, MPH  
*Vice Chair  
Aerospace Medicine*

Ronald W. Stout, MD, MPH  
*Vice Chair  
Occupational Medicine*

Marcel E. Salve, MD, MPH  
*Vice Chair  
Public Health and  
General Preventive Medicine*

Natalie P. Hartenbaum, MD, MPH  
*Secretary*

Joshua B. Lipsman, MD, JD, MPH  
*Treasurer*

William W. Groavos, MD, MSPH  
*Executive Director*

Kristine Pasciak  
*Administrator*

**PERSONAL AND CONFIDENTIAL**

December 3, 2012

Rafael E. Cardella, M.D.  
11270 Sun View Way  
Cooper City, FL 3326

ID: 024476

Dear Dr. Cardella:

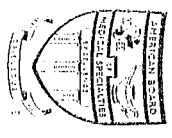
It gives me great pleasure to inform you that you have successfully completed the American Board of Preventive Medicine (ABPM) certifying examination and are certified as a specialist in Occupational Medicine. This conclusion is based on the anonymous review by the Board of all examination results as prepared and presented by Measurement Research Associates, Inc. Your certification in Occupational Medicine is effective January 01, 2013 and is valid until January 31, 2023.

The members of the Board have asked me to convey their sincere congratulations to you on this very important occasion. An ABPM lapel pin will be sent separately. We wish you continued success in your career and send our very best wishes for the future.

The company we use to issue our certificates, Jim Henry, Inc, will be sending you a mailing to let you know when your certificate will be issued and offering certificate framing opportunities, if you are interested. Please note: Your name will be printed on the certificate exactly as it appears on this letter. If your degrees are not shown, they will not be printed on the certificate. If you wish to make changes in the way your name appears on the certificate, or if you wish to make any changes to the address to which your certificate should be sent, please notify the Board in writing prior to January 4, 2013.

We are interested in identifying question writers for future examinations. If you are interested in writing test items, send your name, address, telephone number, email and curriculum vitae to the Board office. Your information will be forwarded to the appropriate person.

**The American Board of Preventive Medicine**  
 Incorporated



*Organized to Encourage the Study, Improve the Practice  
 and Advance the Cause of Preventive Medicine*

*This Certifies that*

**Rafael E. Cardella, M.D.**

*has satisfied the requirements of the Board and has hereby  
 been awarded certification in the Specialty of*

**Occupational Medicine**

January 1, 2013 to

January 31, 2023

Certificate No. 24476

*Dennis Kuhn, M.D., MPH*  
 CHAIR

*DSE*  
 VICE CHAIR

*Kathleen P. Hartmann, M.D., MPH*  
 SECRETARY



*© All Members Board of The American Board of Preventive Medicine*



**CORPORATE OFFICE**

8100 Oak Lane,  
Suite 400  
Miami Lakes, FL 33016  
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****Richard W. Spirer, MD**

**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**

2021 – Present Physicians Health Center, Miami, FL  
*Physician*

2003 - 2020 Physicians Health Center, Miami, FL  
*Chief Medical Director 2008-2020*  
*Lead Physicians 2003-2008*

1993-2002 Palmetto General Hospital, Miami, FL  
*Assistant Director 1996-2000*  
*Chairman of the Department of Emergency Medicine 2000-2002*

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

[www.physicianshealthcenter.com](http://www.physicianshealthcenter.com)



## Department of Health

RICHARD WARREN SPIRER

License Number: ME27131

*Data As Of 1/12/2022*

<b>Profession</b>	Medical Doctor
<b>License</b>	ME27131
<b>License Status</b>	CLEAR/ACTIVE
<b>Qualifications</b>	Dispensing Practitioner
<b>License Expiration Date</b>	1/31/2024
<b>License Original Issue Date</b>	09/20/1976
<b>Address of Record</b>	7887 N. KENDALL DRIVE STE#102 MIAMI, FL 33156
<b>Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)</b>	No
<b>Discipline on File</b>	Yes
<b>Public Complaint</b>	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
AS7104235	02-28-2026	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	01-08-2023
SPIRER, RICHARD WARREN MD PHYSICIANS HEALTH CENTER 7887 N KENDALL DR STE 102 MIAMI, FL 331567494		

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

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.**

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	02-28-2026	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	01-08-2023
SPIRER, RICHARD WARREN MD PHYSICIANS HEALTH CENTER 7887 N KENDALL DR STE 102 MIAMI, FL 331567494		

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.

95

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
AS7104235	02-28-2026	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3,3N,4,5	PRACTITIONER	01-08-2023
SPIRER, RICHARD WARREN MD PHYSICIANS HEALTH CENTER 7887 N KENDALL DR STE 102 MIAMI, FL 331567494		

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

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.**

Form DEA-223/511 (9/2016)



**REPORT  
CHANGES  
PROMPTLY**

REQUESTING MODIFICATIONS TO YOUR  
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at [deaddiversion.usdoj.gov](http://deaddiversion.usdoj.gov) - or
2. call our customer Service Center at 1-(800) 882-9539 - or
3. submit your change(s) in writing to:  
**Drug Enforcement Administration  
P.O. Box 2639  
Springfield, VA 22152-2639**

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

----- You have been registered to handle the following chemical/drug codes: -----

## **Maxine Topper Bio**

Maxine Topper is the Executive Vice President of Physicians Health Center. She joined PHC in 1999. Her background is in workers compensation physician network development and healthcare marketing. She worked for Prudential Insurance, Vincam Human Resources and ADP TotalSource prior to joining PHC.

Maxine holds a B.A. in Communications from Rutgers University, New Brunswick, N.J. She is a member of the Planning Committee of the Florida Workers Compensation Institute where she coordinates the Return to Work Breakout for the statewide conference. She also serves on the Board of the Florida Stay at Work Consortium, and is an active member of RIMS, PRIMA and the Safety Alliance of South Florida.

*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**

# Zachary Rosenthal

Miami, FL · 786-218-8253 · Rosenthal.Zachary2@gmail.com · [www.linkedin.com/in/zachary-rosenthal](http://www.linkedin.com/in/zachary-rosenthal)

## Skills

**Strong** – Relationship Management, Market Share Growth, Account Development, Lead Generation, Presentations, Microsoft PowerPoint, Microsoft Word, Microsoft Outlook, HubSpot

**Proficient** – Public Speaking, Adobe Illustrator, Adobe Photoshop, Microsoft Excel, Salesforce

## Experience

### Physicians Health Center

January 2010 – Present

#### Director of Sales & Marketing

Miami, FL

- Oversee new business development, customer retention, digital marketing, seminars, webinars, and client trainings.
- Awarded RFPs (Request for Proposals) to government agencies and municipalities including City of Coral Gables, City of North Miami Beach and City of Hialeah generating \$100k+ in revenue annually.
- Implemented HubSpot workflows and sequences to assist in nurturing prospects and customers enrolling 5,000+ contacts and allowed for the automation of 20k+ emails and tasks.

#### Business Development Manager

Miami, FL

- Developed relationships and maintained companies such as Amazon, Walmart, Jackson Health Systems, Miami-Dade County, American Airlines, Pepsi, Publix Supermarkets, hitting annual patient visit quotas.
- Initiated and expanded a telehealth program to gain additional earnings when COVID-19 began, which has generated over 10,000 patient visits. Proposed a telehealth program to Amazon, which would cover 120,000 employees and provide a cost savings of \$500k+.
- Presented regularly and publicly, on workers' compensation 2-3 times per week to large audiences and led smaller and large workshops on safety and industry best practices.

#### Client Service Manager

Miami, FL

- Proposed in-person and virtually our services and offerings to upper management. Tailored presentations to create a solution to the specific needs of the company. Cross-sold services, which increased per customer earnings by 20%.
- Hosted 6-10 meetings daily at the Workers' Compensation Institute annual conference with key decision makers at national employers and insurance carriers to solidify partnerships and develop new business.
- Inaugurated a quarterly seminar/webinar series titled "Emerging Trends in Workers' Compensation", which has attracted more than a thousand attendees over the last 10 years.
- Designed a full portfolio of marketing materials to enhance sales presentations, utilizing Adobe Creative Suite.

## Professional Organizations

**Membership Chair**, South Florida Hospitality Human Resources Association

2020 – Present Miami, FL

**Vice President**, South Florida Hospitality Human Resources Association

2018 – 2020 Miami, FL

## Education

**Business Administration**, University of Central Florida

2006 – 2009 Orlando, FL

## **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.

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.



## **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 26 years ago, moving from data processor to MRO Supervisor. Ivis currently oversees all of the drug screens and physical exam processing and billing at O.M. Management and Physicians Health Center. Ivis leads a team of professionals at OMM in the management of drug and alcohol testing programs for the FAA/DOT industry.

## **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.

**Resume:**

Name: Yarley Simon

Address: 2703 SW 89<sup>th</sup> Ave., Miami, FL. 33165

Cell: 786-564-0179

Email: yarley6363@yahoo.com

**Objective:**

- Oversee finances including cash flow, payroll, charge entry, co-payments, and accounts payable.
- Check patients in and out, prepare files, answer phones and schedule appointments.
- Verify insurance/payment coverage, call in prescriptions, and act as personal secretary for doctor.
- Train and hire personnel and maintain employee files.
- Ensured the practice met current medical laws, regulations and ethics.

**Skills Profile:**

- Create any needed data in the form of letters, memorandums, proposals or reports
- Plan, organize, assign and review work of office staff
- Oversee office projects and operations
- Handle associates/patient complaints, grievances, questions and concerns
- Manage staff schedules
- Administer discipline to employees as needed
- Screen and route incoming calls and messages when necessary
- Monitor office usage of supplies and reorder as needed
- Track office spending and budgets
- Monitor administrative personnel and assign duties as needed

**Other Skills:**

- Possess excellent communication skills including oral, written and interpersonal
- Work efficiently, accurately and independently
- Maintains organization and flexibility
- Ability to adjust to changing deadlines
- Exhibit confidentiality when dealing with staff matters

- Thorough knowledge of office equipment and software systems including word processing, spreadsheet and presentation software.

**Education:**

**1996-1998** Miami Dade Community Collage

**1992-1996** Braddock Senior High Miami, FL.  
**High School**

**Work experience:**

**2000 - - Physicians Health Center, Miami, FL Office Manager (Present)**

**References:** Upon Request.

**Ana G. Cala**  
**Office Manager**

---

**Work Experience:**

**1994 to Present:** Physicians Health Center, Miami,  
**2023 March-Present** Florida Office Manager - Kendall Office  
**2022 August-2023 March** Billing Department/Medical Records Custodian  
**2015-2022** Assistant Office Manager  
Front Desk/Medical Records Custodian  
Surgical Clearance Coordinator  
**1995-2015** Medical Assistant  
**1994-1995** Front Desk

**Educational Background:**

**1994-1995** Florida National College, Miami, Florida  
Basic Xray Technician  
Medical Assistant

AC# 10862642

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

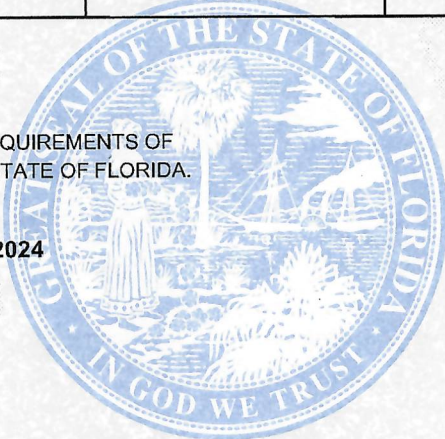
DATE	LICENSE NO.	CONTROL NO.
03/22/2022	OS 6525	90955

THE OSTEOPATHIC PHYSICIAN

NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **MARCH 31, 2024**  
**SUSAN FRANCES NELSON**  
6221 NW 36TH STREET  
MIAMI, FL - 33166

QUALIFICATION(S):  
Dispensing Practitioner



Handwritten signature of Ron DeSantis in black ink.

Ron DeSantis  
GOVERNOR

Handwritten signature of Joseph A. Ladapo in black ink.

Joseph A. Ladapo, MD, PhD  
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 11307920

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/16/2022	ME 38983	816594

THE MEDICAL DOCTOR

NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):  
Dispensing Practitioner

Expiration Date: JANUARY 31, 2025  
RAFAEL ENRIQUE REYES CARDELLA  
7887 N KENDALL DR  
SUITE 102  
MIAMI, 33156

Ron DeSantis  
GOVERNOR



Joseph A. Ladapo, MD, PhD  
State Surgeon General



DISPLAY - IF REQUIRED BY LAW

QUALIFICATION(S):  
Dispensing Practitioner

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

AC# 11307920

DATE	LICENSE NO.	CONTROL NO.
11/16/2022	ME 38983	816594

THE MEDICAL DOCTOR

NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date : JANUARY 31, 2025  
RAFAEL ENRIQUE REYES CARDELLA

LICENSEE SIGNATURE





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

## American Association of Medical Review Officers

---

October 26, 2020

**Verification of Certification for:** Susan Nelson D.O.  
Physicians Health Center  
6221 NW 36TH Street  
Miami FL 33182

**Certification Number:** 991003116

**Current Certification Date:** 10/25/20

**Certification Expiration Date:** 10/25/25

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](http://www.aamro.com)).

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

# 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**

Certification Number: 19-12980

Effective from May 16, 2019  
to May 16, 2024

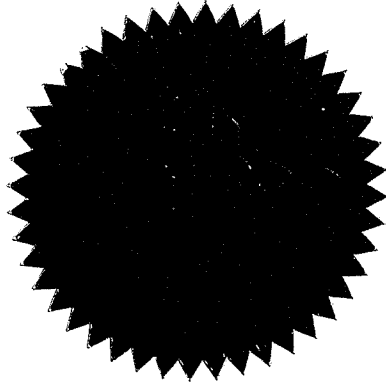


# *Breath Alcohol Technician Certificate*

*This Certifies That*

*Mayda Garces*

*Has Completed the Breath Alcohol Technician Training Course,  
is Proficient in 49 CFR Part 40 Procedures and  
the Operation of EBT.*



Issued on this 4th day of November 2022.  
Expires on the 4th day of November 2027.

A handwritten signature in black ink, appearing to read 'Patrick B. Armstrong', written over a horizontal line.

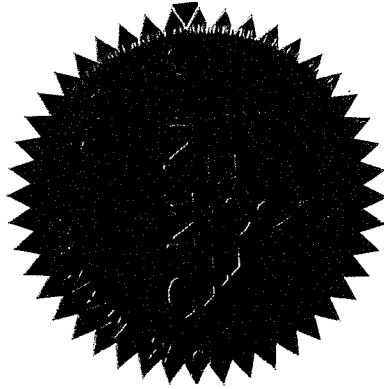
*Certified by: Patrick B. Armstrong #9129*

# Breath Alcohol Technician Certificate

*This Certifies That*

***Yuliet Martinez***

*Has Completed the Breath Alcohol Technician Training Course,  
is Proficient in 49 CFR Part 40 Procedures and  
the Operation of EBT.*



Issued on this 28th day of September 2018  
Expires on the 28th day of September 2023

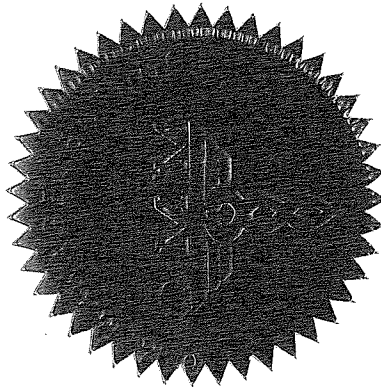
*Certified by: Patrick B. Armstrong #9129*

# *Breath Alcohol Technician Certificate*

*This Certifies That*

*Luis Velez*

*Has Completed the Breath Alcohol Technician Training Course,  
is Proficient in 49 CFR Part 40 Procedures and  
the Operation of EBT.*



Issued on this 11th day of August 2021  
Expires on the 11th day of August 2026

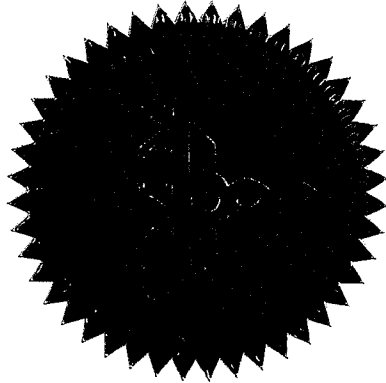
*Certified by: Patrick B. Armstrong #9129*

# *Breath Alcohol Technician Certificate*


*This Certifies That*

***Chelsea Gilbert***

*Has Completed the Breath Alcohol Technician Training Course,  
is Proficient in 49 CFR Part 40 Procedures and  
the Operation of EBT.*



Issued on this 4th day of November 2022.  
Expires on the 4th day of November 2027.



---

*Certified by: Patrick B. Armstrong #9129*

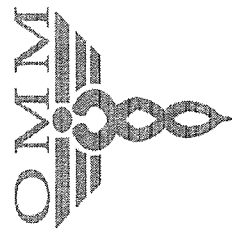
# *Breath Alcohol Technician Certificate*

*This Certifies That*

***Madalin Delgado***

*Has Completed the Breath Alcohol Technician Training Course,  
is Proficient in 49 CFR Part 40 Procedures and  
the Operation of EBT.*

Issued on this 17th day of December 2020  
Expires on the 16th of December 2025.



*Patrick B. Armstrong*

*Certified by: Patrick B. Armstrong #9129*





**Physicians Health Center**

**OCCUPATIONAL MEDICAL SPECIALISTS**

## **Section III**

# **Project Approach and Methodology**



# 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, 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 since 2010.

## 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 a physical or 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 Director of Sales and Marketing, 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. Physical Exam reports are available via our secure website: [www.physicianshealthcenter.com](http://www.physicianshealthcenter.com). Drug test results are emailed to the authorized contacts.

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.



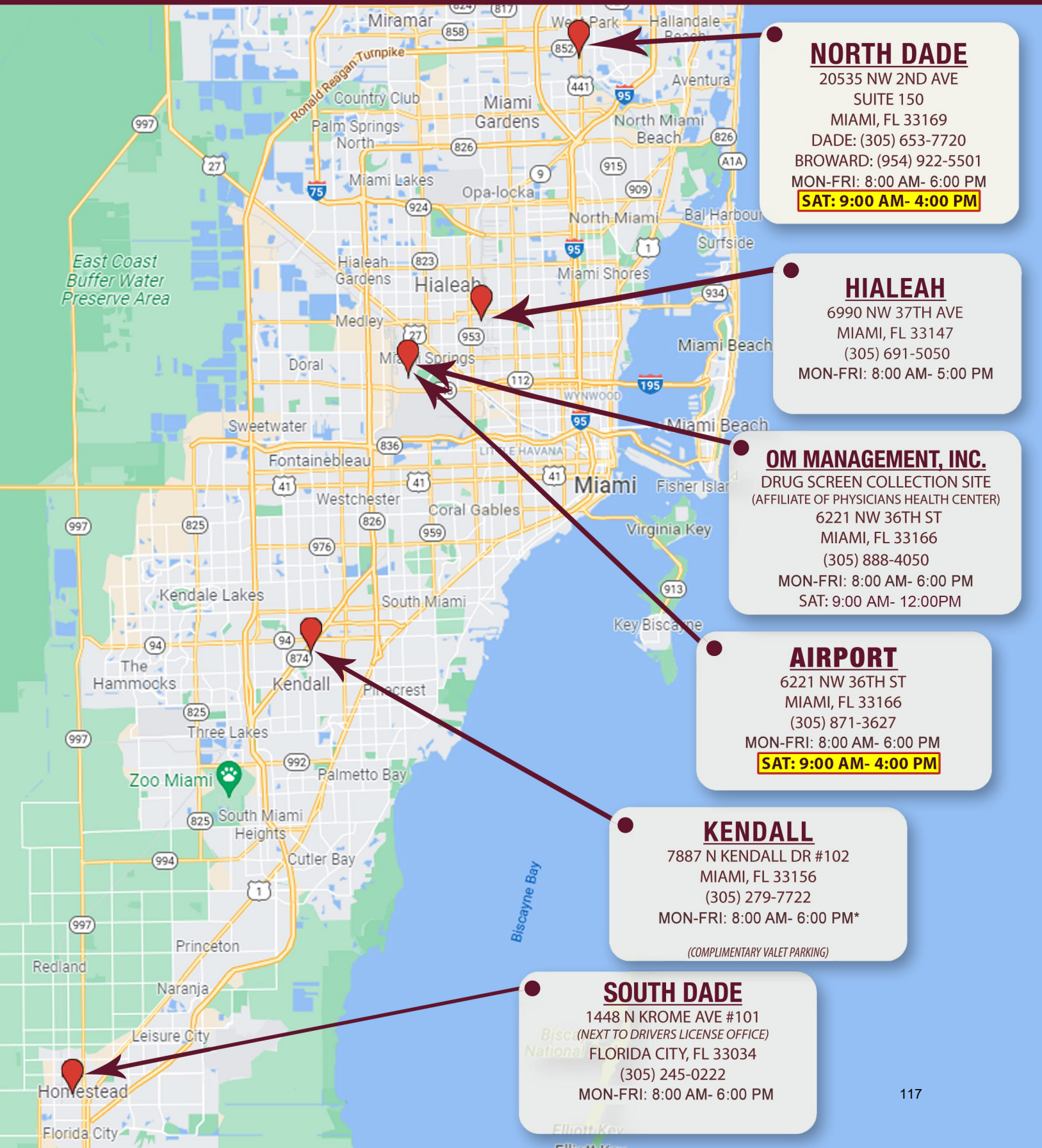
# Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

[www.PhysiciansHealthCenter.com](http://www.PhysiciansHealthCenter.com)

**New Extended  
Saturday Hours  
at Airport &  
North Dade**

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







# 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 36<sup>th</sup> Street  
Miami, FL 33166

Phone: (305) 871-3627

Fax: (305) 871-7569

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

**SAT 9:00 A.M. – 4:00 P.M.**

Contacts: Yarley Simon, Office Manager, ext.2314

[ysimon@physicianshealthcenter.com](mailto:ysimon@physicianshealthcenter.com)

Maria Peralta, Assistant Manager, ext.2304

### NORTH DADE/SOUTH BROWARD OFFICE

20535 NW 2<sup>nd</sup> Avenue, Suite 150 (US 441)

Miami, FL 33169

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

Fax: (305) 653-2099

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

**SAT 9:00 A.M. – 4:00 P.M.**

Contacts: Julissa Rodriguez, Office Manager, ext.2614

[jrodriguez@physicianshealthcenter.com](mailto:jrodriguez@physicianshealthcenter.com)

Ailyn Folgueira, Assistant Manager, ext.2605

### HIALEAH OFFICE

6990 NW 37<sup>th</sup> Avenue

Hialeah, FL 33147

Phone: (305) 691-5050

Fax: (305) 691-0006

**HOURS: M-F 8:00 A.M. - 5:00 P.M.**

Contacts: Maray Negrin, Office Manager, ext.2514

[mnegrin@physicianshealthcenter.com](mailto:mnegrin@physicianshealthcenter.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 8:00 A.M. - 6:00 P.M.**

Contacts: Jessica Deanda, Office Manager, ext.2414

[jdeanda@physicianshealthcenter.com](mailto:jdeanda@physicianshealthcenter.com)

### KENDALL OFFICE

7887 N. Kendall Drive, Suite 102

Miami, FL 33156

Phone: (305) 279-7722

Fax: (305) 279-2090

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

Contacts: Ana Cala, Office Manager, ext.2214

[acala@physicianshealthcenter.com](mailto:acala@physicianshealthcenter.com)



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

# Physicians Health Center

OCCUPATIONAL MEDICAL SPECIALISTS

## AFTER-HOURS PROTOCOL

### After-Hours Drug and Alcohol Testing

If a drug/alcohol test is needed 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](http://www.PhysiciansHealthCenter.com)

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

**“the right choice”**



## Locations From Which Work Is Performed

### Airport Office

- **Address:**
  - 6221 N.W. 36<sup>th</sup> St.  
Miami, FL 33166
  - Mileage to City Limits: 6.4 Miles
- **Size:**
  - 6995 Sq. Ft.
- **Hours:**
  - Monday – Friday: 8:00 AM – 6:00 PM
  - Saturday: 9:00 AM – 4:00 PM
- **Parking:**
  - 60+ Spaces
- **Equipment:**
  - Audio Machine
    - Make: Grason Stadler
    - Model: GSI-18
    - Last Calibration: 05/16/22
  - Vision
    - Make: Stereo Optical
    - Model: Optec2000P
    - Last Calibration: 5/16/22
  - P.F.T.
    - Make: Easy One Air Spirometry
    - Model: 2500
    - Last Calibration: 02/03/23
  - EKG
    - Make: Schiller
    - Model: AT-2 Plus
    - Last Calibration: 02/03/23
  - X-Ray Machine
    - Make: Americomp
    - Model: F280
    - Last Monthly Maintenance 11/23/22



# Physicians Health Center

---

OCCUPATIONAL MEDICAL SPECIALISTS

## Locations From Which Work Is Performed

### Kendall Office

- **Address:**
  - 7887 North Kendall Drive, Suite 102  
Miami, FL 33156
  - Mileage to City Limits: 8.0 Miles
- **Size:**
  - 4400 Sq. Ft.
- **Hours:**
  - Monday – Friday: 8:00 AM – 6:00 PM
- **Parking:**
  - Self-Parking & Valet Parking (Complimentary)
- **Equipment:**
  - Audio Machine
    - Make: Grason - Stadler
    - Model: GSI-18
    - Last Calibration: 01/19/2023
  - Vision
    - Make: OPTEC
    - Model: 5000P
    - Last Annual Check: 03/24/2022
  - P.F.T.
    - Make: Easy One
    - Model: 2500
    - Last Annual Check: 03/24/2022
  - EKG
    - Make: Schiller America
    - Model: AT-2 Plus
    - Last Annual Check: 03/24/2022
  - X-Ray Machine
    - Make: Summit
    - Model: NOVA 325
    - Last Calibration: 2022





**Physicians Health Center**

**OCCUPATIONAL MEDICAL SPECIALISTS**

## **Section IV**

# **Past Performance and References**



**REFERENCE FORM**  
**RFP 2023-022 Drug/ Alcohol Screening & Physical Examination Services**

Complete the form as indicated below, to provide the required information. The City shall contact the firms listed below to provide references on behalf of your company.

1. Project Name/Location \_\_\_\_\_

Owner Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Telephone No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Yearly Budget/Cost \_\_\_\_\_

Dates of Contract From: \_\_\_\_\_ To: \_\_\_\_\_

Project Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Project Name/Location \_\_\_\_\_

Owner Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Telephone No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Yearly Budget/Cost \_\_\_\_\_

Dates of Contract From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Description



The City of Coral Gables  
Procurement Division  
2800 S.W. 72ND AVENUE  
MIAMI, FLORIDA 33155

3. Project Name/Location

---

Owner Name

---

Contact Person

---

Contact Telephone No.

---

Email Address:

---

Yearly Budget/Cost

---

Dates of Contract

From: \_\_\_\_\_ To: \_\_\_\_\_

Project Description

---

---

---

---

4. Project Name/Location

---

Owner Name

---

Contact Person

---

Contact Telephone No.

---

Email Address:

---

Yearly Budget/Cost

---

Dates of Contract

From: \_\_\_\_\_ To: \_\_\_\_\_

---

---

---

---



## **Past & Present Performance for City of Coral Gables**

- 2016 - City of Coral Gables RFP No. 2016.11.YG-3
- 2010 - RFP 2010.09.01 1.0 HR Medical Services

**Each of the above contracts have been extended to maximum term.**



# Physicians Health Center

---

## OCCUPATIONAL MEDICAL SPECIALISTS

### Public Sector Clients

- City of Florida City
  - Cindy Lyle – HR Director - [pdirector@floridacityfl.gov](mailto:pdirector@floridacityfl.gov)
    - 305-242-8178 ext 115
- City of Hialeah
  - Elsa Jaramillo-Velez – HR Director - [ejv13196@hialeahfl.gov](mailto:ejv13196@hialeahfl.gov)
    - 305 883-8053
- City of Homestead
  - Ursula Medero – Benefits Manager - [umedero@cityofhomestead.com](mailto:umedero@cityofhomestead.com)
    - 305-224-4472
- City of Miami
  - Angella Breadwood - Claims Manager - [abreadwood@miamigov.com](mailto:abreadwood@miamigov.com)
    - 305-416-1751
- City of Miami Gardens
  - Melissa Negron – HR Director - [mnegron@miamigardens-fl.gov](mailto:mnegron@miamigardens-fl.gov)
    - (305) 914-9153
- City of Miami Springs
  - William Collins – HR Director - [collinsw@miamisprings-fl.gov](mailto:collinsw@miamisprings-fl.gov)
    - 305-805-5008
- City of North Miami
  - Kenneth McCoy – Risk Management Director - [kmccoy@northmiamifl.gov](mailto:kmccoy@northmiamifl.gov)
    - 305-893-6511 ext. 13101
- City of North Miami Beach
  - Christie H. Vilme – HR Administrator - [christie.vilme@citynmb.com](mailto:christie.vilme@citynmb.com)
    - 305-948-2918
- City of Opa-locka
  - Alexia Robotham – HR Director - [arobotham@opalockafl.gov](mailto:arobotham@opalockafl.gov)
    - (305) 953-2815 Ext 1701
- City of South Miami
  - Samantha Fraga-Lopez – Director of HR - [sfraga-lopez@southmiamifl.gov](mailto:sfraga-lopez@southmiamifl.gov)
    - 305 668-2515
- Miami-Dade County Public Schools
  - Jorge Davila - Assistant Risk Manager - [jdavila@dadeschools.net](mailto:jdavila@dadeschools.net)
    - 305-995-7152
- Village of Pinecrest
  - Chandaye Persad – HR Generalist - [persad@pinecrest-fl.gov](mailto:persad@pinecrest-fl.gov)
    - 305 234-2121 Ext. 115



**Physicians Health Center**  
OCCUPATIONAL MEDICAL SPECIALISTS

## **Performance Issues and Incidents**

Physicians Health Center is proud to say that we are not aware of any performance issues with our services. We have a strong customer service program, which keeps us in regular contact with our clients. Strong communication is crucial for maintaining a positive outcome for our patients, employers, and carriers. We do not require contracts to perform medical services for our public or private sector clients.

There have been no incidents within the last five (5) years where a civil, criminal, administrative, other similar proceeding was filed or is pending against Physicians Health Center.

AC# 10711450

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/04/2022	ME 27131	780773

THE MEDICAL DOCTOR

NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **JANUARY 31, 2024**  
**RICHARD WARREN SPIRER**  
**7887 N. KENDALL DRIVE**  
**STE#102**  
**MIAMI, FL - 33156**

QUALIFICATION(S):  
Dispensing Practitioner



Ron DeSantis  
GOVERNOR



Joseph A. Ladapo, MD, PhD  
State Surgeon General