



Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

RFP No. 2010.09.01
HR MEDICAL SERVICES

PHYSICIANS HEALTH CENTER
4483 NW 36 STREET, SUITE 120
MIAMI, FLORIDA 33166

CONTACT PERSON: MAXINE BOYER
PHONE: (305) 888-7555 EXT.111

DATE: 9/23/2010



“the right choice”



Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

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CORPORATE OFFICE

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



Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

Letter of Commitment

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 is fully committed to meeting the requirements set forth in the RFP for HR Medical Services (No. 2010.09.01) for the City of Coral Gables, Florida. We have recently provided these services to the City of Coral Gables, and we are providers of similar services for numerous municipalities throughout Miami-Dade County.

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

Physicians Health Center meets the Proposer Qualifications outlined in Section 2.3. Two of our Centers are within the 10-mile radius of the Coral Gables City Hall. Our offices are suitably equipped to handle the services required in this RFP.

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

Maxine Boyer-Topper, Executive Vice President 305-888-7555 ext. 111

Elisa Garvin, Client Service Manager 305-888-7555 ext. 112

Linette Rivera, General Manager 305-871-3627 ext. 108
(Proposed Project Manager for this RFP)



Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

Locations From Which Work Is Performed

Kendall Office

- **Address:**
 - 7887 North Kendall Drive, Suite 102
Miami, FL 33156
- **Size:**
 - 4400 Sq. Ft.
- **Hours:**
 - Monday – Friday: 8:30 AM – 5:30 PM
- **Parking:**
 - Self Parking & Valet Parking
- **Equipment:**
 - Audio Machine
 - Make: Beltone
 - Model: 109
 - Last Calibration: 9/3/2010
 - Vision
 - Make: Titmus
 - Model: 0V-7M
 - Last Calibration: 5/18/2010
 - P.F.T.
 - Make: Easy One
 - Model: 2001
 - Last Calibration: 7/15/2010
 - EKG
 - Make: Mortara Instruments
 - Model: ELI 200
 - Last Calibration: 5/18/2010
 - X-Ray Machine
 - Make: Summit
 - Model: NOVA 325
 - Last Calibration: 5/14/2009



Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

Locations From Which Work Is Performed

Airport Office

- **Address:**
 - 6221 N.W. 36th St.
Miami, FL 33166
- **Size:**
 - 6995 Sq. Ft.
- **Hours:**
 - Monday – Friday: 7:30 AM – 6:00 PM
 - Saturday: 8:30 AM – 12:30 PM
- **Parking:**
 - 60+ Spaces
- **Equipment:**
 - Audio Machine
 - Make: Beltone
 - Model: 109
 - Last Calibration: 3/1/2010
 - Vision
 - Make: Stereo Optical
 - Model: Optec2000P
 - Last Calibration: 5/2010
 - P.F.T.
 - Make: Burdick
 - Model: Flash
 - Last Calibration: Bi-Weekly
 - EKG
 - Make: Mortara Instrument
 - Model: 9738123756
 - Last Calibration: 5/2010
 - X-Ray Machine
 - Make: Varian X-Ray Tube Products
 - Model: Emerald125
 - Last Calibration: 8/20/2009



5 LOCATIONS SERVING MIAMI-DADE, SOUTH BROWARD & MONROE

Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

SERVICES PROVIDED

MEDICAL TREATMENT

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

EXPOSURE MONITORING

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

PHYSICAL THERAPY

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

OSHA MEDICAL PROGRAMS

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

DRUG SCREEN SERVICES

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

WELLNESS & PREVENTION SERVICES

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

PHYSICAL EXAMS

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

DISPENSING PHARMACY

- Generic Non-Narcotic Medications and Orthopedic Supplies.

RADIOLOGY

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



Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

EXECUTIVE SUMMARY

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

We have been performing pre-placement and annual physical exams, drug testing, and prompt evaluation and treatment of work-related injuries for municipalities throughout Miami Dade County, including: City of South Miami, City of Miami Springs, Village of Key Biscayne, City of Homestead, Village of Islamorada, City of Hialeah, City of Sweetwater, City of Florida City, City of North Miami, City of North Miami Beach and others. We are currently performing these services for the City of Coral Gables.

Our Medical Director oversees a highly experienced medical team of physicians, nurse practitioners 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, Bloodborne Pathogen Exposure and our equipment is calibrated at all times. Our offices are routinely audited and we have always received superior ranking.

Our Physicians also sign off on the Nursing Standards for several in-house corporate medical centers in Miami Dade County, such as Beckman Coulter, Noven Pharmaceutical and Schering-Plough/Merck. Our doctors are responsible for the medical care administered on-site to the employees of these corporations.

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

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

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

In the last several years we have opened two additional medical centers and remodeled and refurbished our existing ones. Our five medical centers are located throughout Miami Dade County and are located as far south as Florida City and as far North as 205th Street and US 441. Our Airport and Dadeland offices are centrally located (within 10 miles of the City of Coral Gables) and all offices are conveniently located for easy access from major expressways. Our five offices are trilingual (English/Spanish and Creole).

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

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

We have a strong Hurricane Response Team and maintain generators to keep our centers operational. Our medical director is in close contact with the Department of Health and The Center for Disease Control in Atlanta. During the swine flu scare, our Center was an immunization site. When the anthrax scare was in our midst, Physicians Health Center became a center for treatment and when smallpox vaccinations were given, our personnel were vaccinated and trained to be on-call for our companies, local and county government, as well as for the State of Florida employees.

Physicians Health Center has resisted the impulse of extending our services to Urgent Care and has remained in our Occupational-Medicine specialty. Many others have added Urgent Care, adding a longer waiting time and commingling healthy employees with sick patients in the waiting area.

With the recent economic downturn and increased unemployment in Miami Dade County, our business has also declined. We have fewer pre-employments, drug screens and injuries, however we have not reduced our workforce, in order to maintain high quality of care, efficient administrative support, strong communication and the ability to accommodate additional business.

During our 32 years of medical service we have maintained a strong partnership with Miami Dade County and The State of Florida.

Physicians Health Center--Contact Person: Maxine Boyer-Topper
(305) 888-7555 Ext. 111



Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

REFERENCES

- City of South Miami
 - Contact: Michelle Egues
 - Title: HR Assistant
 - Phone: (305) 668-3878
 - PHC handles all of their workers compensation medical care, physical examinations (pre-employments and annual) and drug testing.
 - *See letter of reference included in this bid.*
- City of Miami
 - Contact: Angela Breadwood
 - Title: Claims Manager
 - Phone: (305) 416-1751
 - PHC handles the workers compensation medical care and physical therapy for the City.
 - PHC provides the drug screens and physical exams for the City of Miami Police Training Unit through Robert Uria.
 - *See letter of reference from the City of Miami for the safety trainings presented to Police, Fire Rescue and Solid Waste supervisors.*
- Miami Dade County Risk Management
 - Contact: Carrie Valdes
 - Title: Risk Management
 - Phone: (305) 375-2164
 - PHC handles the workers compensation injuries and physical therapy for the County. We are considered a key provider and handle medical emergencies. The relationship dates back over twenty years.

- City of Miami Springs
 - Contact: Loretta M. Boucher
 - Title: Human Resource Manager
 - Phone: (305) 805-5008
 - PHC handles all of the workers compensation injuries, physical examinations including the FDLE program, and all drug testing for the City.
 - *See letter of reference included with this bid.*
- Village of Pinecrest
 - Contact: Mayra Sauleda
 - Title: Human Resource Manager
 - Phone: (305) 234-2121
 - PHC handles the Village's workers compensation medical care, flu vaccine program and drug testing services.
- City of North Miami Beach
 - Contact: Ellen Snow
 - Title: Risk Benefits Manager
 - Phone: (305) 787-6022
 - PHC handles the City's workers compensation medical care, drug testing and physical examinations.
- City of North Miami
 - Contact: Karen Muir
 - Title: Risk Management Administrator
 - Phone: (305) 893-6511
 - PHC handles the City's workers compensation injuries, post-accident drug testing and Hep. B program for the police officers.
 - *See letter of reference included in this bid.*
- City of Hialeah
 - Contact: Joaquin Martinez-Arrazola
 - Title: Human Resources Manager
 - Phone: (305) 883-8053
 - PHC handles the City's physical examinations, drug testing and workers compensation medical care. We have also been called upon to work with their legal department on some of their problematic cases over the years.

- Village of Key Biscayne
 - Contact: Lt. Joe Monteagudo
 - Title: Police / HR
 - Phone: (305) 365-8904
 - PHC handles their FDLE Physicals, drug testing and workers compensation medical care for the Village.
- City of Homestead
 - Contact: Ursula Medero
 - Title: Benefits Coordinator
 - Phone: (305) 224-4469
 - PHC handles the workers compensation medical care, drug screen collections and immunizations for the City.
- City of Opa Locka
 - Contact: Guithele Ruiz - Nicolas, Cassandra Joseph
 - Title: HR Director / HR Assistant
 - Phone: (305) 953-2815
 - PHC handles the workers compensation medical care, drug screen collections and immunizations for the City.

Additional cities PHC is servicing on an ongoing basis:

Florida City
 Miami Shores
 Medley Police Department
 Bay Harbor Island
 Islamorada
 Virginia Gardens



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Litigation Within the Last 5 Years

- **Oswaldo Barrera vs. Dr. Daniel Hauser and Physicians Health Center**
 - **Dr. Hauser is no longer employed by Physicians Health Center, however this case was dismissed in November, 2009.**
- **Janet Medina vs. Physicians Health Center**
 - **This case was settled for \$25,000 and voluntarily dismissed in May, 2007.**
- **Wilner Joseph vs. Chapnick, M.D.**
 - **It is believed that this case will be dismissed in the coming months.**



Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

Proposer's Qualifications

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

- Linette Rivera – Project Manager
 - Title
 - General Manager
 - Similar Experience
 - Oversees large accounts at PHC/Airport and oversees the services for several municipalities and large companies, including Miami Springs, City of Miami, Publix Supermarkets, Pepsi, Goodwill, American Airlines, etc.
 - Level of Involvement
 - Will be the direct contact for the City in setting up account and addressing issues that arise once the program is implemented. Oversees the technology/online medical notes.
 - Field of Expertise
 - Medical Technology, X-Ray Certification. Medical Office Systems and Management.
- Maxine Boyer
 - 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.

- Kevin Page
 - Title
 - Chief Operating Officer
 - Similar Experience
 - Upper Management for Enterprise Holdings
 - Level of Involvement
 - Management Oversight
 - Field of Expertise
 - Management, Finance, Analysis

- Elisa Garvin
 - Title
 - Client Service Manager
 - Similar Experience
 - Oversees all services for City of South Miami, Mercy Hospital, HCA, Village of Pinecrest, University of Miami, 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. Visits City of South Miami HR Department monthly.
 - Field of Expertise
 - Customer Service.

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

- Patrick Armstrong
 - Title
 - OM Management, Inc. 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.
 - Certified Drug Screen Trainer

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

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

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

- Dr. Susan Diaz
 - Title
 - Lead Physician & MRO
 - 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 three at PHC).
 - Level of Involvement
 - Lead physician and treating physician at Airport office. Will perform physicals, treat workers compensation injuries and interpret Drug Screen results as one of 3 MRO's.
 - Field of Expertise
 - Patient Care, communication with employers and case managers/adjustors, Drug Testing, Physical Examinations.

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

- David Capote
 - Title
 - Airport Physical Therapy Director
 - Similar Experience
 - Works closely with City of Miami. Oversees the PT at the Airport office. Designs and presents our Safety Programs (See reference from City of Miami).
 - Level of Involvement
 - Physical Therapy Treatment, Safety Presentations, Physical Capability Testing, Functional Capacity Evaluations.
 - Field of Expertise
 - Physical Therapy/Manual Therapy for the Industrial Athlete.

- Michael Capote
 - 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 Opa Locka, Velda Farms, Miami Dade County, Publix, et als.
 - Level of Involvement
 - Supervisor over all of the physical therapy services performed under this RFP.
 - Field of Expertise
 - Physical Therapy and management.

-See resumes in appendix IV.



Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

Project Understanding

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

Proposed Approach and Methodology

Physicians Health Center uses the most current version of I-Stolas Software through our five medical centers. When a new account is setup, such as City of Coral Gables, we enter the company setup into I-Stolas, 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 resource contacts, FDLE contact, carrier, return to work policies and procedures, and additional information.

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

Communication is key in setting up the account. We hold several meetings with the key contacts in order to accurately setup their requirements. The information is then communicated to our physicians and staff. Our Medical Director is directly involved in setting up the medical protocols. Our General Manager, who will serve as your project manager, is involved in the administrative setup.

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

www.physicianshealthcenter.com

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

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

See Online Notes in Appendix III



Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

RFP
DOCUMENTS



CORAL GABLES, FL

City of Coral Gables, 2800 SW 72nd Avenue, Miami, FL 33155

FINANCE DEPARTMENT / PROCUREMENT DIVISION
Tel: 305-460-5121, Fax: 305-460-5116

PROPOSER ACKNOWLEDGEMENT

HR MEDICAL SERVICES

RFP No. 2010.09.01

A cone of silence is in effect with respect to this RFP. The Cone of Silence prohibits certain communication between potential vendors and the City. For further information, please refer to the City Code Section 2-1059 of the City of Coral Gables Procurement Code.

Proposal must be received prior to 2:00 P.M. Thursday, September 23rd, 2010 and may not be withdrawn within 90 calendar days after such date and time. Proposals received by the date and time specified will be opened in the Procurement's Office located at 2800 SW 72nd Avenue, Miami, FL 33155. All Proposals received after the specified date and time will be returned unopened.

Contact: Joe V. Rodriguez, CPPB, FCCM
Telephone: 305-460-5121
Facsimile: 305-460-5116
contracts@coralgables.com

PROPOSERS ACKNOWLEDGEMENT

THIS FORM MUST BE COMPLETED AND SUBMITTED ALONG WITH THE COMPLETE PROPOSAL PRIOR TO THE DATE AND THE TIME OF PROPOSAL OPENING. THE PROPOSAL SUMMARY SHEET PAGES ON WHICH THE PROPOSALS ACTUALLY SUBMITS A PROPOSAL AND ANY PAGES UPON WHICH INFORMATION IS REQUIRED MUST BE COMPLETED AND ATTACHED WITH ALL PAGES OF THE PROPOSAL DOCUMENT.

Proposers Name: Richard L. Dolsey PHC Inc. d/b/a Physicians Health Center	Fed. ID No. or SS Number: 59-2355972
Complete Mailing Address: 4483 NW 36th Street., #120 Miami, FL 33166	Telephone No.: (305) 888-7555 x 111
Indicate type of organization below: Corporation: <input checked="" type="checkbox"/> Partnership: <input type="checkbox"/> Individual: <input type="checkbox"/> Other: <input type="checkbox"/>	Fax No.: (305) 888-7404
Bid Bond/Security Bond (if applicable) is attached in the amount of \$ N/A	Reason for no Response:

ATTENTION: FAILURE TO SIGN (PREFERABLY IN BLUE INK) OR COMPLETE ALL RFP SUBMITTAL FORMS AND FAILURE TO SUBMIT ALL PAGES OF THE RFP DOCUMENT AND ANY ADDENDUMS ISSUED MAY RENDER YOUR RFP NON-RESPONSIVE.

CHECK BOX BELOW TO ACKNOWLEDGE THIS PROPOSAL.

THE PROPOSER CERTIFIES THAT THIS PROPOSAL IS BASED UPON ALL CONDITIONS AS LISTED IN THE PROPOSAL DOCUMENTS AND THAT THE PROPOSER HAS MADE NO CHANGES IN THE PROPOSAL DOCUMENT AS RECEIVED. THE PROPOSER FURTHER PROPOSES AND AGREES, IF THE PROPOSAL 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 PROPOSAL PERTAINS. FURTHER, BY CHECKING THE AGREE BOX LISTED BELOW AND BY SIGNING BELOW IN BLUE INK ALL RFP PAGES ARE ACKNOWLEDGED AND ACCEPTED AS WELL AS ANY SPECIAL INSTRUCTION SHEET(S) IF APPLICABLE. I AM AUTHORIZED TO BIND PERFORMANCE OF THIS RFP FOR THE ABOVE PROPOSER.

Agree ☒

Max Boye-Torres
Authorized Name and Signature

Executive Vice President
Title

9/15/10
Date



CORAL GABLES, FL

City of Coral Gables, 2800 SW 72nd Avenue, Miami, FL 33155

FINANCE DEPARTMENT / PROCUREMENT DIVISION

Tel: 305-460-5121, Fax: 305-460-5116

SECTION 6

Request for Proposal (RFP) No 2010.09.01

6.0: RFP RESPONSE FORMS

SUBMITTED TO:

City of Coral Gables
Office of the Chief Procurement Officer
2800 SW 72 Avenue
Miami, Florida 33155

1. The undersigned Proposer proposes and agrees, if this Proposal is accepted, to enter in a Contract with the CITY to perform and furnish all work as specified or indicated in the Proposal and Contract Documents for the Contract price and within the Contract time indicated in the Proposal and in accordance with the Other terms and conditions of the proposal and Contract Documents.
2. Proposer accepts and hereby incorporates by reference in this Proposal Response Form all of the terms and conditions of the Request for Proposal.
3. Proposer proposes to furnish all labor, services and supervision for the work described in this Request for Proposal.
4. 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 9/16/10 Initials MB

Addendum No. 2 Date 9/20/10 Initials MB

Addendum No. _____ Date _____ Initials _____

No addendum was received ☐ Date _____ Initials _____

5. Proposer accepts the provisions of the Contract as to penalties in the event of failure to provide services as indicated.

6. Proposers correct legal name: Richard L. Dolsey, PHC Inc., d/b/a Physicians Health Center

Address: 4483 NW 36th St., Suite 120

City/State/Zip: Miami / FL / 33166

Telephone No./Fax No.: (305) 888-7555 / (305) 888-7404

Social Security or Federal I.D. No.: 592355972

Officer signing Proposals: *Ma Boye-Topp* Title: Executive Vice President



CITY OF CORAL GABLES, FL

PROPOSER QUALIFICATIONS STATEMENT

This questionnaire is to be submitted to the City of Coral Gables Procurement Division by the Proposer, along with the Proposal being submitted for the goods and/or services required by the City of Coral Gables. Do not leave any questions unanswered. When the question does not apply, write the word(s) "None" or "Not Applicable", as appropriate. Failure to complete this form, when applicable, may disqualify Proposal.

The undersigned certifies under oath the truth and correctness of all statements and of all answers to questions made hereinafter.

PROPOSERS NAME: Richard L. Dolsey PHC Inc. d/b/a Physicians Health Center

CONTACT NAME: Maxine Boyer-Topper

TITLE: Executive Vice President

ADDRESS: 4483 NW 36 St. Suite 120

Miami, FL 33166

TELEPHONE 305-888-7555 x 111

FACSIMILE 305-888-7404

EMAIL: max@ommanagement.com

FEDERAL EMPLOYER ID NO: 59-2355972

MARK ONE: CORPORATION ☒ PARTNERSHIP ☐ INDIVIDUAL ☐ OTHER ☐

List all current licenses held and provide copies

(a) STATE OF FLORIDA Agency for Healthcare Admin. - Licenses in Appendix, p. _____

(b) MIAMI DADE COUNTY Occupational Licenses - Licenses in Appendix, p. _____

(c) CITY OF CORAL GABLES MUNICIPAL LICENSE N/A

(d) OTHERS Medical Licenses - Licenses in Appendix, p. _____

- I. State the true, exact, correct and complete name of the partnership, corporation, and trade or fictitious name in which business is transacted and the address of the place of business.

Proposers Name: Richard L. Dolsey PHC Inc. d/b/a Physicians Health Center

The address of the principal place of business is: Corporate address is:

4483 NW 36 St. Suite 120, Miami, FL 33166

Medical Center Address are listed under Locations, p. _____

a. Date of Incorporation: 12/9/1983

b. State of Incorporation: Florida

c. President's: Mark E. Kerness

d. Vice President's: Kevin Page / Maxine Boyer-Topper

e. Secretary: None

f. Treasurer: None

g. Name and address of Resident Agent: Mark E. Kerness

4483 NW 36 St. Suite 120, Miami, FL 33166

Telephone: 305-888-7555 x 109 Facsimile: 305-888-4044

Email: mekerness@ommanagement.com

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2. If proposer is an individual or a partnership, answer the following:
- a. Date of organization: N/A
- b. Name, address and ownership units of all partners:
- _____
- _____
- _____
- c. State whether general or limited partnership: _____
3. If Proposer is other than an individual, corporation or partnership, describe the organization and give the name and address of principals and their titles:
- N/A
- _____
- _____
- _____
5. Are any of the principals of this company employed by the City of Coral Gables? If so, please disclose their names below:
- No
- _____
- _____
- _____
6. If Proposer is operating under a fictitious name, submit evidence of compliance with Florida Fictitious Name Statue.
7. How many years has organization been in business under present business name?
- 27 Years
- a. Under what other former names has organization operated?
- None
- _____
- _____
- _____
8. Indicate registration, license numbers or certificate numbers for the business or professions which are the subject of this Proposal. Please attach certificate of competency and/or state registration.
- Dr. Richard Spirer - ME27131
- Dr. Susan Diaz - OS6525
- All five physician's licenses are in Appendix, p. _____
9. Are you a certified Minority business? (Y) ☐ / (N) ☒
- If yes, then provide a copy of your certificate, certificate expiration date: _____
- | | | | | | |
|-------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|
| <i>African American</i> | <input type="checkbox"/> | <i>Hispanic American</i> | <input type="checkbox"/> | <i>Native American</i> | <input type="checkbox"/> |
| <i>American Woman</i> | <input type="checkbox"/> | <i>Asian American</i> | <input type="checkbox"/> | <i>Service Disable Vet.</i> | <input type="checkbox"/> |

10. Have you personally inspected the site of the proposed work? (Y) ☒ / (N) ☐
11. Do you have a complete set of documents, including drawings and addenda? (Y) ☒ / (N) ☐
12. Did you attend the Pre-Proposal Conference, if any such conference was held? (Y) ☒ / (N) ☐
13. Have you ever failed to complete any work awarded to you? If so, state when, where and why?
(Please provide the name and contact information of the entity which was involved)

No

- a. Has any other entity held you in default of a contract? If so, which entity? Please provide the name and number of the contact.

No

14. State the names, telephone numbers and last known addresses of three (3) owners, individuals or representatives of owners with the most knowledge of work which you have performed or goods you have provided. (*Governments are preferred as references.*)

Michelle Egues - HR	City of So. Miami - 6130 Sunset Dr., So. Miami, FL 33143	305-668-3878
(name)	(address)	(phone number)
Karen Muir - Risk Manager	City of No. Miami - 776 N 125St., N. Miami, FL 33161	305-893-6511 x 12202
(name)	(address)	(phone number)
Loretta Boucher - HR & Risk Manager	City of Miami Springs - 201 Westward Dr., Miami Springs, FL 33143	305-668-3878
(name)	(address)	(phone number)

15. State the name of individual who will have personal supervision of the work:

Project Manager Name: Linette Rivera

Title: General Manager

Telephone: 305-871-3627 x 108 Facsimile: 305-871-7970

Email address: linette@ommanagement.com

Provide the following information regarding your Insurance Requirements:

- a. Name of Insurance Carrier: Hartford
- b. Type of Coverage: Liability
- c. Limits of Liability: 1 Million / 2 Million
- d. Coverage/Policy Dates: 5/2/2010 - 5/2/2011
- e. Name of Insurance Agent(s): T.R. Jones - Melody Lowery
- f. Agent(s) telephone including area code: 305-247-5121

16. Has your insurance coverage ever been cancelled for any reason?, including payment. Yes ☐ / No ☒
- If yes, what was the reason? _____

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17. **Experience Record:** List past and/or present contracts, work, and jobs, that PROPOSER has performed of a type similar to what is required by specifications of the City's Proposal:

FIRM NAME/ADDRESS	DATE OF JOB	DESCRIPTION OF JOB
City of Coral Gables	6/17/10	Same as current RFP
City of South Miami	Since 2002	FDLE Physicals, Drug Testing, Workers Comp.
City of Miami Springs	Since 2000	Physicals, Drug Testing, Workers Comp.

18. State whether you or any officers of your company have been involved in any claims or litigation in the last five (5) years in any way relating to the business being procured in this RFP. Provide detail as to the cause and outcome (judgments and settlements) of those claims or litigation, whether it is the present company, a predecessor or related company.

None

19. **References:** List references that may be contacted to ascertain experience and ability of Proposer. Provide a minimum of three (3) references including **COMPANY NAME, ADDRESS, CONTACT PERSON, TELEPHONE, FACSIMILE AND EMAIL ADDRESS:**

See References, p. _____

20. Provide any additional information as to qualifications and/or experience, attach documentation to this form.

See Executive Summary, p. _____

Signed: Max Boyer-Topper Title: Executive Vice President
Type Name: Maxine Boyer-Topper
Company: Physicians Health Center Date: 9-20-2010

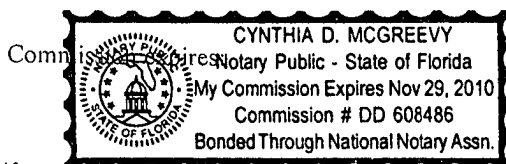
STATE OF FL

COUNTY OF Miami-Dade

[Signature]
Signature of Company Owner

PERSONALLY APPEARED BEFORE ME, the undersigned authority MAX Boyer-Topper
(Name of individual signing)

Who, after being sworn by me, affixed signature in the space provided above on this 20th date of September, 2010



Cynthia D. McGreevy
Notary Public

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**SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

**THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR
OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.**

1. This sworn statement is submitted to City of Coral Gables
[print name of the public entity]
by Maxine Boyer-Topper, Executive Vice President
[print individual's name and title]
for Physicians Health Center
[print name of entity submitting sworn statement]

Whose business address is:

Corporate Address: 4483 NW 36 St., Suite 120
Miami, FL 33166

and (if applicable) its Federal Employer Identification Number (FEIN) is 59-2355972

If the entity has no FEIN, include the Social Security Number of the individual signing this

sworn statement: _____.)

2. I understand that a "public entity crime" as defined 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.
3. 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.
4. 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.
5. 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.
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **[Indicate which statement applies.]**

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☒ 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 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 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 IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE 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.

Max Bayn Tupper
[signature]

Sworn to and subscribed before me this 20th day of September, 20 10.

cm
Personally known ☒

OR Produced identification _____

Cynthia D. McGreevy
Notary Public - State of FL

(Type of identification)



(Printed, typed, or stamped
commissioned name of
notary public)

CONE OF SILENCE
(Revised 11-17-2009)

Sec. 2-1059. Cone of silence; contracts for the provision of goods and services.

The requirements of section 2-11.1(t) ("Cone of Silence Ordinances") of the Code of Miami-Dade County, Florida, as amended, shall not be applicable to the City of Coral Gables.

- (1) *Purpose and intent.* It is the intent of this article to prevent city commissioners, potential vendors, bidders, offerors or service providers from communicating with city department directors, their staff or selection and evaluation committee members during the period of time in which the cone of silence is imposed on the request for proposals (RFP), request for qualifications (RFQ), or invitations for bids (IFB).
- (2) *Cone of silence* is defined to mean a prohibition on:
 - a. Any communication regarding a particular request for proposals (RFP), request for qualifications (RFQ), invitation for bids (IFB) or any other advertised solicitation between a potential offeror, vendor, service provider, bidder, lobbyist, or consultant and city department directors, their staff, selection committee or evaluation committee members;
 - b. Any communication regarding a particular request for proposals (RFP), request for qualifications (RFQ), invitation for bids (IFB) or any other advertised solicitation between the city commissioners and city department directors, the city departments' staff, selection committee or evaluation committee members.
- (3) *Applicability.*
 - a. The cone of silence shall be applicable only to contracts for the provision of supplies, services and construction for amounts greater than \$25,000.00.
 - b. The cone of silence shall not apply to:
 1. Informal bids as defined in the procurement code;
 2. Emergency purchases of supplies, services or construction;
 3. Duly noticed pre-bid or pre-proposal conferences;
 4. Duly noticed site visits;
 5. Sole source procurements;
 6. Bid waivers;
 7. Oral presentations during duly noticed meetings;
 8. Competitive negotiations;
 9. Public presentations made to the city commission during any duly noticed public meeting;
 10. Contract negotiations and electronic commerce;
 11. Inquiries by the city commissioners or third parties to the city manager or assistant city managers to determine responsibility or responsiveness of bidders/offerors regarding a particular solicitation, or with regard to the process;
 12. Written communications with the chief procurement officer or staff responsible for administering the procurement process for a particular solicitation, provided the communication is limited strictly to matters of process or procedure already contained in the corresponding solicitation;
 13. Communications with the city attorney, city manager or chief procurement officer;
 14. Communications between a city commissioner, the city manager, assistant city managers, the city clerk and the city attorney;
 15. Communications between a city commissioner, the city manager, assistant city managers, the city clerk, the city attorney and potential offeror, vendors, service providers, lobbyists or consultants;
- (4) *Procedure.*
 - a. *Imposition.* A cone of silence shall be imposed upon each request for proposals (RFP), request for qualifications (RFQ), invitation for bids (IFB) and any other solicitation when advertised. At the time of imposition of the cone of silence, the city manager shall provide public notice of the cone of silence and shall advise the affected department(s) in writing. The affected departments includes, but is not

limited to, selection committee members, user departments, department directors, city attorney, city manager, assistant city manager(s), and the city commission.

- b. *Termination.* Except as otherwise provided herein, the cone of silence shall terminate at the time of the city manager's approval of the award, or the city manager's written recommendation to the city commission, as may be applicable, is received by the city clerk, or at such time that bids or proposals are rejected by the city commission or the city manager; provided, however, that if the commission refers the city manager's recommendation back to the city manager or staff for further review, the cone of silence shall be re-imposed until such time as the city manager's subsequent written recommendation is received by the city clerk.
- (5) *Penalties.* Violation of the cone of silence by a particular bidder or offeror shall render any award to said person voidable by the city commission. In addition to any other penalty provided by law, violation of any provision of this ordinance by a city employee shall subject said employee to disciplinary action up to and including dismissal. Any person who violates a provision of this ordinance shall be prohibited from serving on a city competitive selection or evaluation committee unless such appointment is approved by a four-fifths vote of the city commission. A violation of this section by a particular bidder, offeror, lobbyist or consultant shall subject such person or persons to potential debarment pursuant to the provisions of this chapter.

Proposer must complete, sign, and enclose Cone of Silence document, to ensure the proper intent to comply. Failures to complete, sign, and return this form may disqualify your response.

SIGNED Max Boze-Tapper TITLE: Executive Vice President
Please sign and type or Print Name

COMPANY: Physicians Health Center DATE: 9/20/2010

CODE OF ETHICS AND CONFLICT OF INTEREST
(Revised 11-17-2009)

Sec. 2-1055. Ethics

Any attempt by city employees to realize personal gain by conduct inconsistent with proper discharge of their duties is a breach of public trust. Any effort to influence any public employee to breach the standards of ethical conduct set forth in this division is also a breach of ethical standards. The provisions of city ordinances, county ordinances, and state statutes shall be strictly enforced to preserve the public trust.

Sec. 2-1056. Prohibition on transacting business with the city

No commissioner, appointed official, member of an advisory board or committee, member of a quasi-judicial board or committee, or employee shall enter into any contract or transact any business in which that person or a member of the immediate family has a financial interest, direct or indirect with the board or committee of the City of Coral Gables on which that person serves, and any such contract, agreement or business engagement entered in violation of this subsection shall render the transaction voidable. Willful violations of this subsection shall constitute malfeasance in office and shall affect forfeiture of office or position. Nothing in this subsection shall prohibit or make illegal (1) the payment of taxes, special assessments or fees for services provided by the city government; (2) the purchase of bonds, anticipation notes or other securities that may be issued by the city through underwriters or directly from time to time. This provision shall not apply to boards and committees which have been exempted by the city commission from the requirement of the city's ethic code.

(1) *Waiver of prohibition.* The requirements of this subsection may be waived for a particular transaction only by four affirmative votes of the city commission after public hearing upon finding that:

- a. An open-to-all sealed competitive proposal has been submitted by the offeror; or
- b. The proposal has been submitted by a person or firm offering services within the scope of the practice of architecture, professional engineering, or registered land surveying, as defined by the laws of the State of Florida and pursuant to the provisions of the Consultants' Competitive Negotiation Act, and when the proposal has been submitted by an offeror defined above; or
- c. The property or services to be involved in the proposed transaction are unique and the city cannot avail itself of such property or services without entering a transaction which would violate this subsection but for waiver of its requirements; or
- d. That the property or services to be involved in the proposed transaction are being offered to the city at a cost of no more than 80 percent of fair market value based on a certified appraisal paid for by the offeror; and
- e. That the proposed transaction will be in the best interest of the city. Such findings shall be spread on the minutes of the commission. This subsection shall be applicable only to prospective transactions, and the city commission may in no case ratify a transaction entered in violation of this subsection.

(2) *Provisions cumulative.* This subsection shall be taken to be cumulative and shall not be construed to amend or repeal any other law pertaining to the same subject matter.

Sec. 2-1057. Further prohibition on transacting business with the city

No commissioner, appointed official, member of an advisory board or committee, member of a quasi-judicial board or committee, or employee shall enter into any contract or transact any business through a firm, corporation, partnership or business entity in which that person or any member of the immediate family has a controlling financial interest, direct or indirect, with the city board or committee on which they serve, or with any person or agency acting for the city board or committee, and any such contract, agreement or business engagement entered in violation of this subsection shall render the transaction voidable. Waiver of this section may only be obtained by following the provisions of section 2-1056.

Additionally, no commission member shall vote on or participate in any way in any matter presented to the city commission if that person has any of the following relationships with any persons or entities which would be or might be directly or indirectly affected by any action of the city commission: (i) officer, director, partner, of counsel, consultant, employee, fiduciary or beneficiary; or (ii) stockholder, bondholder, debtor, or creditor, if in any instance the transaction or matter would affect the commission member in a manner distinct from the manner in which it would affect the public generally. Any commission member

who has any of the specified relationships or who would or might, directly or indirectly, realize a profit by the action of the city commission shall not vote on or participate in any way in the matter.

Sec. 2-1058. Compulsory disclosure by employees of firms doing business with the city

Should any commissioner, appointed official, member of an advisory board or committee, member of a quasi-judicial board or committee, or employee be employed, by a corporation, firm, partnership or business entity in which that person or the immediate family does not have a controlling financial interest, and should the corporation, firm, partnership or business entity have substantial business commitments to or from the city or any city agency, or be subject to direct regulation by the city or a city agency, then the person shall file a sworn statement disclosing such employment and interest with the clerk of the City within 15 days after the person has actual or constructive notice of the relationship.

Proposer must complete, sign, and enclose Conflict of Interest and Code of Ethics documents, to ensure the proper intent to comply. Failures to complete, sign, and return this form may disqualify your response.

SIGNED: Mark Boyer-Tappa TITLE: Executive Vice President
Please sign and type or Print Name

COMPANY: Physicians Health Center DATE: 9/20/2010

FORMAL SOLICITATIONS PROTEST PROCEDURES

Sec. 2-950. Resolution of protested solicitations and awards-Formal.

- (a) *Right to protest on solicitations.* The following procedures shall be used for resolution of protested solicitations.
- (b) *Protest of solicitation.* Any actual or prospective bidder or offeror who perceives itself aggrieved in connection with the formal solicitation of a contract or who intends to contest bid specifications or a bid solicitation may file a written notice of intent to file a protest with the city clerk's office within three calendar days prior to the date set for opening of bids or receipt of proposals. A notice of intent to file a protest is considered filed when received by the city clerk's office.
- (c) *Protest of award.* Any actual responsive and responsible bidder whose bid is lower than that of the recommended bidder or an offeror who perceives itself aggrieved in connection with the recommended award of contract may file a written notice of intent to file a protest with the city clerk's office within three calendar days after notice of the city manager's written recommendation to the city commission for award of contract. A notice of intent to file a protest is considered filed when received by the city clerk's office.
- (d) *Contents of protest.* A written protest based on any of the foregoing must be submitted to the city clerk's office within five calendar days after the date the notice of protest was filed. A written protest is considered filed when received by the city clerk's office. The written protest shall state with particularity the specific facts and law upon which the protest of the solicitation or the award is based, and shall include all pertinent documents and evidence and shall be accompanied by the required filing fee as provided in subsection (h) below. This shall form the basis for review of the written protest and no facts, grounds, documentation or evidence not contained in the protester's submission at the time of filing the protest shall be permitted in the consideration of the written protest.
- (e) *Computation of time.* No time will be added to the above time limits for service by mail. The last day of the period so computed shall be included unless it is a Saturday, Sunday, or legal holiday in which event the period shall run until the next day which is not a Saturday, Sunday or legal holiday.
- (f) *Challenges.* The written protest may not challenge the relative weight of the evaluation criteria or the formula for assigning points in making an award determination.
- (g) *Authority to resolve protests.* The chief procurement officer, after consultation with the city attorney, shall issue a written recommendation within ten calendar days after receipt of the written protest. Said recommendation shall be sent to the city manager with a copy to the protesting party. The city manager may then either resolve the protest or reject all proposals. **On any protest on a contract for supplies and services not exceeding \$100,000.00 or a contract for construction not exceeding \$25,000.00 the city manager as authorized in Section 2-651 shall have sole authority to resolve in the best interests of the City. Otherwise, the city manager shall submit a recommendation to the city commission for approval or disapproval thereof.** A protest of an award of a contract by the city commission may be filed with the circuit court pursuant to the Florida Rules of Appellate Procedure.
- (h) *Stay of procurement during protests.* Upon receipt of a written protest filed pursuant to the requirements of this section, the city shall not proceed further with the solicitation or with the award of the contract until the protest is resolved by the city manager or the city commission as provided in subsection (f) above, unless the city manager, after consultation with the head of the user department, the chief procurement officer, and the city attorney, makes a written determination that the solicitation process or the contract award must be continued without delay in order to avoid an immediate and serious danger to the public health, safety or welfare and protect substantial interests of the city.
- (i) *Costs.* All costs accruing from a protest shall be assumed by the protestor.
- (j) *Filing fee.* The written protest must be accompanied by a filing fee in the form of a money order or cashier's check payable to the city in an amount equal to one percent of the amount of the bid or proposed contract, or \$2,500.00, whichever is less. The filing fee shall guarantee the payment of all costs which may be adjudged against the protestor in any administrative or court proceeding. If the protest is denied, the filing fee shall be forfeited to the city in lieu of payment of costs for the administrative proceedings. If the protest is upheld by the city, the filing fee shall be refunded to the protestor less any costs assessed under subsection (i) above.

- (k) *Compliance with filing requirements.* Failure of a party to timely file either the notice of intent to file a protest or the written protest, or submit the filing fee, with the city clerk's office within the time provided in subsections (a), (b) and/or (c), above, shall constitute a forfeiture of such party's right to file a protest pursuant to this section. The protesting party shall not be entitled to seek redress before the city commission or seek judicial relief without first having followed the procedure set forth in this section.

Proposer must complete, sign, and enclose Formal Solicitations Protest Procedures documents, to ensure the proper intent to comply. Failures to complete, sign, and return this form may disqualify your response.

SIGNED: Mac Boyer-Tupper TITLE: Executive Vice President
Please sign and type or Print Name
COMPANY: Physicians Health Center DATE: 9/20/2010

**CITY OF CORAL GABLES
AMERICANS WITH DISABILITIES ACT (ADA)
DISABILITY NONDISCRIMINATION STATEMENT**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

This sworn statement is submitted to City of Coral Gables
(print name of public entity)
by Maxine Boyer-Topper
(print individual's name and title)
for Physicians Health Center
(print name of entity submitting sworn statement)
whose business address is: 4483 NW 36 St., Suite 120
Miami, FL 33166
and (if applicable) its Federal Employer Identification Number (FEIN) is 59-2355972
(If the entity has not FEIN, include Social Security Number of the individual signing this sworn statement:
_____.)

I, being duly first sworn state:

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 II, 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

**CITY OF CORAL GABLES
AMERICANS WITH DISABILITIES ACT (ADA)
DISABILITY NONDISCRIMINATION STATEMENT**

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

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

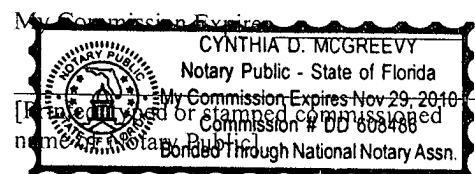
The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

Sworn to and subscribed before me this 20th day of September, 2010
cm ☒ Personally known ☐ Max Boyer-Topper
(Signature)

or produced identification:

[Type of Identification]

Notary Public, State of FL



CERTIFIED RESOLUTION

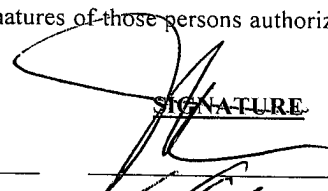
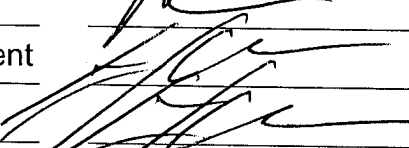
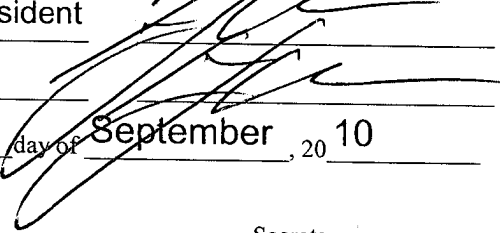
I, Kevin Page, duly elected Secretary of Physicians Health Center, a corporation organized and existing under the laws of the State of Florida, do hereby certify that the following Resolution was unanimously adopted and passed by a quorum of the Board of Directors of said corporation at a meeting held in accordance with law and the by-laws of said corporation.

IT IS HEREBY RESOLVED that Kevin Page (*insert name*), the duly elected Vice President (*insert title of officer*) of Physicians Health Center submit a Proposal and Bid Bond, if such bond is required, to the City of Coral Gables and such other instruments in writing as may be necessary on behalf of the said corporation; and that the Proposal, Bid Bond and other such instruments signed shall be binding upon the said corporation as its own acts and deeds. The secretary shall certify the names and signatures of those authorized to act by the foregoing resolution.

The City of Coral Gables shall be fully protected in relying on such certification of the secretary and shall be indemnified and saved harmless from any and all claims, demands, expenses, loss or damage resulting from or growing out of honoring the signature of any person so certified or for refusing to honor any signature not so certified.

I further certify that the above resolution is in force and effect and has not been revised, revoked or rescinded.

I further certify that the following are the names, titles and official signatures of those persons authorized to act by the foregoing resolution.

<u>NAME</u>	<u>TITLE</u>	<u>SIGNATURE</u>
<u>Mark E. Kerness</u>	<u>CEO - President</u>	
<u>Kevin Page</u>	<u>COO - Vice President</u>	
<u>Kevin Page</u>	<u>Secretary</u>	

Given under my hand and the Seal of said corporation this 20th day of September, 2010

(SEAL) By: _____, Secretary

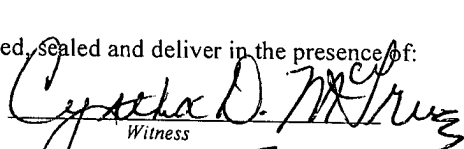
Physicians Health Center

Name of Corporation

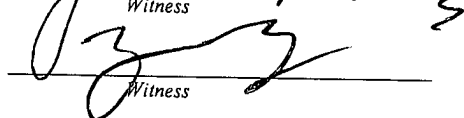
NOTE:

The above is a suggested form of the type of Corporate Resolution desired. Such form need not be followed explicitly, but the Certified Resolution submitted must clearly show to the satisfaction of the City of Coral Gables that the person signing the Proposal and Bid Bond for the corporation has been properly empowered by the corporation to do so in its behalf.

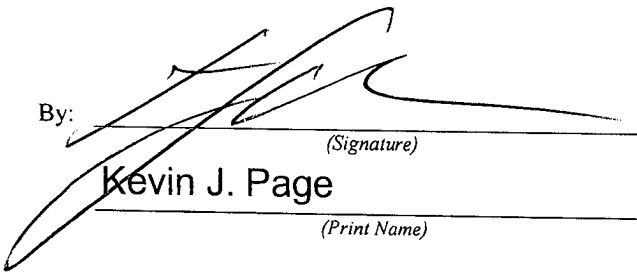
Signed, sealed and deliver in the presence of:



Witness



Witness

By: 

(Signature)

Kevin J. Page

(Print Name)

FOREIGN (NON-FLORIDA) CORPORATIONS MUST COMPLETE THIS FORM

DEPARTMENT OF STATE CORPORATE CHARTER NO. N/A

If your corporation is exempt from the requirements Section 607.1501, Florida Statutes, **YOU MUST CHECK BELOW** the reason(s) for the exemption. Please contact the Department of State, Division of Corporations at (904) 488-9000 for assistance with corporate registration or exemptions.

607.1501 Authority of foreign corporation to transact business required.

- (1) A foreign corporation may not transact business in this state until it obtains a certificate of authority from the Department of State.
- (2) The following activities, among others, do not constitute transacting business within the meaning of subsection (1):
- ☐ (a) Maintaining, defending, or settling any proceeding.
 - ☐ (b) Holding meetings of the board of directors or shareholders or carrying on other activities concerning internal corporate affairs.
 - ☐ (c) Maintaining bank accounts.
 - ☐ (d) Maintaining officers or agencies for the transfer, exchange, and registration of the corporation's own securities or maintaining trustees or depositories with respect to those securities.
 - ☐ (e) Selling through independent contractors.
 - ☐ (f) Soliciting or obtaining orders, whether by mail or through employees, agents, or otherwise, if the orders require acceptance outside this state before they become contracts.
 - ☐ (g) Creating or acquiring indebtedness, mortgages, and security interests in real or personal property.
 - ☐ (h) Securing or collecting debts or enforcing mortgages and security interests in property securing the debts.
 - ☐ (i) Transacting business in interstate commerce.
 - ☐ (j) Conducting an isolated transaction that is completed within 30 days and that is not one in the course of repeated transactions of a like nature.
 - ☐ (k) Owning and controlling a subsidiary corporation incorporated in or transacting business within this state or voting the stock of any corporation which it has lawfully acquired.
 - ☐ (l) Owning a limited partnership interest in a limited partnership that is doing business within this state, unless such limited partner manages or controls the partnership or exercises the powers and duties of a general partner.
 - ☐ (m) Owning, without more, real or personal property.
- (3) The list of activities in subsection (2) is not exhaustive.
- (4) This section has no application to the question of whether any foreign corporation is subject to service of process and suit in this state under any law of this state.

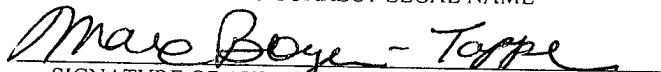
Please check one of the following if your firm is **NOT** a corporation:

- (I) ☐ Partnership, Joint Venture, Estate or Trust
- (II) ☐ Sole Proprietorship or Self Employed

NOTE: This sheet **MUST** be enclosed with your Proposal if you claim an exemption or have checked I or II above. If you do not check I or II above, your firm will be considered a corporation and subject to all requirements listed herein.

Maxine Boyer-Topper

PROPOSER'S CORRECT LEGAL NAME


SIGNATURE OF AUTHORIZED AGENT OR PROPOSER

Not Applicable

Max Boyer-Toppa

Offeror's Certification

WHEN OFFERER IS A PARTNERSHIP

IN WITNESS WHEREOF, the Offeror hereto has executed this Proposal Form this N/A day of N/A, 20 N/A.

Print Name of Partnership

By: _____
Signature of General or Managing Partner

Witness

Print Name of Partner

Witness

Business Address

City/State/Zip

Business Telephone Number

State of Registration

State of Florida
County of _____

On this _____ day of _____, 20_____, before me, the undersigned Notary Public of the State of Florida, personally appeared _____ as whose name(s) is/are Subscribe to the within instrument, and he/she/they acknowledged that he/she/they executed it.

WITNESS my hand
and official seal

NOTARY PUBLIC
SEAL OF OFFICE:

NOTARY PUBLIC, STATE OF FLORIDA

(Name of Notary Public: Print, Stamp or Type
as Commissioned.)

Personally known to me or
Produced identification:

(Type of Identification Produced)

DID take an oath, or DID NOT take an oath

Offeror's Certification

WHEN OFFERER IS A CORPORATION

IN WITNESS WHEREOF, the Offeror hereto has executed this Proposal Form this 20 day of September, 20 10.

Richard L. Dolsey PHC Inc. d/b/a Physicians Health Center

Print Name of Corporation

Florida

Print State of Incorporation

(CORPORATE SEAL)

By: [Signature]

Signature of President /other Authorized Officer

Kevin Page

Print Name of President/other Authorized Officer

4483 NW 36 St. Suite 120

Address of Corporation

Miami, FL 33166

City/State/Zip

305-888-7555 x 111

Business Telephone Number

ATTEST:

By: [Signature]

Secretary

On this 20 day of September, 20 10, before me, the undersigned Notary Public of the State of Florida, the foregoing instrument was acknowledge by

Kevin Page Coof Secretary

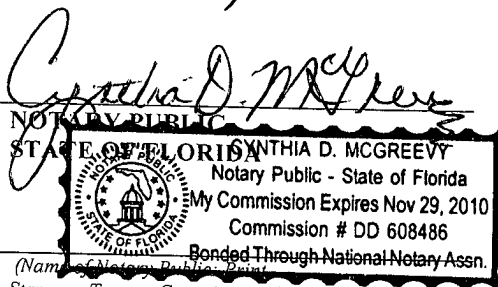
(Name of Corporate Officer(s) and Title(s))

of Richard L. Dolsey PHC Inc. / FL on behalf of the Corporation.

(Name of Corporation and State of Place of Incorporation)

WITNESS my hand
and official seal

NOTARY PUBLIC
SEAL OF OFFICE:



(Name of Notary Public, Print
Stamp or Type as Commissioned)

cm
Personally known to me, or
Produced identification:

(Type of Identification Produced)

DID take an oath, or DID NOT did not take an oath

Not Applicable

Offeror's Certification

Mar Bay-Torre

**WHEN OFFERER IS A SOLE PROPRIETORSHIP OR
OPERATES UNDER A FICTITIOUS OR TRADE NAME**

IN WITNESS WHEREOF, the Offeror hereto has executed this Proposal Form this N/A day of
N/A, 20 N/A.

Print Name of Firm

By: _____
Signature of Owner

Witness

Print Name of Individual

Witness

Business Address

City/State/Zip

Business Telephone Number

State of Florida
County of _____

On this _____ day of _____, 20_____, before me, the undersigned Notary Public of the
State of Florida, personally appeared _____

(Name(s) of individual(s) who appeared before notary)
and whose name(s) is/are Subscribed to the within instrument, and he/she/they acknowledged that he/she/they
executed it.

WITNESS my hand
and official seal

NOTARY PUBLIC, STATE OF FLORIDA

**NOTARY PUBLIC
SEAL OF OFFICE:**

(Name of Notary Public: Print, Stamp or Type
as Commissioned.)

Personally known to me, or
Produced identification:

(Type of Identification Produced)

DID take an oath, or **DID NOT** did not take an oath

NON-COLLUSION AFFIDAVIT

State of Florida)

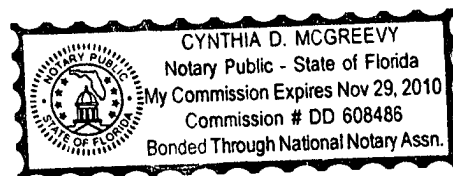
)ss.

County of Miami-Dade)

Cynthia D. McGreevy being first duly sworn, deposes
and says that:

- (1) Affiant is the Officer
(Owner, Partner, Officer, Representative or Agent) of
Max Boyer-Topper the Proposer that has submitted the
attached Proposal;
- (2) Affiant is fully informed respecting the preparation and contents of the attached Proposal and of all
pertinent circumstances respecting such Proposal;
- (3) Such Proposal is genuine and is not a collusive or sham Proposal;
- (4) Neither the said Proposer nor and of its officers, partners, owners, agents, representatives, employees or
parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly
or indirectly, with any other Proposer or firm, or person to submit a collusive or sham Proposal in
connection with the work for which the attached Proposal has been submitted; or to refrain from bidding in
connection with such work; or have in any manner, directly or indirectly, sought by agreement or collusion,
or communication, or conference with any Proposer, firm, or person to fix any overhead, profit, or cost
elements of the Proposal price or the Proposal price of any other Proposer, or to secure through any
collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person
interested in the proposed work;
- (5) The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion,
conspiracy, connivance, or unlawful agreement on the part of the Proposer or any other of its agents,
representatives, owners, employees or parties in interest, including this affiant.

Max Boyer-Topper 9/17/2010



State of Florida
County of MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 17th day of
Sept (month) 2010 (year), by MAX Boyer-Topper (name of signer).
Cynthia D. McGreevy (signature of Notary) (seal of Notary)

Cynthia D. McGreevy
(name of Notary, printed, typed or stamped)
Personally known ✓ OR produced identification _____
Type of identification produced _____

DRUG-FREE WORK PLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that
Physicians Health Center

(Name of Business)

does:

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 work place, the business's policy of maintaining a drug-free workplace, any available drug counseling, Employee Assistance Programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee a copy of the statement specified in subsection (1) that are engaged in providing the commodities or contractual services that are proposed.
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 proposed, 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 firm complies fully with the above requirements.

Max Boyer - Topper
Proposer's Signature

9-20-2010
Date

I CERTIFY THAT I AM AUTHORIZED TO EXECUTE THIS QUALIFICATION STATEMENT ON BEHALF OF THE APPLICANT. THE PROPOSER ACKNOWLEDGES AND UNDERSTANDS THAT THE INFORMATION CONTAINED IN RESPONSE TO THIS QUALIFICATION STATEMENT SHALL BE RELIED UPON BY OWNER IN AWARDED THE CONTRACT AND SUCH INFORMATION IS WARRANTED BY PROPOSER TO BE TRUE. THE DISCOVERY OF ANY OMISSION OR MISSTATEMENT THAT MATERIALLY AFFECTS THE PROPOSER'S QUALIFICATIONS TO PERFORM UNDER THE CONTRACT SHALL CAUSE THE CITY TO REJECT THE PROPOSAL, AND IF, AFTER TERMINATE THE AWARD AND/OR CONTRACT.

Max Boyer - Topper
Signature

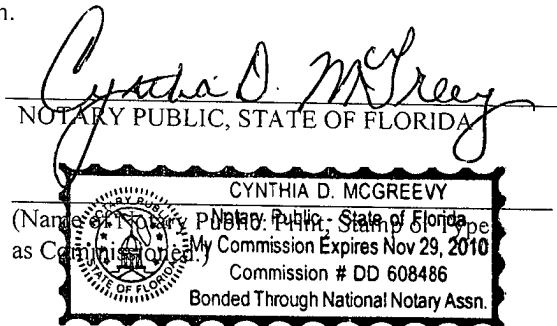
State of Florida

County of FL

On this the 20th day of September, 2010, before me, the undersigned Notary Public of the State of Florida, personally appeared MAX BOYER - TOPPER and whose name(s) is/are subscribes to the within instrument, and acknowledge it's execution.

NOTARY PUBLIC
SEAL OF OFFICE:

Personally known to me, or
Produced identification:



(Type of Identification Produced)

NOT APPLICABLE

Marie Boyer-Tapper

CITY OF CORAL GABLES
LOBBYIST - ISSUE APPLICATION

HAVE YOU BEEN RETAINED TO LOBBY ANY OF THE FOLLOWING FOR STATE PURPOSE?

CITY OFFICIALS: Mayor, City Commissioners, City Attorney, City Manager, Assistant City Manager, Heads or Directors of Departments, and their Assistant or Deputy, Police Major or Chief, Building and Zoning Inspectors, Board, or Committee Members.

FOR THIS PURPOSE: To encourage the passage, defeat or modification of any ordinance, resolution, action, or decision of the City Commission; or any action, decision or recommendation of any Board, Committee or City Official.

TIME PERIOD: During the time period of the entire decision-making process on an action, decision or recommendation which foreseeable will be heard or reviewed by the Commission, or a board or Committee.

IF THE FOREGOING APPLIES TO YOU, YOU ARE REQUIRED TO REGISTER AS A LOBBYIST AND TO FILE THE FOLLOWING INFORMATION, UNDER OATH, WITH THE CITY CLERK FOR EACH ISSUE ADDRESSED.

Your Name: (Print) N/A
LOBBYIST

Your Business Name: (Print) N/A

Business Telephone Number: N/A

Business Address : N/A
N/A

Client you are representing on this issue:

Name of Client: (Print) N/A

Client's Address: N/A
N/A

Name of Corporation, Partnership, or Trust: (Print)

N/A

Names of all persons holding, directly or indirectly, a 5% or more ownership interest in the corporation, partnership, or trust: (Print)

N/A

ISSUE: Describe specific issue on which you will lobby: (Separate Application and Fee is required for each specific issue)

N/A

ISSUE FEE: You are required to pay a \$125.00 Issue Fee to the City Clerk prior to lobbying on a specific issue.

ADDITIONAL CLIENTS: You are required to fill out an additional Application for each additional Client represented on this issue, and attach to this Application.

I N/A

_____ hereby swear or affirm under penalty of
Print Name of Lobbyist
perjury that all the facts contained in this Application are true and that I am aware that these
requirements are in compliance with the provisions of Dade
County Code Sec, 2-11.1(s) governing Lobbying.

Date: _____

Signature of Lobbyist

\$125.00 Appearance Fee Paid: _____ Received by _____

Fees Waived for Not for Profit Organization (documentary proof attached) _____

Additional Client Application Attached: _____

NOT APPLICABLE

Mac Boyer-Tapper

CITY OF CORAL GABLES
LOBBYIST
BIENNIAL REGISTRATION APPLICATION

HAVE YOU BEEN RETAINED TO LOBBY ANY OF THE FOLLOWING FOR STATE PURPOSE?

CITY OFFICIALS:

Mayor, City Commissioners, City Attorney, City Manager, Assistant City Manager, Heads or Directors of Departments, and their Assistant or Deputy, Police Major or Chief, Building and Zoning Inspectors, Board, or Committee Members.

FOR THIS PURPOSE:

To encourage the passage, defeat or modification of any ordinance, resolution, action, or decision of the City Commission; or any action, decision or recommendation of any Board, Committee or City Official.

TIME PERIOD:

During the time period of the entire decision-making process on an action, decision or recommendation which will be heard or reviewed by the Commission, or a board or Committee.

IF THE FOREGOING APPLIES TO YOU, YOU ARE REQUIRED TO REGISTER AS A LOBBYIST AND TO FILE THE FOLLOWING INFORMATION, UNDER OATH, WITH THE CITY CLERK FOR EACH ISSUE ADDRESSED.

Name: (Print) N/A
LOBBYIST
Business Name: (Print) N/A
Business Telephone Number: N/A
Business Address: N/A
N/A

State the extent of any business or professional relationship with any current member of the City Commission.

N/A

PRINCIPALS REPRESENTED: List here all principals currently represented by you, including address and telephone number:

N/A

ANNUAL REPORT: On July 1st of each year, you are required to submit to the City Clerk a signed statement under oath listing all lobbying expenditures in excess of \$25.00 for the preceding calendar year. A statement is required to be filed without expenditures.

Not Applicable
Mac Boyer-Tapper

ISSUE FEE: You are required to pay a \$125.00 Issue Fee to the City Clerk prior to lobbying on behalf of a specific issue and to fill out an Application stating under oath, your name, business address, the name of each principal employed by you to lobby, and the specific issue of which you wish to lobby.

NOTICE OF WITHDRAWAL: If you discontinue representing a particular client, a notice of withdrawal is required to be filed with the City Clerk.

BIENNIAL LOBBYIST REGISTRATION FEE: This Registration must be on file in the Office of the City Clerk prior to the filing of an Issue Application to lobby on a specific issue and the \$500.00 Biennial Lobbyist Registration Fee must be paid on or before October 1, 2000.

I N/A hereby swear or affirm under penalty of
(Print Name of Lobbyist)
perjury that I have read the provisions of Dade County Code Sec, 2-11.1(s)
governing Lobbying and that all of the facts contained in this Registration
Application are true and that I agree to pay the \$500.00 Biennial Lobbyist
Registration Fee on or before October 1, 2000 and on or before October 1,
of each even-numbered year thereafter, if I continue as an active Lobbyist in
the City of Coral Gables.

Signature of Lobbyist

STATE OF FLORIDA)
 }
COUNTY OF DADE)

BEFORE ME personally appeared N/A to me well known and known to me to be the
person described in and who executed the foregoing instrument, and acknowledged to and before me
that _____ executed said instrument for the purposes therein expressed.

WITNESS my Hand and Official Seal this _____.

_____ Personally Known

_____ Produced ID

Notary Public
State of Florida

\$500.00 Fee Paid _____

Received By _____

\$500.00 Fee Waived for Not-for-Profit Organizations (documentary proof attached) _____



Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

APPENDIX

PHYSICIANS HEALTH CENTER

DOCUMENTS

LOCATIONS

AFTER-HOURS PROTOCOL

EMPLOYEE SAFETY TRAINING

FLU SEASON

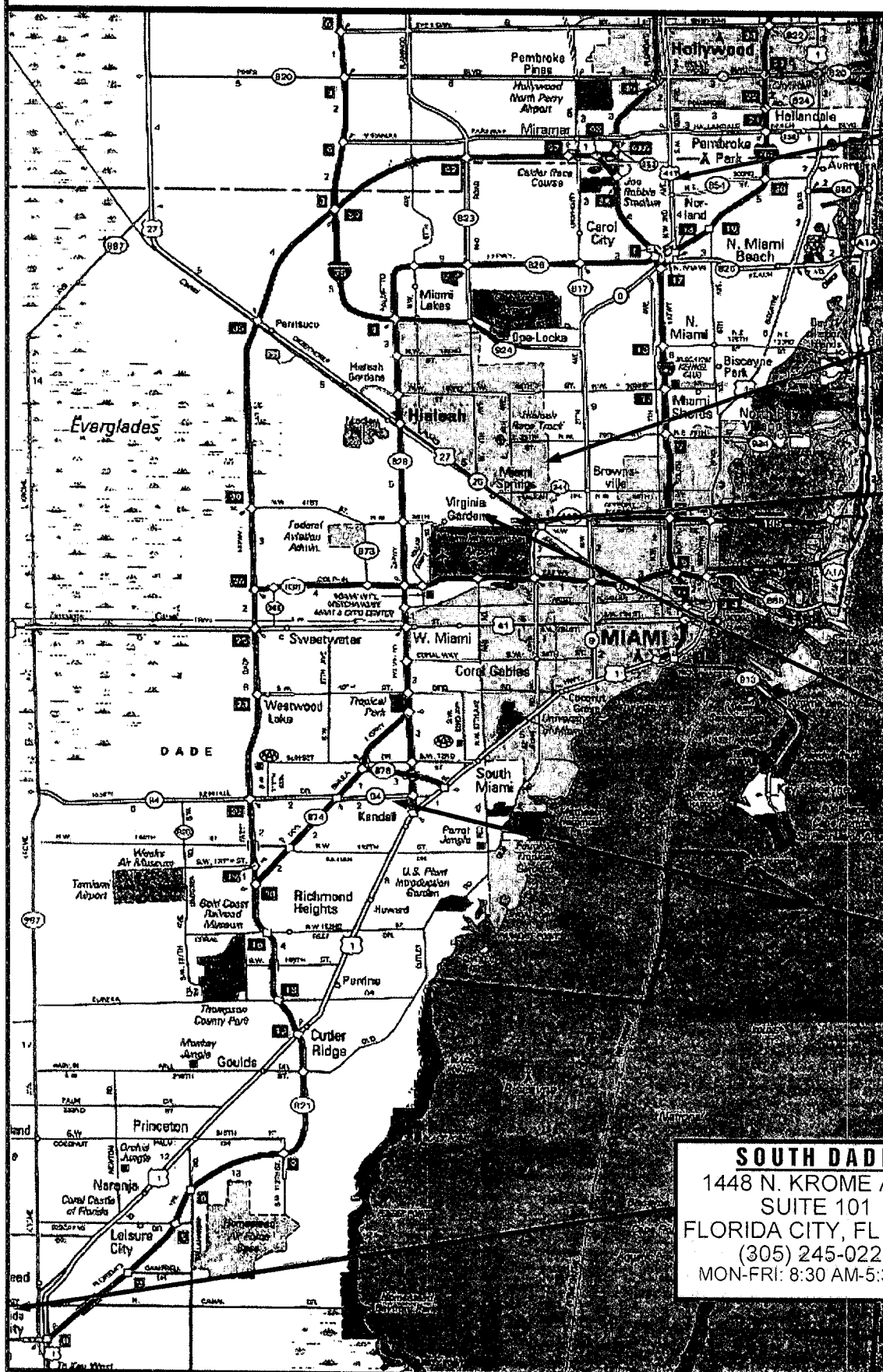
A - I



Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

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



NORTH DADE

20535 N.W. 2nd AVE.
SUITE 150
MIAMI, FL 33169
DADE: (305) 653-7720
BROWARD: (954) 922-5501
MON-FRI: 8:30 AM-6:00 PM
SAT: 8:30 AM-12:30 PM

HIALEAH

6990 N.W. 37th AVE.
MIAMI, FL 33147
(305) 691-5050
MON-FRI: 7:30 AM-4:30 PM

OM MANAGEMENT, INC.

DRUG SCREEN COLLECTION SITE
(AFFILIATE OF PHYSICIANS HEALTH CENTER)
4483 NW 36th ST. SUITE 120
MIAMI, FL 33166
(305) 888-4050
MON-FRI: 8:30 AM-5:30 PM

AIRPORT

6221 N.W. 36th ST.
MIAMI, FL 33166
(305) 871-3627
MON-FRI: 7:30 AM-6:00 PM
SAT: 8:30 AM-12:30 PM

KENDALL

7887 N. KENDALL DR.
SUITE 102
MIAMI, FL 33156
(305) 279-7722
MON-FRI: 8:30 AM-5:30 PM

SOUTH DADE

1448 N. KROME AVE.
SUITE 101
FLORIDA CITY, FL 33034
(305) 245-0222
MON-FRI: 8:30 AM-5:30 PM



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

Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

AFTER-HOURS PROTOCOL

If an employee requires after-hours medical care:*

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

After-Hours Injury and Drug and Alcohol Testing

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

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

If an employee must be taken to a Hospital ER:

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

www.physicianshealthcenter.com

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



“the right choice”



Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

EMPLOYEE SAFETY TRAINING

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

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

Types of Injuries

Common Causes of Back Injuries

Back Injury Prevention

How to Handle an Acute Injury

Nutrition

Principles of Safe Handling

Proper Lifting Techniques

Positioning and Posture

Exercising

Promotion of a Healthy Lifestyle



Contact Maxine Boyer

for more information: (305) 888-7555 Ext. 111

www.physicianshealthcenter.com



"the right choice"

Steps to Staying Healthy During Flu Season

- Minimize your exposure to the germs that cause illness. Try to avoid close contact with sick people.
- Maintain a healthy diet and lifestyle.
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it. Handkerchiefs should be avoided. If you don't have a tissue, cough onto your sleeve.
- Wash your hands frequently with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs can be spread this way. If you are sick with flu-like symptoms, the CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care.
- Control your fever with fever-reducing medicine.
- Drink plenty of clear fluids.
- **Get a Flu Shot.**



Physicians Health Center
Occupational Health Specialists

www.physicianshealthcenter.com

North Miami Dade/South Broward County

PHYSICIANS HEALTH CENTER

20215 NW 2nd Ave. (441) Suite 3 • Miami, FL 33169

Phone: 305-653-7720 / 954-922-5501 FAX: 305-653-2099

Hours: Weekdays 8:30am – 6:00pm Saturday 8:30am – 12:30pm

Hialeah

PHYSICIANS HEALTH CENTER

6990 NW 37th Ave. • Miami, FL 33147

Phone: 305-691-5050 • FAX: 305-691-0006

Hours: Weekdays 7:30am – 4:30pm

Miami

Miami International Airport

PHYSICIANS HEALTH CENTER

6221 NW 36th Street • Miami, FL 33166

Phone: 305-871-3627 • FAX: 305-871-7569

Hours: Weekdays 7:30am – 6:00pm Saturday 8:30am – 12:30pm

Kendall

PHYSICIANS HEALTH CENTER

7887 North Kendall Drive, Suite 102 • Miami, FL 33156

Phone: 305-279-7722 • FAX: 305-279-2090

Hours: Weekdays 8:30am – 5:30pm

Florida City

PHYSICIANS HEALTH CENTER

1448 North Krome Avenue, Suite 101 • Florida City, FL 33034

Phone: 305-245-0222 • FAX: 305-246-3700

Hours: Weekdays 8:30am – 5:30pm



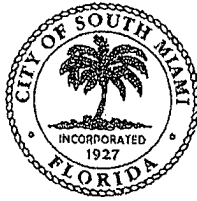
Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

APPENDIX

REFERENCES COMMENDATIONS

A - II



City of South Miami

September 7, 2010

Re: Physicians Health Center

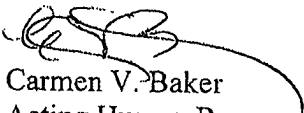
To Whom It May Concern:

This is to inform you that the City of South Miami has done business with Physician's Health Center and OM Management for several years. We are pleased to report that all business has been conducted by Mrs. Garvin and her company in a highly satisfactory manner. Physician's Health Center and OM Management staff is dependable and have always provided professional services and exceptional customer service.

We currently have a variety of services that are provided by PHC and OM Management. Just to name a few they provide us with pre-employment drug and physical screenings, Police Officer's annual physicals, post-accident drug and alcohol screening, and follow-up physical therapy care for injured employees. OM Management also services the City's Random DOT program, this program is exceptional; we highly recommend it.

We have found that Physicians Health Center and OM Management have a broad range of services that have been helpful to us; these services have been consistently delivered to us in a dependable and professional manner. We recommend them without hesitation.

Sincerely,



Carmen V. Baker
Acting Human Resources Manager





September 9, 2010

To Whom It May Concern

Re: Physicians Health Center

Dear Sir/Madam:

Physicians Health Center has been providing medical and safety services to employees of the City of North Miami for over a decade. Specific services rendered include: Workers' Compensation primary care at the onset of an injury, drug and alcohol testing to determine fitness for duty, and safety training to educate employees on safety essentials.

The staff of Physicians Health Center is highly competent and their level of efficiency has definitely been an asset. They have always managed to keep wait time to a minimum, allowing employees to return to work promptly after each visit. In addition all paperwork (including DWC-25's) is usually transmitted to us promptly, enabling Supervisors to make the appropriate work placement of employees in a timely fashion.

Safety training offered by Physicians Health Center is provided as a value added service at no cost to the City. The knowledge gained from training is invaluable to our employees and helps in keeping our losses to a minimum.

Based on my experience, I wholeheartedly recommend Physicians Health Center for any services being considered. Please do not hesitate to call me with any questions regarding this matter at (305) 893-6511 extension 12202.

Sincerely,

Karen Muir
Risk Manager

/km



HUMAN RESOURCES / RISK MANAGEMENT
201 WESTWARD DRIVE
MIAMI SPRINGS, FL 33166

TELEPHONE: (305) 805-5008
FACSIMILE: (305) 805-5022

August 31, 2010

TO WHOM IT MAY CONCERN:

RE: PHYSICIANS HEALTH CENTER & O.M. MANAGEMENT, INC.

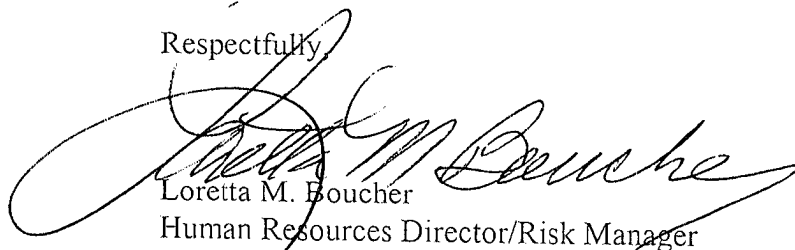
Dear Sirs:

We have used Physicians Health Center as a Medical Center and O.M. Management as a Drug Management Program, for over ten years.

We receive our Drug Test results via computer. They have and continue to provide services as required in an efficient and accurate manner.

Please do not hesitate to contact my office at (305) 805-5008 if you have any further question.

Respectfully,



Loretta M. Boucher
Human Resources Director/Risk Manager

LMB/nds

City of Miami



PEDRO G. HERNANDEZ, P.E.
City Manager

February 26, 2010

Maxine Boyer
Executive Vice President
Physicians Health Center
4483 N.W. 36 Street, Suite 120
Miami, FL 33166


Dear Maxine,

I want to take this opportunity to thank you for providing our employees with the ***Spine Safety at the Workplace*** Seminar on Thursday, February 25, 2010.

David gave an excellent presentation, not only for general knowledge but also presented the employees with job-specific examples of tasks they do on a daily basis which really was important to them. I believe that the requests from the supervisory staff to disseminate this training to their employees speaks to the high quality and importance of the information provided.

Again, I thank you and David for assisting us in this effort and I look forward to working with you in the future.

Sincerely,


Patrice E. Rey, LHCRM
Safety Manager/ADA Coordinator

Marc S. Smith

801 NW 151 Street Miami, Florida 33169 (305) 798-9104

June 14, 2007

Physicians Health Center
Attn: Dr. Richard Dolsey, M.D., Owner/President
Attn: Mark Kerness, Chief Operating Officer
4483 NW 36 Street, Suite 120
Miami, Florida 33166

Re: Commendation

To Whom It May Concern:


I wanted you to know how satisfied I am with the excellent treatment and care I received as a patient at PHC (St Rd 441 location) from October 2006 through April 2007. The treatment administered by Michael Capote, MSPT, ATC, CSCS, Michael Major, RPTA and Mickey Gonzalez, Physical Therapist Assistant has been very instrumental in the rehabilitation of my injured knee.

It is my hope that your organization appreciates the wealth of knowledge and experience exemplified by the employees mentioned herein. Mr. Capote and the staff conveyed an unparalleled level of professionalism during all phases of my treatment. It is because of your team that I have been able to return to duty without concern as to the current or future physical condition of my knee. I was educated by your staff as to how to resume my rehabilitation upon medical release from the facility.

Patient care is obviously of paramount importance to your organization. There were never any delays for scheduled appointments. Care and concern for a speedy yet safe recovery was evident. The staff was always highly motivated and professional. **Patients are not "mere" numbers at PHC!** As a professional point of reference, PHC will remain at the top of my list in the realm of medical treatment and/or physical therapy.

On my behalf, please take a moment to share in my appreciation with your staff by reminding all of them that they are valuable assets to your organization and the profession of Physical Therapy.

Sincerely,


Marc S. Smith
Firefighter, Miami Dade Fire Rescue

cc: Michael Capote, MSPT, ATC, CSCS
Michael Major, RPTA
Mickey Gonzalez, Physical Therapist Assistant

Maxine Boyer

From: Kevin Page [kpage@ommanagement.com]
Sent: Monday, September 14, 2009 5:37 PM
To: Sussie Lopez; Ivis Velunza; Ellen Woods; Elisa Garvin; Cindy Hill
Cc: Zory Batista; Max Boyer; Mark Kerness; Linette Rivera; Lillie Quinones
Subject: Kudos to the Dadeland Staff

From: Cheryl_Bucknor@gbtpa.com [mailto:Cheryl_Bucknor@gbtpa.com]
Sent: Monday, September 14, 2009 4:16 PM
To: Cindy Hill
Subject: Re: Mayra Brody

Good Afternoon:

I spoke to this injured worker and she had nothing but KUDOS to your office, staff and providers in the Kendall office. Advd she arrived and your staff was wonderful. She was seen right away and in an efficient manner. Advised your office was professional and caring and she is not trying to be corny or exaggerating in anyway.

She continued to say that provider, who could only be Dr. Richard Spierer pinpointed her injury and she is currently working with her restrictions. She denies prior claim but has always received horror stories of work comp and was pleasantly surprised.

These were her words not mine - I told her I would relay the message because it is important to all involved that their contact with anyone is always noticed and appreciated.

Keep up the good work -

Please keep up the good work. Again I thank you!;-)

From me to you I love your office and I believe it is a matter of trust - work status=claim#;-)

Cheryl Bucknor, ACA
Claims Representative
Gallagher Bassett Services, Inc
P: 305-260-9440 Ext: 218
F: 305-260-9440

9/16/2009

Maxine Boyer

From: Elisa Garvin [elisa@ommanagement.com]
Sent: Monday, November 23, 2009 1:44 PM
To: Maxine Boyer
Subject: FW: Commendation for Elisa Garvin and Edwin Ortega

-----Original Message-----

From: Egues, Michelle [mailto:MValerio@cityofsouthmiami.net]
Sent: Friday, November 13, 2009 5:16 PM
To: Ivis Velunza; Elisa Garvin; astro4065@aol.com
Cc: Enrizo-Navarro, Jeanette
Subject: Commendation for Elisa Garvin and Edwin Ortega

Good afternoon,

We would like to thank Elisa Garvin and Edwin Ortega for there outstanding work today during our Employee Wellness and Benefits Fair. We are grateful to have such a wonderful company that assists us with our needs as well as always going out of their way to aide us at such short notice.

We had an unforeseen complication with the company who was to administer the Flu shots. Elisa without a second thought ... jumped on the case and made phone calls in order to help us. Edwin was extremely efficient and diligent with his work today. He, like Elisa is a star employee and should definitely be commended on his hard work. He was originally supposed to conduct Glucose screenings and blood pressure checks. Then we added a drug screen collection on-site, and to top it off he stepped up to the plate and administered the Flu Shots that had been scheduled for today when the other company was no where to be found. We are really appreciative of the help that they and staff at Physician's Health Center provided the City of South Miami all in a matter of seconds.

Like we mentioned before, Elisa and Edwin thank you so much, and Physician's Health Center thank you for having such wonderful staff. ☺

4/16/2010

Maxine Boyer

From: Cindy Hill [chill@ommanagement.com]
Sent: Thursday, April 15, 2010 10:50 AM
To: Dr Spirer; Elisa; Max; Kevin Page; Linette -Gen Mgr.
Subject: FW: Physicians Health Center

-----Original Message-----

From: Dustbuster247@aol.com [mailto:Dustbuster247@aol.com]
Sent: Thursday, April 15, 2010 10:14 AM
To: chill@ommanagement.com
Subject: Physicians Health Center

Cindy,

I have sent two employees to your office in the last two months. Both employees have commented to me how nice everyone in your office is and what great service they have received. I have always felt that your office went above and beyond. My working relationship with you is a pleasure and I am always so happy to be able to speak with you and work with you. It is rare in this day and age to find a group of people who are so friendly and helpful and I just wanted you to know this.

Thanks for all your help as always

Leslie Stern
Office Manager/Operations Manager
Evenings Delight

4/16/2010



Miami-Dade County Public Schools

giving our students the world

Superintendent of Schools

Alberto M. Carvalho

Miami-Dade County School Board

Dr. Solomon C. Stinson, Chair

Dr. Marta Pérez, Vice Chair

Agustin J. Barrera

Renier Diaz de la Portilla

Dr. Lawrence S. Feldman

Perla Tabares Hantman

Dr. Wilbert "Tee" Holloway

Dr. Martin Karp

Ana Rivas Logan

May 21, 2010

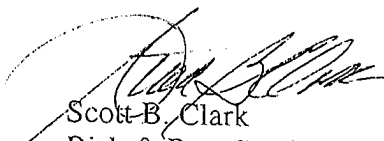
Maxine Boyer
Executive Vice President
Physicians Health Center
4483 NW 36th ST; Suite 120
Miami, FL 33166

Dear Maxine Boyer,


With the partnership demonstrated by your company, Miami Dade County Public Schools is able to achieve great things for the students we serve.

Your support of the recent Workers' Compensation Initiative, the Rebuilding Me Can Do Challenge, is greatly appreciated! As you are aware, healthy employees are at less risk of injury and promoting the "Rebuilding Me" effort places us one step closer to preventing injuries. This in turn provides greater continuity in the learning process for all the students we serve.

Thank you again for your partnership and dedication to injury prevention, and we look forward to additional opportunities to create valuable partnerships.



Scott B. Clark
Risk & Benefits Officer



Rosa M. Royo
Supervisor, Workers' Compensation



Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

APPENDIX

ONLINE REPORTING

CASE NOTES

PT NOTES

DWC-25

A - III

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



Physicians Health Center

OCCUPATIONAL HEALTH 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

INTRODUCING I-STOLAS

We are extremely pleased to announce the launch of I-Stolas on Physicians Health Center's website: www.physicianshealthcenter.com. This secure site offers **Case Notes, PT Notes and DWC-25s** for your patients being treated at any of our five medical center locations.

We can provide you with a username and password to immediately begin accessing the online documentation. Physicians Health Center will continue to winfax all DWC-25s as we are currently doing, however now you will have this additional online capability.

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

We appreciate your business, and I assure you we are committed to service excellence.



5 LOCATIONS SERVING MIAMI-DADE, SOUTH BROWARD & MONROE COUNTIES

Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

**EMPLOYER/GUARANTOR USER INSTRUCTIONS
FOR CASE NOTES/DWC-25/PT NOTES**

I-STOLAS (CASE NOTES & PT NOTES)

1. Go to the website: www.physicianshealthcenter.com
2. Click on "Case Management"
3. Click on "Secure Login"
4. Click on "Security Alert" click "Yes"
5. Enter User ID – (Will be provided)
6. Enter Password – (Will be provided)
7. Click the "Log In" button next to User ID or press "Enter"
8. Click on "Patient Search"
9. Under "Patient Search" go to the SSN and type SS# - (No Dashes)
10. Click "Search"
11. Under "Search Results" Click on Patient Name
12. In left hand column click on "Chart Notes History"

Under the "Chart Note History" you will find the detailed history and chart notes of all of the patient's visits with the most current visit at the top.

DWC-25

1. Go to the website: www.physicianshealthcenter.com
2. Click on "DWC-25"
3. Click on "Secure Login"
4. Click on "Security Alert" click "Yes"
5. Enter User ID – (Will be provided)
6. Enter Password – (Will be provided)
7. Click "Submit"
8. Under "Social Security No." type patients SS# (No Dashes)
9. Click "Search"
10. Under File Name the DWC-25's will be listed

Documents can be viewed or printed.

Maxine Boyer
Executive Vice President
(305) 888-7555 - Ext.111
max@ommanagement.com



"the right choice"

Date: 01/09/2009
Time: 12:14:03PM

PHC Airport

Name:	Doe, John	Employer:	Test Employer	Date:	01/09/2009
SSN:	888-88-8888	Service:	Workers Comp	Time In:	08:00 am
Case:	166500			Time Out:	09:00 am
DOI:	10/21/2008	Contact:	Service Contact Person Name		
		Phone:	(879) 864-6549 x		
		Fax:	(165) 468-7987		

E-Mail Work Status

Employee Name: John Doe
SS#: 888-88-8888
Address: 6221 N.W. 36th Street
Miami FL 33166
Home Phone#: (305) 871-3627

Date of Service: 01/09/2009
Date of Injury: 10/21/2008

Diagnosis: Sprain/Strain Lumbar Spine

Work Status

(x) Light Duty () Full Duty () Unable to work

Restrictions/Limitations:

No lifting greater than 20 lbs.
No bending.

Appointment Follow-up Date: 01/16/2009
Appointment Follow-up Time: 09:00 a.m.

Treating Physician:

Susan Diaz, DO

PHC Airport

Name:	Doe, John	Employer:	Test Employer	Date:	01/12/2007
SSN:	888-88-8888	Service:	Workers Comp	Time In:	08:00 am
Case:	96144			Time Out:	09:00 am
DOI:	01/12/2007	Contact:	Service Contact Person Name		
		Phone:	(879) 864-6549 x		
		Fax:	(165) 468-7987		

INITIAL WORKER'S COMPENSATION CONSULTATION

PATIENT NAME: DOE, JOHN
DATE OF INJURY: 01/12/2007
DATE OF CONSULTATION: 01/12/2007
SOCIAL SECURITY NUMBER: 888-88-8888

HISTORY OF PRESENT ILLNESS: The patient is a 46-year-old white male who works as a aircraft dispatcher for Test Employer. While at work this morning he stood up from a seated position and developed some pain in his back. The pain was made worse by movement and got worse when he ran to reach a plane. The pain increases with some twisting. There is no shortness of breath or chest pain. There is no lower back pain and there is no prior injury to this area.

PAST MEDICAL HISTORY: Unremarkable.
MEDICATIONS: The patient is on no medications.
SURGICAL HISTORY: Past surgical history is negative.
HOSPITALIZATIONS: The patient has no history of hospitalization.
DRUG ALLERGIES: The patient denies any allergic reactions to previously taken medications.
GI INTOLERANCE: The patient denies any GI intolerance to aspirin or other NSAIDs.

SOCIAL HISTORY: Unremarkable.
SMOKING: The patient has no history of smoking.
ALCOHOL INTAKE: The patient drinks occasionally.
SEATBELT USE: The patient uses a seatbelt when driving.
DRUG OR ALCOHOL ADDICTION: The patient has no history of drug or alcohol addiction.

FAMILY HISTORY: Noncontributory.
HYPERTENSION: There is no family history of hypertension.
DIABETES: There is no family history of diabetes.
STROKE: There is no family history of stroke.
HEART DISEASE: There is no family history of heart disease.
CANCER: There is no strong family history of cancer.

REVIEW OF SYSTEMS: Positive for the chief complaint above.
CONSTITUTIONAL: No fevers, weight loss, headache, weakness, or unusual pain.
EYES: No change in vision, double vision, or loss of vision.
EARS NOSE, MOUTH, THROAT: Denies bleeding, masses, pain, or changes in/loss of hearing.
CARDIOVASCULAR: Denies chest pain, chest pressure, palpitations, rapid or irregular heart beat.
RESPIRATORY: Denies SOB, DOE, PND, or unusual/persistent cough.
GASTROINTESTINAL: Denies nausea, vomiting, diarrhea, abdominal pains, or change in bowel habits.

PHC Airport

Name:	Doe, John	Employer:	Test Employer	Date:	01/19/2007
SSN:	888-88-8888	Service:	Workers Comp	Time In:	08:00 am
Case:	96144			Time Out:	08:30 am
DOI:	01/12/2007	Contact:	Service Contact Person Name		
		Phone:	(879) 864-6549 x		
		Fax:	(165) 468-7987		

FOLLOW-UP CONSULTATION

PATIENT NAME: DOE, JOHN
VISIT DATE: 01/19/2007

HISTORY: Date of injury 01/12/2007

CHANGES TO PAST MEDICAL/SOCIAL OR FAMILY HISTORY: None.

CHANGES TO REVIEW OF SYSTEMS: None.

DIAGNOSIS: This patient has been diagnosed with thoracic sprain.

PERCEIVED IMPROVEMENT FROM INITIAL TREATMENT: Overall condition is resolved. He perceives his improvement as 100%.

WORK STATUS: Presently working full duty since last visit without difficulty.

PRESENT TREATMENT: The patient states being compliant and tolerant with treatment and taking medications as directed.

CURRENT SYMPTOMS: The patient denies any symptoms at the present time. He states feeling fine.

PHYSICAL EXAMINATION: Blood pressure 110/70, pulse 72. Physical examination of the thoracic spine reveals no tenderness, no spasms, full range of motion. Distal pulses are 2+ and the patient is neurovascularly intact. Comprehensive physical examination is unremarkable.

FUTURE TREATMENT: Plan discharge.

Dictated by: Richard Spirer, M.D.

TF:emt7061
JOB # 03654426
DICTATED NOT READ

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

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

NOTE: Healthcare providers shall legibly and accurately complete all sections of the form, limiting their responses to their area of

1. Insurer Name: <i>Test Guarantor</i>	2. Visit/Review Date: <i>01/12/2007</i>	FOR INSURER USE ONLY
3. Injured Employee (Patient) Name: <i>Doe John</i>	4. Date of Birth: <i>12/31/1960</i>	5. Social Security #: <i>888-88-8888</i>
6. Date of Accident: <i>01/12/2007</i>	7. Employer Name: <i>Test Employer</i>	8. Initial visit with this physician? <input type="checkbox"/> a) NO <input checked="" type="checkbox"/> b) YES

SECTION I

CLINICAL ASSESSMENT/DETERMINATIONS

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

10. Injury/Illness for which treatment is sought is:

☐ a) NOT WORK RELATED ☒ b) WORK RELATED ☐ c) UNDETERMINED as of this date

11. Has the patient been determined to have Objective Relevant Medical Findings? Pain or abnormal anatomical findings, in the absence of objective relevant medical findings, shall not be an indicator of injury and/or illness and are not compensable.

☐ a) NO ☒ b) YES ☐ c) UNDETERMINED as of this date

If YES or UNDETERMINED, explain: *Tenderness*

12. Diagnosis (es): *847.1 Sprain/Strain Thoracic*

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

a) Is there a pre-existing condition contributing to the current medical disorder?

☒ a1) NO ☐ a2) YES ☐ a3) UNDETERMINED as of this date

b) Do the objective relevant findings identified in Item 11 represent an exacerbation (temporary worsening) or aggravation (progression) of a pre-existing condition?

☒ b1) NO ☐ b2) exacerbation ☐ b3) aggravation ☐ b4) UNDETERMINED as of this date

c) Are there other relevant co-morbidities that will need to be considered in evaluating or managing this patient?

☒ c1) NO ☐ c2) YES

d) Given your responses to the Items above, is the injury/illness in question the major contributing cause for:

☐ d1) NO ☒ d2) YES the reported medical condition?
☐ d3) NO ☒ d4) YES the treatment recommended (management/treatment plan)?
☐ d5) NO ☒ d6) YES the functional limitations and restrictions determined?

SECTION II

PATIENT CLASSIFICATION LEVEL

14. ☒ LEVEL I - Key issue: specific, well-defined medical condition, with clear correlation between objective relevant physical findings and patients' subjective complaints. Treatment correlates to the specific findings.

15. ☐ LEVEL II - Key issue: regional or generalized deconditioning (i.e. defects in strength, flexibility, endurance, and motor control. Treatment: physical reconditioning and functional restoration.

16. ☐ LEVEL III - Key issue: poor correlation between patient's complaints and objective, relevant physical findings, indicating both somatic and non-somatic clinical factors. Treatment: interdisciplinary rehabilitation and management.

17. ☐ LEVEL UNDETERMINED AS OF THIS DATE.

SECTION III

MANAGEMENT/TREATMENT PLAN

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

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

20. The following proposed, subsequent clinical service(s) is/are deemed medically necessary.

~~THIS IS A PROVIDER'S WRITTEN REQUEST FOR INSURER AUTHORIZATION OF TREATMENT OR SERVICES.~~

☐ a) Consultation with or referral to a specialist.

Identify principal physician: _____

Identify specialty & provide rationale: _____

☐ a1) CONSULT ONLY

☐ a2) REFERRAL & CO-MANAGE

☐ a3) TRANSFER CARE

☒ b) Diagnostic Testing: (Specify) *X-ray Thoracic Spine*

☐ c) Physical Medicine. Check appropriate box and indicate specificity or services, frequency and duration below:

☐ c1) Physical/Occupational therapy, Chiropractic, Osteopathic or comparable physical rehabilitation.

☐ c2) Physical Reconditioning (Level II Patient Classification)

☐ c3) Interdisciplinary Rehabilitation Program (Level III Patient Classification)

Specific instruction(s): _____

☒ d) Pharmaceutical(s) (specify): *Naprosyn/Parafon Forte/Biofreeze*

☐ e) DME or Medical Supplies: _____

☐ f) Surgical Intervention - specify procedure(s): _____

☐ f1) In-Office: _____

☐ f2) Surgical Facility: _____

☐ f3) Injectable(s) (e.g. pain management): _____

☐ g) Attendant Care: _____

PHC Dadeland

Name:	Employer:	City of Coral Gables	Date:
SSN:	Service:	Annual Physical Exam	Time In:
Case:		Police/Fire	Time Out:
DOI:	Contact:	Eduardo Rodriguez	
	Phone:	(305) 460-5529	
	Fax:	(305) 460-5518	

The City of Coral Gables
Annual Police Physical Exam

Date of Examination:

Name: Age: Sex:

PAST MEDICAL HISTORY:

MEDICATIONS: None

SURGICAL HISTORY:

HOSPITALIZATIONS:

DRUG ALLERGIES: None

LAST MENSTRUAL PERIOD:

SOCIAL HISTORY:

SMOKING: The patient has no history of smoking.

ALCOHOL INTAKE: Denies

SEAT BELT USE: The patient uses a seat belt when driving.

DRUG OR ALCOHOL ADDICTION: The patient has no history of drug or alcohol addiction.

FAMILY HISTORY:

HYPERTENSION: Negative

DIABETES: Negative

STROKE: Negative

HEART DISEASE:

CANCER:

REVIEW OF SYSTEMS:

CONSTITUTIONAL: No fevers, weight loss, headache, weakness, or unusual pain.

EYES: No change in vision, double vision, or loss of vision.

EARS, NOSE, MOUTH, THROAT: Denies bleeding, masses, pain, or changes in/ loss of hearing.

CARDIOVASCULAR: Denies chest pain, chest pressure, palpitations, rapid or irregular heartbeat.

RESPIRATORY: Denies SOB, DOE, PND or unusual/persistent cough.

GASTROINTESTINAL: Denies nausea, vomiting, diarrhea, abdominal pains, or change in bowel habits.

GENITOURINARY: Denies dysuria, hematuria, weak urinary stream, incontinence, or genital lesions.

MUSCULOSKELETAL: No extremity or back complaints

INTEGUMENTARY: Denies rash, easy bruisability, masses or skin lesions.

NEUROLOGICAL: Denies dizziness, localized weakness, paresthesias, loss of sensation/function.

PSYCHIATRIC: Denies feelings of anxiety, depression, or mood swings.

ENDOCRINE: Denies unusual weight loss/gain, polyuria, polydipsia, hair loss/gain.

HEMATOLOGIC/LYMPHATIC: Denies unusual bleeding, easy bruisability, or skin lumps.

PHYSICAL EXAMINATION:

Blood Pressure: 104/78

Heart Rate: 78

Temperature: 98.4

PHC Dadeland

Name:	Employer:	City of Coral Gables	Date:
SSN:	Service:	Annual Physical Exam	Time In:
Case:		Police/Fire	Time Out:
DOI:	Contact:	Eduardo Rodriguez	
	Phone:	(305) 460-5529	
	Fax:	(305) 460-5518	

Respirations: 14
Height: 65.5 inches
Weight: 182 pounds
Pulse Oximetry:

HEENT: The head is atraumatic. The pupils are equally reactive to light and accommodation. Extra ocular movements are intact. The tympanic membranes and canals are normal bilaterally. The nose is non-injection without congestion. The pharynx is without hyperemia or exudates.

Neck: The neck is supple, with full range of motion. The thyroid is not palpable. There is no J.V.D. or adenopathy. No bruits are heard.

Chest: The lungs are clear to percussion and auscultations, with equal bilateral expansion. There are no rales, ronchi or wheezes.

Heart: There is a regular rate and rhythm. There are no murmurs, rubs or gallops.

Abdomen: The abdomen is soft without distention. Bowel sounds are normal. No hepatosplenomegaly, hernias or abnormal masses are appreciated. There is no tenderness to palpation. The femoral pulses are equal. Rectal exam is deferred.

Extremities: There is full range of motion without pain or deficits to all extremities. Distal motor, sensory and vascular testing is normal.

Skin: Warm and dry, without significant rash.

Neurological: Cranial nerves II through XII are intact. There is no Romberg sign. Mental status appears normal.

Diagnostic Tests:

EKG: Normal sinus rhythm

Chest X-ray: No acute or chronic cardiopulmonary disease

Urinalysis: Normal

CBC: Normal hemoglobin and hematocrit, with microcytic hypochromic indices.

Chemistry: Normal

Lipid Profile: Elevated cholesterol to 243 with increased LDL.

Pap Smear: Deferred to private gynecologist

Audiometry: Normal

Visual Acuity: Excellent without correction

T.B. Skin Test: Negative

Recommendations: Significant findings include increased cholesterol and a probable mild

PHC Dadeland

Name:	Employer:	City of Coral Gables	Date:
SSN:	Service:	Annual Physical Exam	Time In:
Case:		Police/Fire	Time Out:
DOI:	Contact:	Eduardo Rodriguez	
	Phone:	(305) 460-5529	
	Fax:	(305) 460-5518	

iron deficiency. The patient should be encouraged to increase exercise and modify diet. I also would recommend a workup by her private doctor to include iron levels, B12, and folic acid levels.

Dictated by: Richard W. Spirer, M.D.

DICTATED NOT READ



O.M. MANAGEMENT, INC.

Drug Free Workplace Specialists

An Affiliate of Physicians Health Center

Our DP Live Module

- Provides instant access to test results virtually anytime and anywhere.
- Allows anyone to list and print donor information.
- Controls data transmissions so information cannot be seen by anyone but the logged-in user (secure connection).
- Makes test results available to you as soon as they are verified by the MRO.

DP LIVE

Step by step instructions

- 1) Log onto our website via: www.physicianshealthcenter.com or www.ommanagement.com and click on the Drug Test Results TAB.
- 2) On the Security Alert Window click YES
- 3) On the login page: type your ACCOUNT name and PASSWORD.
Then click *CLICK HERE TO LOG IN*.

You are now live on our web page and may only access results already verified by the M.R.O. and pertaining to your company.

There are several ways to view results. You may view an individuals record or records for a group of people.

To view an individuals record:

Go to the Participants tab

Under the Browse Participants section select a sort order

Then click on Browse Participants

- Once on that participant (employee/donor) go to the upper left hand corner where it says *CLICK to see all of this participant's results*.
This will give you all the results for that one person.
(You may select the method in which you would prefer to view it.)
- Once you have decided which result you would like to view, click on the magnifying glass found next to the result and under the Status section. You will be sent to that actual result. (You may print the actual result by clicking on your printer button on your toolbar).

To view a group of results:

Go to the Results tab

Choose either the *All New Results* section or *Get Custom Result List* section.

Using their drop down menu make a selection to your preferred method of lookup.

This will give you all the results under your search criteria.

Once you have decided which result you would like to view, click on the magnifying glass found next to the result and under the Status section.

You will be sent to that actual result. If you choose to print it you can.

If you are authorized to view multiple companies:

Go to the COMPANY tab

Browse Companies

Click on Previous or Next until you get to the desired company

Click on MAKE CURRENT

(You will be notified that the company is now current)

Close out that window

Follow the above stated search options.

You may use your back button or simply change tabs. For more help, go to the help tab or call 305-888-4050 ext 114 if you are experiencing any difficulties.



Physicians Health Center - M.R.O. Office
 4483 N.W. 36 Street Ste. 118
 Miami, Florida 33166

ATTENTION:

Patrick Armstrong
 ARMSTRONG AVIATION
 4483 N.W. 36 Street, Suite 120
 Miami, FL 33166

Participant: Rob Cerra
 Participant ID: 2
 SSN: 147-01-4014

Results of DOT Controlled Substance Test

Record Status: **Negative**
 Test Type: Pre-Employment
 Collection Date/Time: 10/01/2007 1315
 Batch_ID: 20071022
 Specimen ID: 1274679
 Date COC Received: 10/02/2007

Laboratory: Quest Diagnostics
 3175 Presidential Drive
 Atlanta, GA 30340
 Collection Site: O.M. Management, Inc.
 Key not found
 Key not found, Key not found Key
 not found

Specimen Collector: Ivis E. Velunza

<u>Substance Tested</u>	<u>Result</u>	<u>Substance Tested</u>	<u>Result</u>
Amphetamines	Negative	Cocaine	Negative
Marijuana	Negative	Phencyclidine	Negative
Opiates	Negative		

This test was performed, recorded, and reported in accordance with CFR 49 Part 40.

Medical Review Officer: Chapnick/Diaz/Mirabal

Date Verified: 10/02/2007



Physicians Health Center

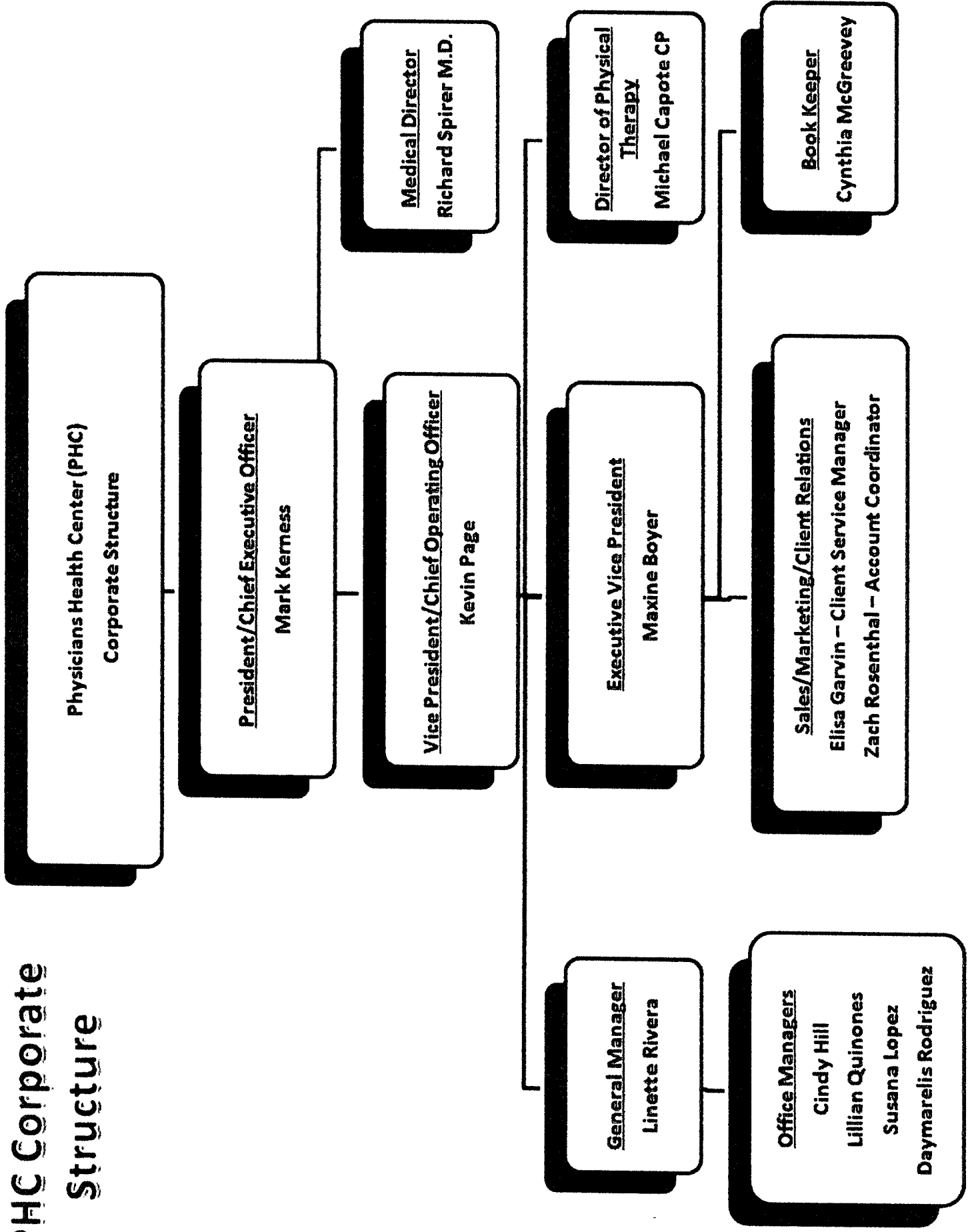
OCCUPATIONAL HEALTH SPECIALISTS

APPENDIX

**CORPORATE STRUCTURE
CURRICULUM VITAE
RESUMES**

A - IV

PHC Corporate Structure



PHC Dadeland Medical Center

Corporate Office

Mark Kerness Pres./CEO

Kevin Page V.P./COO

General Manager

Linette Rivera

Office Manager

Cindy Hill

Medical Director

Richard Spirer M.D.

Physicians

Richard Spirer M.D.

Susan Diaz D.O.

Juan Mirabal M.D.

Bernard Chapnick M.D.

Physicians Assistants

Tomas Fuentes PA

Jose Penas PA

Nurse Practitioner

Marjorie Estrada, ARNP

X-Ray

Zulema Hernandez

Luis Serrano

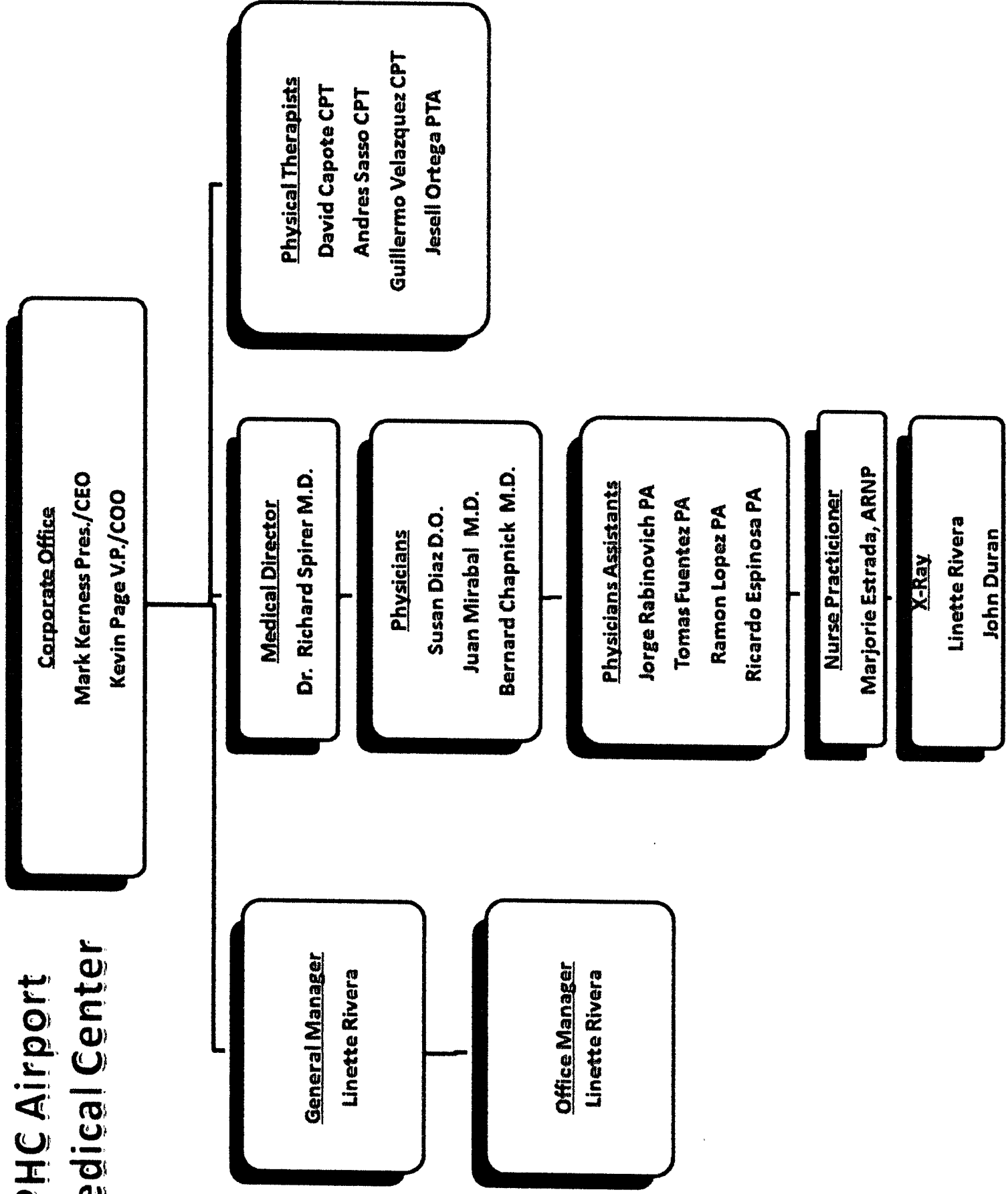
Physical Therapists

Robert Martinez CPT

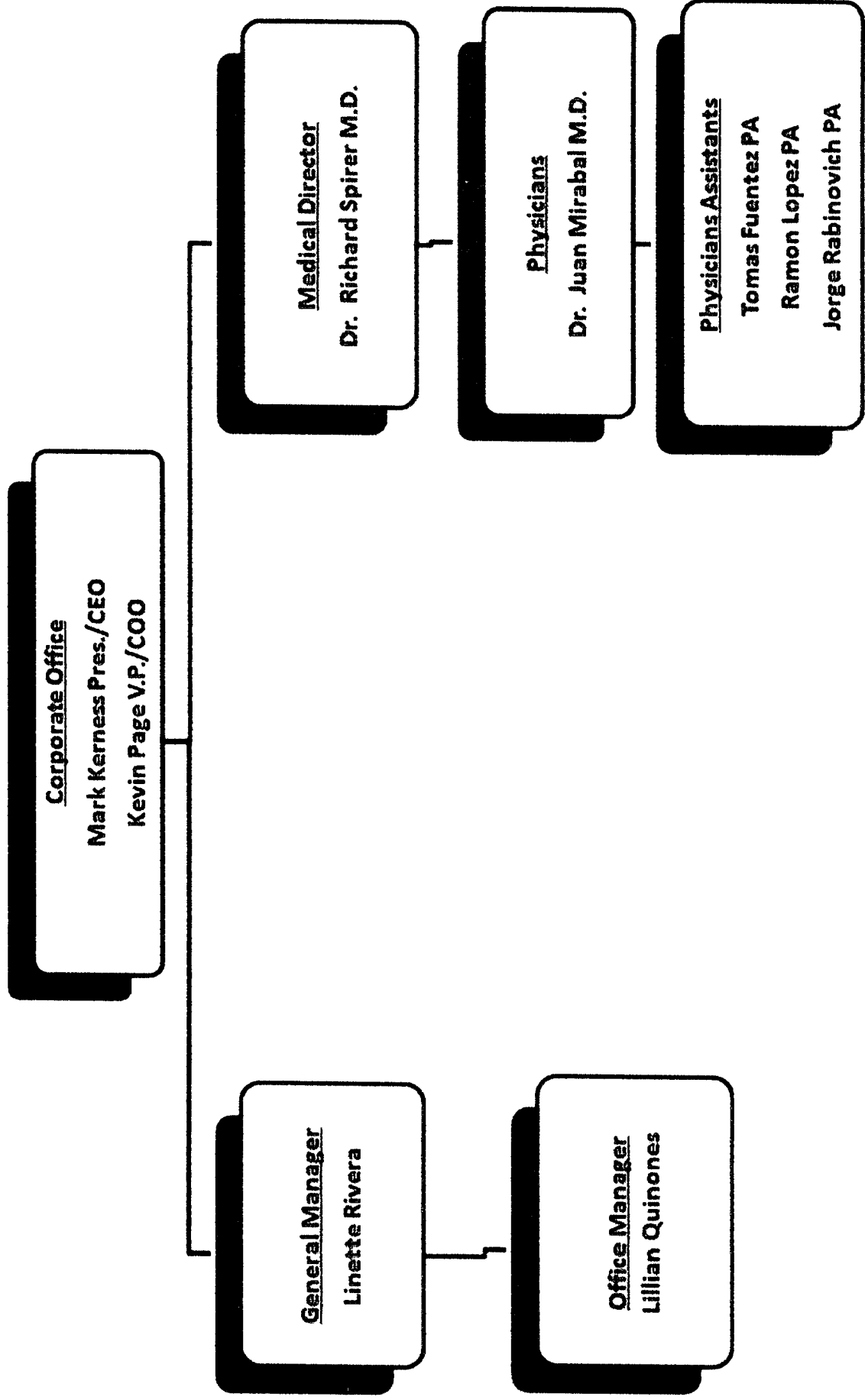
Andres Sasso CPT

Vincent Ulacia PTA

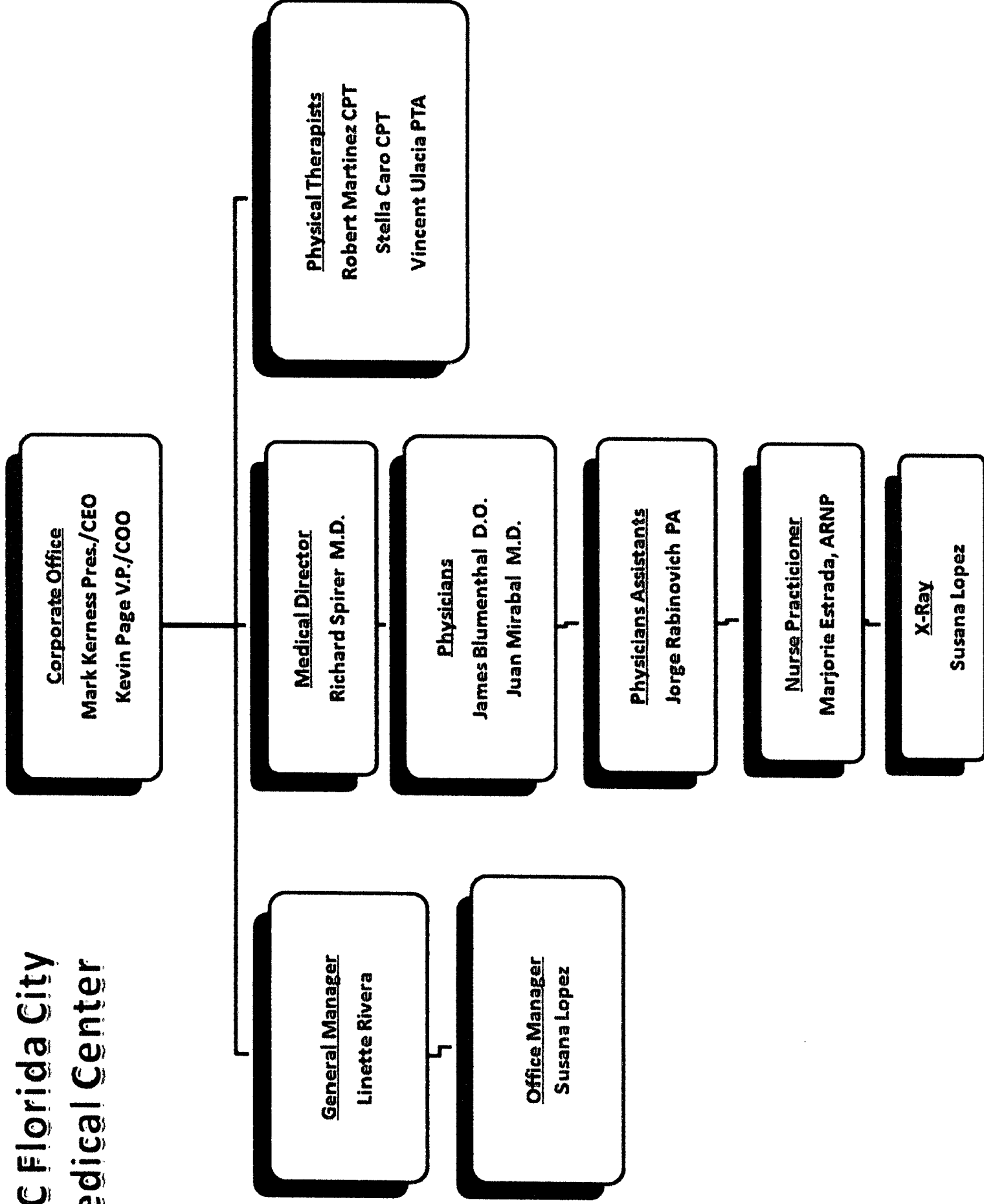
PHC Airport Medical Center



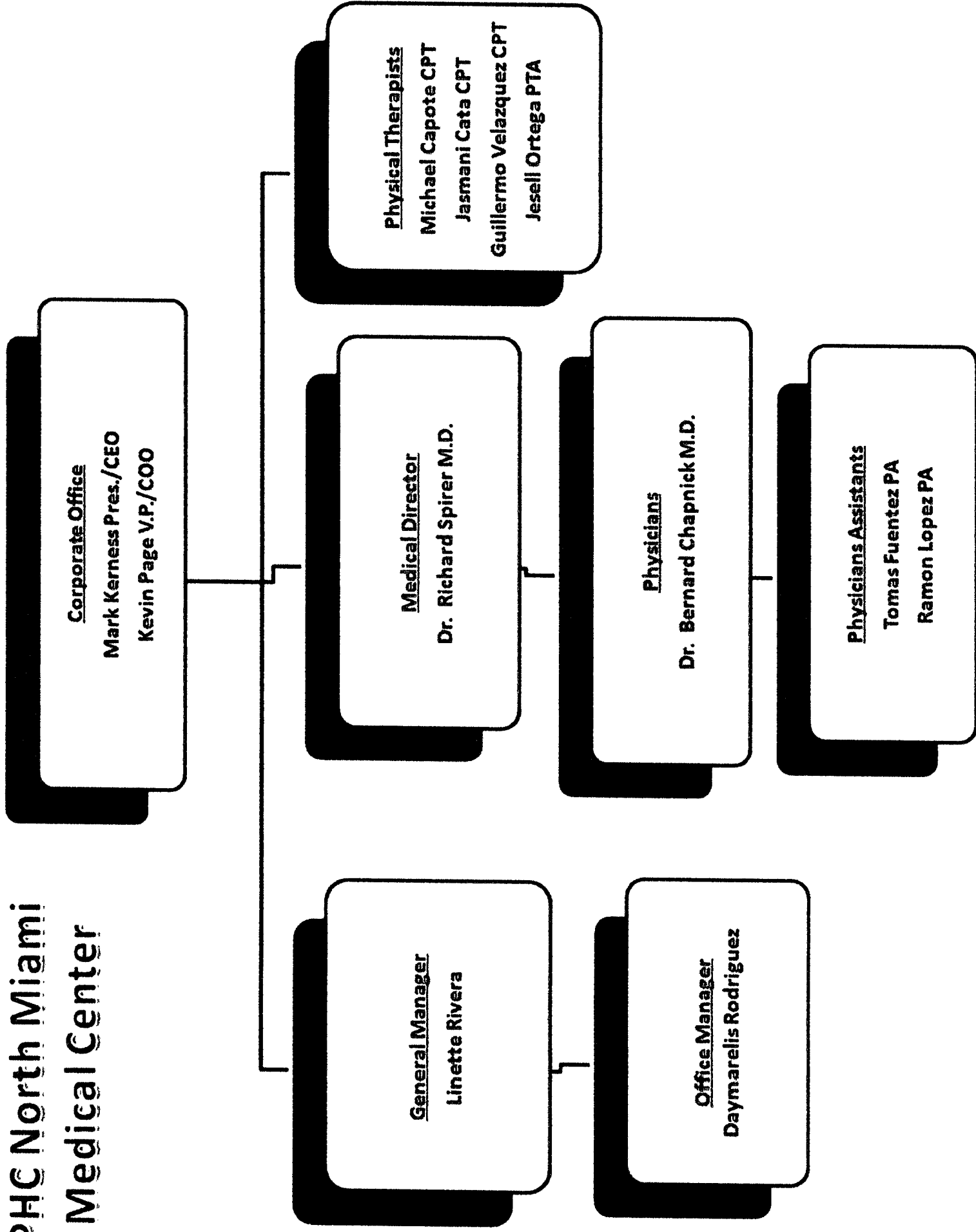
PHC Hialeah Medical Center



PHC Florida City Medical Center



PHC North Miami Medical Center



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CURRICULUM VITAE

NAME: Bernard Stanley Chapnick, M.D.

BIRTH DATE: April 21, 1952

EDUCATIONAL BACKGROUND: *Wayne State University School of Medicine, Detroit, MI*
Medical Doctorate – 1978

Michigan State University, East Lansing, MI
Bachelor of Science – Zoology Major – 1974

PROFESSIONAL TRAINING:

ST. Joseph Mercy Hospital, Pontiac, MI
Medical Surgical Internship 1978 - 1979
Naval Aerospace Medical Institute, Pensacola, FL
Naval Air Station Pensacola 1979 - 1980
Alcohol Rehabilitation Seminar, Long Beach, CA
Naval Regional Medical Center 1980
Mini-Residency in Occupational Medicine
Institute of Environmental Health Cincinnati, OH 1988
ACOM Curriculum - Occupational Medicine 1988
Medical College of Wisconsin, Milwaukee, WI
Post Graduate Course Work - Masters in Public Health

WORK EXPERIENCE:

1990 to Present *Physicians Health Centers, Miami, FL*
1985 – 1990 *George A Hormel & Co., Medical Director, Austin, MN*
1982 – 1985 *Exxon Co., USA, Sr. Staff Physician, Baton Rouge, LA*
1983 *Emergency Medicine Residency, Baton Rouge, LA*
1980 – 1982 *Marine Corp Air Station, Flight Surgeon, Yuma, AZ*
1979 *General Motors Assembly Division, Staff Physician*

HONORS &

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

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NAME: **RICHARD W. SPIRER, M.D., F.A.C.E.P.**

BIRTH DATE: February 23, 1949

**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 EXPERIENCE:

2003 To Present	Physicians Health Centers, Miami, FL
1993 – 2002	Palmetto General Hospital, Miami, FL Assistant Director 1996 – 2000 Director 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

HONORS &

MEMBERSHIPS: Board Certified: American Board of Emergency Medicine
Advanced Cardiac Life Support
Advanced Trauma Life Support
Pediatric Advanced Life Support
Continuing Medical Education – over 100 hours annually

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CURRICULUM VITAE

NAME: Jose Penas, PA-C

BIRTH DATE: September 18, 1959

EDUCATIONAL BACKGROUND: *Nova Southeastern University, Fort Lauderdale, FL*
Physicians Assistant Program – 1997 - 1999

Florida International University, Miami, FL
Bachelor's in Science – 1988 - 1992

Miami Dade Community College, Miami, FL
Associate in Arts – 1984 - 1988

PROFESSIONAL TRAINING: *Camillus Health Concern, Inc., Miami, FL*
Volunteer Physician Assistant 1998 – 2000
Internship Program at Miami-Dade AHEC, Miami, FL
Intern 1999

WORK EXPERIENCE:

2005 to Present	<i>Total Care Family Medical Center, Miami, FL</i> Physicians Assistant
2005 to Present	<i>Physicians Health Center, Miami, FL</i> Physicians Assistant
2000 - 2005	<i>Family Medical Center, Orlando, FL</i> Physician Assistant
1995 - 1999	<i>UM Dept. of Neurology Division of Cerebrovascular Diseases :</i> TCD (transcranial Doppler ultrasonography) Technician
1989 - 1995	<i>Mount Sinai Medical Center of Greater Miami</i> Retrovirology Laboratories Research Associate
1982 - 1989	<i>University of Miami Clinical Immunology Laboratory</i> Chief Flowcytometry Technician

HONORS & MEMBERSHIPS: ACLS and BLS certified
Completion of HIPA training for PA through AAPA
Certificate of workshop in Worker's Compensation
Breath Alcohol technician certification
NCCPA certified

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CURRICULUM VITAE

NAME: Ricardo Espinosa, P.A.

BIRTH DATE: March 13, 1953

EDUCATIONAL BACKGROUND: Jose Ignacio Baldo Hospital, Caracas, Venezuela
Gynecology and Fertility - 1987

Central University of Venezuela, Caracas, Venezuela
Surgery - 1983

WORK EXPERIENCE:

2007 to Present	Physicians Health Center, Miami, FL Physician Assistant
2006 - 2007	Pain Institute, Miami, FL Physician Assistant - Pain Management
1998 - 2006	Rodolfo Lawson, MD, Hialeah, FL Physician Assistant - Orthopedics
2004 - 2005	Mercy Hospital, Miami, FL Physician Assistant - Orthopedics
1992 - 1998	West Dade Surgical Assistants, Miami Lakes, FL Physician Assistant - Surgery
1990 - 1992	Palmetto General Hospital, Hialeah, FL Mental Health Technician
1988 - 1989	Diagnostic Institute, Caracas, Venezuela Gynecologist
1987 - 1989	Baruta Clinic Center, Caracas, Venezuela Gynecologist
1985 - 1987	Diagnostic Institute, Caracas, Venezuela General Practitioner
1983 - 1984	Luis Razetti Health Center, Santa Lucia, Venezuela General Practitioner

HONORS &

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

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CURRICULUM VITAE

NAME: James R. Blumenthal, D.O.

BIRTH DATE: August 29, 1950

EDUCATIONAL BACKGROUND: *Rotating Internship: Chicago Osteopathic Medical Center
Chicago, IL 1976 – 1977*

*Chicago College of Osteopathic Medicine, Chicago, IL
Doctor of Osteopathy – 1976*

*Tulane University, New Orleans, LA
Bachelor of Science – 1972*

WORK EXPERIENCE:

2007 to Present *Physicians Health Centers, Miami, FL*
2003 - 2004 *Island Family Care, Key Largo, FL*
2003 *Homestead Hospital Urgent Care, Homestead, FL*
2001 - 2003 *Florida Osteopathic Medical Association District 3 Society
Vice President*
1982 - 2003 *Family Health Center of Central Florida
President and Medical Director*
1997 - 2003 *Florida Hospital Osteopathic and Podiatric Foundation
Chairman and Board of Directors*

HONORS &

MEMBERSHIPS: Presented by the Family Practice Residents, Florida
Hospital East Orlando:
“Family Practitioner of the Year” – 1998
“Hometown Hero” – September 8, 2002
“Spirit of Community” – September 8, 2002
“Special Recognition Award” – June, 2000
American College of Osteopathic Family Physicians
American Osteopathic Association
Florida Osteopathic Medical Association
Diplomat of National Board of Examiners for Osteopathic
Physicians and Surgeons
Board Certified: American Osteopathic Board of Family
Physicians – February 29, 1988 #3068

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NAME: Susan F. Diaz, D.O.

BIRTH DATE: May 9, 1964

EDUCATIONAL BACKGROUND: *New York College of Osteopathic Medicine, Stony Brook, NY*
Doctor of Osteopathic Medicine – 1991

State University of New York, Binghamton, NY
Bachelor of Science - 1986

POST-DEGREE STUDIES: *Internship: Westchester General Hospital*
Miami, FL 1991 - 1992

Residency: Westchester General Hospital
Family Practice, Miami, FL 1992 - 1994

WORK EXPERIENCE:

2004 to Present *Physicians Health Centers, Miami, FL*
1997 – 2004 *Sunshine Medical Center, Miami, FL*
1994 – 1996 *Westchester General Hospital, Miami, FL*

HONORS &

MEMBERSHIPS: FAA Senior Aviation Medical Examiner
Civil Surgeon for Immigration
American Board of Independent Medical Examiners
Medical Review Officer
American Osteopathic Association
American College of Osteopathic General Practice

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CURRICULUM VITAE

NAME:

Juan D. Mirabal, M.D.

BIRTH DATE:

November 08, 1945

**EDUCATIONAL
BACKGROUND:**

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

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

School of Medicine Havana University, Cuba
Medical Doctorate - 1969

**POST-DEGREE
STUDIES:**

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

WORK EXPERIENCE:

2001 to Present	<i>Physicians Health Centers, Miami, FL</i>
1995 - 2001	<i>Occupational Health Services of America, Miami, FL</i>
1995 - 1996	<i>OSNE Corp, Hialeah, FL</i>
1995 - 1996	<i>Medical Center of West Palm Beach, W.P.B., FL</i>
1995 - 1996	<i>Clinic 2000, Corp., Hialeah, FL</i>
1994 - 1995	<i>Alliance for Health Inc, Miami, FL</i>
1992 - 1994	<i>Ralph Minieta, M.D., P.A., Miami, FL</i>
1975 - 1990	<i>William Soler Hospital, Havana, Cuba</i>

HONORS &**MEMBERSHIPS:**

FAA Examiner
Certified Medical Review Officer (MRO)

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NAME: Tomas Fuentes-Sanz, P.A.

BIRTH DATE: December 9, 1949

EDUCATIONAL BACKGROUND: Nova Southeastern University, Davie, Fl
Physician Assistant - 1998

Universidad De Oriente, Facultad De Ciencias Medicas
Santiago De Cuba, Cuba
Medical School 1997 - 1980

Miami Dade College, Miami, Fl
Pre-Requisite Physician Assistant Program – 1992 - 1995

WORK EXPERIENCE:

2005 to Present *Kendall Regional Medical Center, Miami, Fl*
Emergency Physician Assistant
2004 to Present *Physicians Health Center, Miami, Fl*
Physician Assistant
2002 - 2004 *Palmetto General Hospital, Hialeah, Fl*
Emergency Physician Assistant
1999 - 2004 *South Florida Cardiology Associates, Miami, Fl*
Physician Assistant
1999 *Goshen Medical Center, Faison, N.C.*
Physician Assistant
1998 - 1999 *Federal Department of Corrections, Miami, FL*
Physician Assistant
1998 *The Gordon Clinic, Hialeah, FL*
Physician Assistant

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NAME: Ramon Lopez, P.A.

BIRTH DATE: January 26, 1960

EDUCATIONAL BACKGROUND: Nova Southeastern University, Davie, Fl
Comprehensive Medical Review Course - 1996

Miami Dade Medical Campus, Miami, Fl
Physicians' Assistant Review Course - 1996

Miami Dade Medical Campus, Miami, Fl
Physicians' Assistant Review Course - 1995

Universidad Central Del Este, San Pedro de Macori,
Dominican Republic
Doctor in Medicine - 1984

Universidad CETEC, Santa Domingo, Dominican
Republic
Pre Med -1983

Miami Dade Community College, Miami, Fl
General Course Work - 1980

WORK EXPERIENCE:

1998 to Present Physicians Health Center, Miami, Fl
Physician Assistant

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

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**Physicians Health Center**

OCCUPATIONAL HEALTH SPECIALISTS

CURRICULUM VITAE

NAME: Jorge Rabinovich, P.A.-C

BIRTH DATE: June 19, 1959

EDUCATIONAL BACKGROUND *Nova Southeastern University, Davie, Fl*
Bachelor of Science, Physician Assistant Program - 1996

University of Florida, Gainesville, Fl
Bachelor of Arts - 1993

WORK EXPERIENCE:

2005 to Present	<i>Kendall Regional Hospital, Miami, FL</i> Emergency Room Physician Assistant
2002 to Present	<i>Physician Health Center, Miami, FL</i> Physician Assistant
1998 - 2002	<i>Sunshine Medical Center, Miami, FL</i> Physician Assistant
1998	<i>Preferred Medical Plan, Inc., Miami, FL.</i> Case Manager/Utilization Review
1996 - 1998	<i>Town & Country Medical Center, Miami, FL</i> Physician Assistant
1995 - 1996	<i>Westchester General Hospital, Miami, FL</i> Medical Staff Office

HONORS & MEMBERSHIPS: Member of American Academy of Physicians Assistants
Member of Florida Association of Physician Assistants

DAVID CAPOTE, MSPT, COMT, CSCS

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Miami Lakes, FL 33018
Phone: 305-510-6499
E-Mail: capoted@bellsouth.net

OBJECTIVE

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

WORK EXPERIENCE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EDUCATION

- | | | |
|-------------------|---|----------------------|
| 2010 | Arcadia University | Glenside, PA |
| | <ul style="list-style-type: none">▪ Currently Enrolled in Physical Therapy Doctorate Program▪ Concentration in advancement of PT profession and research methods | |
| 2009 | Ola Grimsby Institute | San Diego, CA |
| | <ul style="list-style-type: none">▪ Certification in Orthopedic Manual Therapy▪ Concentration in Orthopedic Manual Therapy and S.T.E.P. Exercise Programs | |
| 2005-2007 | Florida International University | Miami, FL |
| | <ul style="list-style-type: none">▪ Master of Science Degree in Physical Therapy▪ Research Project: Utilization of an exercise protocol with the distal segment fixed following primary unilateral knee replacement: a descriptive analysis. Presented at APTA Combined Sections Meeting▪ Grade Point Average: 3.617 | |
| 2001-2004 | Florida International University | Miami, FL |
| | <ul style="list-style-type: none">▪ Bachelor of Exercise and Sports Science in Exercise Physiology, with a minor in Strength and Conditioning.▪ Graduated with a 3.307 Grade Point Average.▪ Student Government Association College of Education Representative.▪ Vice President of Sports Medicine Association. | |
| 1997- 2001 | Hialeah-Miami Lakes Senior High | Hialeah, FL |
| | <ul style="list-style-type: none">▪ Superintendent's Diploma of Distinction.▪ Graduated with a 4.7 Grade Point Average.▪ Student Government President.▪ Awarded Most School Spirit. | |

PROFESSIONAL MEMBERSHIPS AND CERTIFICATIONS

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

COMMUNITY SERVICE

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

REFERENCES

- Available Upon Request

Michael Capote, MSPT, ATC, CSCS, EP

20535 NW 2nd Avenue, STE# 150

305-653-7720x2001

phcnmpt@ommanagement.com

Profile

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

Education

M.S., Physical Therapy, Florida International University

B.S. Athletic Training / Exercise Physiology / Strength & Conditioning, Magna Cum Laude, Florida International University

A.S. Physical Therapy Assistant, Miami Dade Community College Medical Campus

A.A. Physical Therapy, Miami Dade Community College Medical Campus

Relevant Experience & Accomplishments

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

Management/Supervision

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

Employment

Physicians Health Center

2000-present

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

HEALTHSOUTH, Dade/Broward County offices

1996-2004

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

International Fitness Professionals Association*2000-2006*

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

American Red Cross, Dade and Broward County*2003-present*

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

Certifications and Professional Memberships**Certified Athletic Trainer thru NATA Board of Certification****Certified Strength and Conditioning Specialist thru NSCA****Certified Personal Fitness Trainer thru IFFA****Certified Conditioning Specialist thru NSPA****Teaching Certificate Florida International University****Sports and Orthopedic Section member of the American Physical Therapy Association****Member of National Athletic Training Association****Member of National Strength and Conditioning Association****Member of International Fitness Professional Association****Member of National Strength Professionals Association****Honors & Awards****Graduated Magna Cum Laude****“Outstanding Clinical Performance” award PHC****National Colligate “Deans List” Honors**

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Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

Resume

NAME: **Maxine Boyer**

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

PROFESSIONAL EXPERIENCE:

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

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

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

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

PROFESSIONAL AFFILIATIONS:

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

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Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

*Elisa Garvin
Miami, Fl*

Education

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

Professional Experience

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

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Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

Resume

NAME: Cindy Hill

EDUCATIONAL *National Education Center, Bauder College - 1989*
Medical Office Management

Florida International University, Miami, FL - 1987
Management Information Systems, Business

Miami Dade Community College - 1985
Business Data Processing, Associates in Arts Degree

Florida Christian School, Miami, FL - 1983

PROFESSIONAL EXPERIENCE:

1989 – Present *Physicians Health Center, Miami, FL*
Medical Office Manager
Marketing, Billing, Collections, Drug Screens
Set up new workman's comp, company physicals and
drug screen information into Stolas.
Train new staff.
Run daily and monthly reports

1986 – 1989 *MCS Systems, Miami, FL*
Customer Support Representative, Application Trainer,
System Analyst.
Train and support physician's offices on the MCS
Medical Software package

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Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

Ciriculum Vitae

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

EDUCATION:

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

LICENSES/CERTIFICATES:

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

WORK EXPERIENCE:

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

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NAME: Roberto Martinez

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

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

PROFESSIONAL EXPERIENCE:

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

PROFESSIONAL AFFILIATIONS: APTA Orthopedic Section Member

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Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

Resume

NAME: Patrick Armstrong

Patrick B. Armstrong has been with Physicians Health Center for almost 20 years. He set-up and started the Medical Review Officer department which oversees 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.

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Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

Resume

NAME: Ivis Velunza

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

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Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

Resume

NAME: Kevin Page

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 management background in the finance, management, and sales and marketing coupled with a desire to return to Florida were the reason Kevin left Enterprise to join Physicians Health Center.

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GERMAINE RODRIGUEZ, M.D.
BOARD CERTIFIED RADIOLOGIST
90 Alton Road PH3310
Miami Beach, FL 33139
(305) 532-4510

EDUCATION:

Jan-Feb 2002	Mini-Fellowship, Musculoskeletal MRI Pro-Scan MRI Cincinnati, Ohio
1997 – 1998	Fellowship, Body Imaging (MRI, CT and U/S) Brigham and Women's Hospital / Harvard Medical School Boston, MA
1996 – 1997	Chief Resident Mount Sinai Medical Center Miami Beach, FL
1993 – 1997	Resident, Diagnostic Radiology Mount Sinai Medical Center Miami Beach, FL
1989 – 1993	Doctor in Medicine, Honors Universidad Central del Caribe Medical School Bayamon, Puerto Rico
1987 – 1989	Bachelors in Science, Honors Interamerican University of Puerto Rico San German, Puerto Rico
1985 – 1987	University of Puerto Rico Mayaguez, Puerto Rico

SPECIALTY / CERTIFICATIONS:

Florida
Massachusetts
Pennsylvania
American Board of Radiology
National Board of Medical Examiners

WORK EXPERIENCE:

Jan. 2007-Present	Diagnostic Radiologist Sunset Radiology Miami, Florida
Sept. 2008- Present	Diagnostic Radiologist Jackson North Medical Center North Miami Beach, Florida
March 2002- Present	Diagnostic Radiologist and Medical Director OMI MRI Network Weston, Florida
Mar. 1999 – Feb. 2002	Radiologist, Body Imaging Specialists in Diagnostic Imaging, P.A. Miami, Florida
Jul. 1998 – Feb. 1999	Diagnostic Radiologist HealthSouth Doctors' Hospital Coral Gables, Florida
Dec. 1997 – Jun. 1998	Diagnostic Radiologist Jordan Hospital Plymouth, Massachusetts
Jul. 1996 – Jun. 1997	Diagnostic Radiologist Homestead Hospital Homestead, Florida
Jan. 1995 – Jun. 1997	Diagnostic Radiologist Miami Children's Hospital Miami, Florida

PROFESSIONAL ORGANIZATIONS:

Clinical Magnetic Resonance Society
Radiological Society of North America
Florida Medical Association.
Dade County Medical Association.

HONORS:

1999 - 2000	Who's Who in Health Care and Medicine
1989 - 1993	Cum Laude Graduate Universidad Central del Caribe Medical School Alpha Omega Alpha Honor Society Janet M. Glasgow Memorial Achievement Award from the American Women's Medical Association.
1987—1989	Magna Cum Laude Interamerican University of Puerto Rico

LANGUAGES: English, Spanish

RESUME OF J. NICOLAUS MARTENS, M.D., F.A.C.C.

BORN HAVANA, CUBA, 1958

FLORIDA STATE UNIVERSITY, B.S. CHEMISTRY, 1981

AUTONOMOUS UNIVERSITY OF GUADALAJARA, M.D. ,1985

NEW YORK MEDICAL COLLEGE, NY,NY.

INTERNAL MEDICINE RESIDENCY, 1990

UNIVERSITY OF TEXAS MEDICAL BRANCH, Galveston, TX.

CARDIOLOGY FELLOWSHIP, 1993

CARDIOLOGY PRIVATE PRACTICE , Miami, Florida 1993-Present

- FELLOW AMERICAN COLLEGE OF CARDIOLOGY
- DIPLOMATE, AMERICAN BOARD OF CARDIOVASCULAR DISEASES
- DIPLOMATE, AMERICAN BOARD OF INTERNAL MEDICINE
- DIPLOMATE, CERTIFYING BOARD OF NUCLEAR CARDIOLOGY

JNMARTENSMD@AOL.COM

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9200 SUNSET DRIVE

MIAMI, FLORIDA 33173

TEL: (305) 412-8315 (Office)FAX: (305) 630-9496



Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

APPENDIX

PHYSICIAN LICENSES

A - V

AC# 3631374

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/28/2009	ME 27131	292294

The **MEDICAL DOCTOR**

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

Expiration Date:

JANUARY 31, 2012

RICHARD WARREN SPIRER
7887 N. KENDALL DRIVE
STE#102

MIAMI, FL 33156
UNITED STATES

QUALIFICATION(S):

DISPENSING PRACTITIONER



Charlie Crist
GOVERNOR

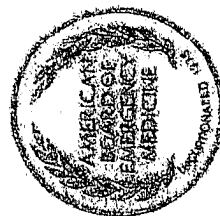
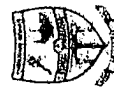


Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW



AMERICAN BOARD OF EMERGENCY MEDICINE



Established for the Certification
of Emergency Physicians
Hereby Declares that

Richard Herman Spinner, M.D.

Has Successfully Fulfilled the
Requirements of this Board and
is Declared a Diplomate of the
American Board of Emergency Medicine
November 21, 2002 - December 31, 2012

President John F. DeLoe, MD

Secretary John B. McClellan, MD

Certification Number 880521

AC# 3253859

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
03/30/2010	OS 6525	32771

The OSTEOPATHIC PHYSICIAN

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

Expiration Date: **MARCH 31, 2012**

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

QUALIFICATION(S):
DISPENSING PRACTITIONER

Charlie Crist

Charlie Crist
GOVERNOR

Ana M. Viamonte Ros

Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

Mar. 1. 2010 2:59PM Physicians Health No. 3165 P. 7

NUMBER	EXPIRES	FEE PAID
AB8478275	07-31-2011	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	05-30-2009
BLUMENTHAL, JAMES R DO 1448 N KROME AVENUE SUITE 101 FLORIDA CITY, FL 33034-0000		

AC# 2697970

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/16/2009	OS 4347	28717

The OSTEOPATHIC PHYSICIAN
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **MARCH 31, 2012**
JAMES ROLLAND BLUMENTHAL
1448 N. KROME AVENUE
#101
FLORIDA CITY, FL 33034

QUALIFICATION(S):
DISPENSING PRACTITIONER

Charlie Crist

Charlie Crist
GOVERNOR

Ana M. Viamonte Ros

Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

American Osteopathic Board of Family Physicians



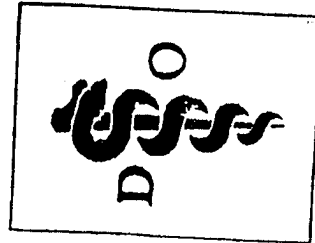
Certifies That

James R. Blumenthal, D.O.

having met the requirements of this Board and having passed the
required examinations, is certified in

Family Practice

February 29, 1988



American Osteopathic Association

Robert Paul
Executive Director

American Osteopathic Board of Family Physicians

Joseph J. Long, D.O.
Chairman

John H. Burnett, D.O., F.A.C.P.
Secretary

Certificate No. 3068 Reissue

266608

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/15/2009	ME 58546	275250

The MEDICAL DOCTOR

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

Expiration Date: **JANUARY 31, 2011**

BERNARD STANLEY CHAPNICK

10215 NW 2ND AVE

MIAMI, FL 33169

QUALIFICATION(S):

DISPENSING PRACTITIONER

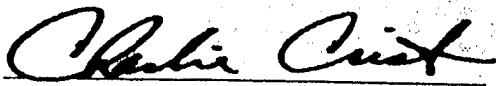
3266608

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

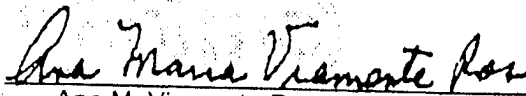
DATE	LICENSE NO.	CONTROL NO.
01/15/2009	ME 58546	275250

The MEDICAL DOCTOR
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **JANUARY 31, 2011**

BERNARD STANLEY CHAPNICK



Charlie Crist
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Dispensing Practitioner

EXPIRATION DATE: **JANUARY 31, 2011**

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

Use this section to report name change. Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license, a divorce decree or a court order. **A driver's license or social security card is not considered legal documentation.**

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

1. Go to www.flhealthsource.com
2. Click on Licensee/Provider
3. Click on Practitioner Login
4. Select your profession

5. Enter the account ID and password here (Account ID and Password are case sensitive) Account ID: **chapnibe** Password: **6hjxkvp8**
6. Click on Login

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

NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

FROM: _____
LAST FIRST MIDDLE

TO: _____
LAST FIRST MIDDLE

2103, 5/98

AC# 2747865

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE


DATE	LICENSE NO.	CONTROL NO.
01/08/2010	ME 67719	305750

The **MEDICAL DOCTOR**
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **JANUARY 31, 2012**
JUAN DIOSDADO MIRABAL
PHC
1448 N. KROME AVE., SUITE 101
FLORIDA CITY, FL 33034
UNITED STATES

QUALIFICATION(S):
DISPENSING PRACTITIONER



Charlie Crist
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/27/2010	ARNP 9219415	1177320

ADV REG NURSE PRACTITIONER
d below has met all requirements of
ws and rules of the state of Florida.
tion Date: **APRIL 30, 2012**
ORIE ESTRADA
SOUTH DIXIE HIGHWAY
FL 33143
D STATES

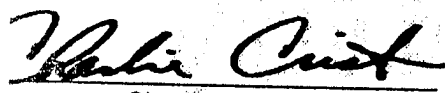
QUALIFICATION(S):
NURSE PRACTITIONER

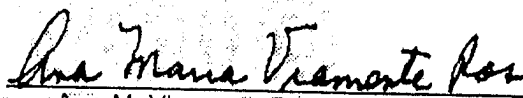
STATE OF FLORIDA	AC#	3815011
DEPARTMENT OF HEALTH	LICENSE NO.	ARNP 9219415
DIVISION OF MEDICAL QUALITY ASSURANCE	CONTROL NO.	1177320

The ADV REG NURSE PRACTITIONER
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **APRIL 30, 2012**

MARJORIE ESTRADA

LICENSEE SIGNATURE


Charlie Crist
GOVERNOR


Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Nurse Practitioner

use number is **ARNP 9219415**, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in
of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on
use, please call (850) 488-0595.

EXPIRATION DATE: **APRIL 30, 2012**

section to report name change. Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following
times this form: a marriage license, a divorce decree or a court order. **A driver's license or social security card is not considered legal documentation.**

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

1. Go to www.flhealthsource.com
2. Click on Licensee/Provider
3. Click on Practitioner Login
4. Select your profession
5. Enter the account ID and password that was provided to you on your initial license and click on "Login".
6. If you do not know your account ID and password, click on "Get Login Help" or call our Customer Contact Center at (850) 488-0595 for assistance.

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

NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

LAST FIRST MIDDLE
LAST FIRST MIDDLE

03. 5/98

APR 12 2010 3:30PM RE: LICENSE PA# A6779154

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/04/2010	PA 9100094	33347

The PHYSICIAN ASSISTANT
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **JANUARY 31, 2012**
RICARDO RODRIGO ESPINOSA
6221 NW 36TH STREET
MIAMI, FL 33166
UNITED STATES

QUALIFICATION(S):
PRESCRIBING #00002321


Charlie Crist
GOVERNOR


Amy M. Viamonte, MD, MPH
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW



\$00.4
02/09/11
United States
US POST

AC# 765537

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/22/2010	PA 9100266	32518

The **PHYSICIAN ASSISTANT**

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

Expiration Date: **JANUARY 31, 2012**

RAMON EMILIO LOPEZ
6221 NW 36TH STREET
MIAMI, FL 33166

QUALIFICATION(S):

PRESCRIBING #00002367

AC# 3765537

DATE	LICENSE NO.	CONTROL NO.
01/22/2010	PA 9100266	32518

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

The **PHYSICIAN ASSISTANT**
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **JANUARY 31, 2012**
RAMON EMILIO LOPEZ

Charlie Crist

Charlie Crist
GOVERNOR

Ana M. Viamonte Ros

Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Prescribing #00002367


AC# 3760725


STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/20/2010	PA 9101022	32166

The PHYSICIAN ASSISTANT
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **JANUARY 31, 2012**
JOSE GERARDO PENAS
905 S.W. 40TH AVENUE
CORAL GABLES, FL 33134
UNITED STATES

QUALIFICATION(S):
PRESCRIBING #00003467


Charlie Crist
GOVERNOR


Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AG#779249

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTR. NO.
02/04/2010	PA 3708	33273

The PHYSICIAN ASSISTANT
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **JANUARY 31, 2012**

QUALIFICATION(S)
PRESCRIBING #00000423

GORGE RABINOVICH
1448 N. KROME AVENUE
PHYSICIANS HEALTH CENTER
FLORIDA CITY, FL 33041
UNITED STATES

Chris Crist
Chris Crist

Chris Crist
GOVERNOR

Chris Crist
Chris M. Viamonte, MD, FAAP
STATE SURGEON GENERAL

DISPLANET REQUIRED BY LAW

AG# 79166

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/04/2010	PA 3620	33269

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

Expiration Date: **JANUARY 31, 2012**

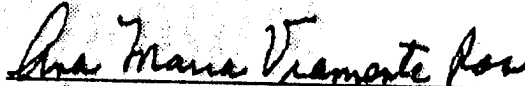
TOMAS M FUENTES SANZ
PHYSICIAN HEALTH CENTER
6221 N.W. 36TH STREET
MIAMI, FL 33166
UNITED STATES

QUALIFICATION(S):

PRESCRIBING #00002135



Charlie Crist
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

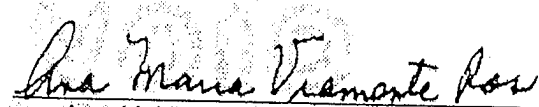
AC# 776281

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/30/2010	60 3020	3499

The HEALTH CARE CLINIC ESTABLISHMENT
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **JANUARY 31, 2012**
PHYSICIANS HEALTH CENTER
1448 N KROME AVENUE
STE 101
FLORIDA CITY, FL 33034


Charlie Crist


Ana M. Viamonte Ros, M.D., M.P.H.



DEA REGISTRATION NUMBER		THIS REGISTRATION EXPIRES		FEE PAID	
A57104235		02-28-2011		Paid	
SCHEDULES		BUSINESS ACTIVITY		DATE ISSUED	
2,2A,3 3A,4,5		PRACTITIONER		01-30-2006	
SPHRER, RICHARD WARREN MD 10100 S.W. 144 STREET MIAMI, FL 33176					

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

Sections 304 and 1008 (21 U.S.C. 824 and 858) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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

Form DEA-229 (06/04)

DEA REGISTRATION NUMBER		THIS REGISTRATION EXPIRES		FEE PAID	
A57104235		02-28-2011		Paid	
SCHEDULES		BUSINESS ACTIVITY		DATE ISSUED	
2,2A,3 3A,4,5		PRACTITIONER		01-30-2006	
SPHRER, RICHARD WARREN MD 10100 S.W. 144 STREET MIAMI, FL 33176					

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

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

(866) 455-3049

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
AB8478275	07-31-2011	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	06-30-2008
BLUMENTHAL, JAMES R DO 1448 N KROME AVENUE SUITE 101 FLORIDA CITY, FL 33034-0000		

Form DEA-223 (4/07)

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.

CHAPNICK, BERNARD S MD
20535 NW 2ND AVENUE
SUITE 150
MIAMI GARDENS, FL 33169-0000-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
AC1853301	08-31-2011	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	08-12-2008
CHAPNICK, BERNARD S MD 20535 NW 2ND AVENUE SUITE 150 MIAMI GARDENS, FL 33169-0000		

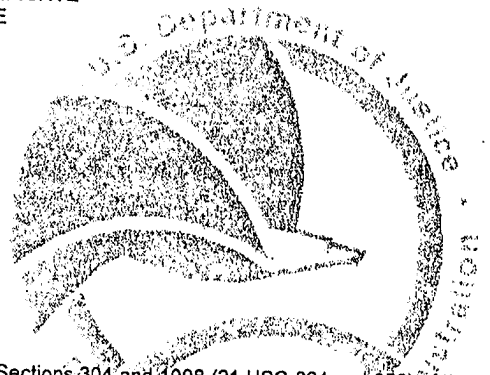
CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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
AC1853301	08-31-2011	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	08-12-2008
CHAPNICK, BERNARD S MD 20535 NW 2ND AVENUE SUITE 150 MIAMI GARDENS, FL 33169-0000		



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

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BD6611025	06-30-2011	Paid

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	06-20-2008

DIAZ, SUSAN DO 6221 NW 36 STREET MIAMI, FL 33166		
--	--	--

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

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

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

Form DEA-223 (05/04)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BD6611025	06-30-2011	Paid

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	06-20-2008

DIAZ, SUSAN DO 6221 NW 36 STREET MIAMI, FL 33166		
--	--	--

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

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

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BM4073908	01-31-2012	Paid

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	01-07-2009

MIRABAL, JUAN D MD
1448 N. KROME AVE, SUITE 101
FLORIDA CITY, FL 33034

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

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

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

Form DEA-223 (5/04)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BM4073908	01-31-2012	Paid

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	01-07-2009

MIRABAL, JUAN D MD
1448 N. KROME AVE, SUITE 101
FLORIDA CITY, FL 33034

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

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

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

AC# 88270114

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO	CONTROL NO
10/22/2009	PJ-23905	97884

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

Expiration Date: **NOVEMBER 30, 2011**

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



Charlie Crist

Charlie Crist
GOVERNOR

Ana Maria Viamonte Ros

Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC# 3819544

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/15/2009	PT 22008	57201

The **PHYSICAL THERAPIST**
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **NOVEMBER 30, 2011**
MICHAEL CAPOTE
ATTN: PHYSICAL THERAPY DEPARTMENT
PHYSICIANS' HEALTH CENTER
20215 NW 2ND AVENUE, SUITE # 3
MIAMI, FL 33169
UNITED STATES



Charlie Crist
GOVERNOR



Ana M. Viamonte, RGS, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC#3662520

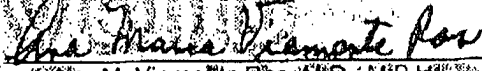
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/21/2009	PT 12228	62190

The **PHYSICAL THERAPIST**
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **NOVEMBER 30, 2011**
BIRMA CARO STELLA
8716 SW 159TH PATH
MIAMI, FL 33183



Charlie Crist
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC# 3627021

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/22/2009	PT 23904	57862

The **PHYSICAL THERAPIST**
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **NOVEMBER 30, 2011**
JASMANIGATA
PHYSICIANS HEALTH CENTER
20216 NW 2ND AVE, SUITE #3
MIAMI, FL 33169
UNITED STATES



Charlie Crist
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC#3662695

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/21/2009	PT 18631	82582

THE PHYSICAL THERAPIST

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

Expiration Date: **NOVEMBER 30, 2011**

ROBERTO JOSE MARTINEZ

ATTN: PHYSICIANS HEALTH CENTER

7887 NORTH KENDALL DRIVE

SUITE 102

MIAMI, FL 33156

UNITED STATES

Charlie Crist

Charlie Crist
GOVERNOR

Dr. Maria Vamonte for

Dr. Maria Vamonte RBS, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC# 3830770

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO	CONTROL NO
10/27/2009	PT 3348	58098

The PHYSICAL THERAPIST
named below has met all requirements of
the laws and rules of the state of Florida
Expiration Date: **NOVEMBER 30, 2011**
JOSE GUILLERMO VELAZQUEZ
1245 DOVE AVENUE
MIAMI SPRINGS, FL 33166-3103
UNITED STATES



Charlie Crist

Charlie Crist
GOVERNOR

Ana Maria Viamonte Ros

Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

THE

AMERICAN BOARD OF INTERNAL MEDICINE

INCORPORATED 1936

ATTESTS THAT

Johann Nicolaus Martens

HAS MET THE REQUIREMENTS OF THIS BOARD AND IS HEREBY
CERTIFIED FOR THE PERIOD 1998 THROUGH 2008
AS A DIPLOMATE IN

CARDIOVASCULAR DISEASE



Robert O. Bonow
CHAIR
AMERICAN BOARD OF INTERNAL MEDICINE

Douglas P. Zipes
CHAIR

Robert O. Bonow

Robert O. Bonow

Robert O. Bonow
CLINICAL
AMERICAN BOARD OF INTERNAL MEDICINE

SECRETARY-TREASURER
AMERICAN BOARD OF INTERNAL MEDICINE

SUBSPECIALTY BOARD ON CARDIOVASCULAR DISEASE

Robert O. Bonow

Robert O. Bonow

Robert O. Bonow

Robert O. Bonow

Robert O. Bonow
PRESIDENT
AMERICAN BOARD OF INTERNAL MEDICINE

Robert O. Bonow

Robert O. Bonow

Robert O. Bonow

NUMBER 130768

1998

THE CERTIFICATION BOARD OF NUCLEAR CARDIOLOGY
Incorporated 1996

CERTIFY THAT

Johann N. Martens, MD

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD FOR PHYSICIANS RESIDING
IN THE UNITED STATES AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,

IS HEREBY DESIGNATED

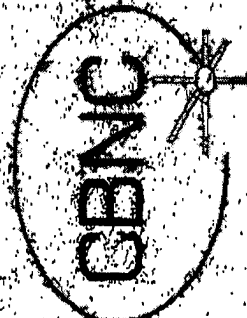
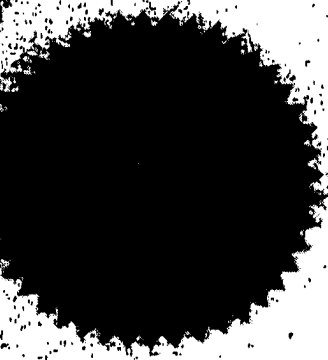
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF

NUCLEAR CARDIOLOGY

FOR THE PERIOD 2004 THROUGH 2014

[Signature]

[Signature]
Secretary



CERTIFICATE # 3470

October 24, 2004

FROM : ROUNDY, E&P

PHONE NO. : 305 374 5554

Feb. 29 2008 01:03PM F2

2887445

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/23/2008	ME 64341	245423

The MEDICAL DOCTOR
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: JANUARY 31, 2010
JOHANN NICOLAUS MARTENS
148 BRICKELL KEY DRIVE, SUITE 1204
MIAMI, FL 33131

2887445

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	ACI	LICENSE NO. ME 64341	CONTROL NO. 245423
DATE 01/23/2008		The MEDICAL DOCTOR named below has met all requirements of the laws and rules of the state of Florida. Expiration Date: JANUARY 31, 2010 JOHANN NICOLAUS MARTENS	

LICENSEE SIGNATURE

DISPLAY REQUIRED BY LAW

014020950

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROLLING
02/05/2010	ME 70893	315253

MEDICAL DOCTOR
 med below has met all requirements of
 laws and rules of the state of Florida.
 Expiration Date: **JANUARY 31, 2012**
ROMANE RODRIGUEZ-FERRER
 ALTON ROAD
 13410
 APT. BEACH FL 33439
 UNITED STATES

3783007

STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 DIVISION OF MEDICAL QUALITY ASSURANCE

LICENSE NO. ME 70893
 CONTROLLING 315253
 DATE 02/05/2010
 EXPIRATION DATE JANUARY 31, 2012
 SIGNATURE ROMANE RODRIGUEZ-FERRER
 LICENSEE SIGNATURE

DISPLAY IS REQUIRED BY LAW

EXPIRATION DATE: JANUARY 31, 2012

your license number is **ME 70893**, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of
 in licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license,
 please call (850) 408-0595.

use this section to report name change. Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following
 accompanies this form: a marriage license, a divorce decree or a court order. A driver's license or social security card is not considered legal documentation.

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

1. Go to www.flhqs.com
2. Click on Licensee/Provider
3. Click on Renew/Update Login
4. Select your profession
5. Enter the account ID and password that was provided to you on your initial license and click on "Login"
6. If you do not have your account ID and password, click on "Lost Login Info" or call our Customer Contact Center at (850) 408-0595 for assistance.

MAIL TO: DEPARTMENT OF HEALTH
 DIVISION OF MEDICAL QUALITY ASSURANCE
 LICENSING AND AUDITING SERVICES UNIT
 P.O. BOX 9323
 TALLAHASSEE, FLORIDA 32314-9323

☐ NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

FROM: LAST FIRST MIDDLE
 TO: LAST FIRST MIDDLE

DN 2173-5998

**PROOF OF INSURANCE**

PROOF OF INSURANCE PROVIDED TO:	POLICY ISSUED TO:
To Whom It May Concern	Germaine Rodriguez-Ferrer, M.D. 160 NW 170th St. North Miami Beach, FL 33169
COVERAGE PROVIDED BY:	Florida Doctors Insurance Company 4655 Salisbury Road, Suite 110, Jacksonville, Florida 32256 (904)-296-2887

Type of Policy:	Physicians/Surgeons Professional Liability
Policy Number:	11973
Policy Period:	03/01/2010 to 03/01/2011
Insured Physician:	Germaine Rodriguez-Ferrer, M.D.
Retroactive Date:	7/1/1998
Specialty:	Radiology - Diagnostic
Limit of Liability:	\$250,000 / \$750,000
Type of Coverage:	Claims-Made
Other Information:	Not Applicable

The coverage provided by this policy is subject to all the terms, exclusions and conditions of such policy. Limits shown may have been reduced by paid claims.

This Proof of Insurance has been issued as a matter of information only and affords no rights upon the individual/entity to whom this Proof of Insurance has been issued. This Proof of Insurance does not amend, extend or alter the coverage provided by the policy.

Producing Agent: Medical Professionals, Inc.
 Nancy Smith
 9040 Town Center Parkway
 Lakewood Ranch, FL 34202
 941-822-9090

Date Issued: March 1, 2010



Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

APPENDIX

MEDICAL CENTER LICENSES

A - VI

CERTIFICATE #: 15837

LICENSE #: HCC5078

State of Florida
AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

**HEALTH CARE CLINIC
STANDARD**

This is to confirm that RICHARD L DOLSEY PHC INC has complied with the rules and regulations adopted by the State of Florida, Agency for Health Care Administration, authorized in Chapter 400, Part X, Florida Statutes, and as the licensee is authorized to operate the following:

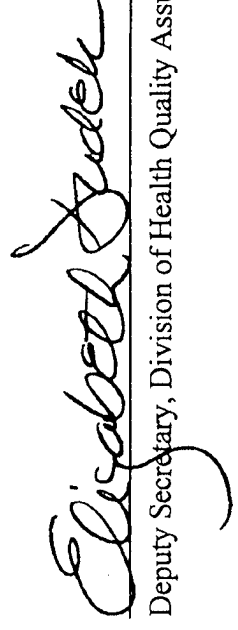
PHYSICIANS HEALTH CENTER -AIRPORT
6221 N.W. 36TH STREET
MIAMI, FL 33166

NOTICE: When changing to a different legal entity or when 45 percent (45%) or more of the ownership, voting shares, or controlling interest is transferred, including multiple transfers over a 2-year period cumulatively totaling 45 percent or greater, an application for a license must be filed with the Agency at least 60 days before the effective date of the transfer. Subsection 408.803 (5), and 408.807 (1), Florida Statutes.

File # 4106

EFFECTIVE DATE: 07/30/2008

LICENSE EXPIRATION DATE: 07/29/2010


Deputy Secretary, Division of Health Quality Assurance

CERTIFICATE #: 15945

LICENSE #: HCC5079

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

HEALTH CARE CLINIC STANDARD

This is to confirm that RICHARD L DOLSEY PHC INC has complied with the rules and regulations adopted by the State of Florida, Agency for Health Care Administration, authorized in Chapter 400, Part X, Florida Statutes, and as the licensee is authorized to operate the following:

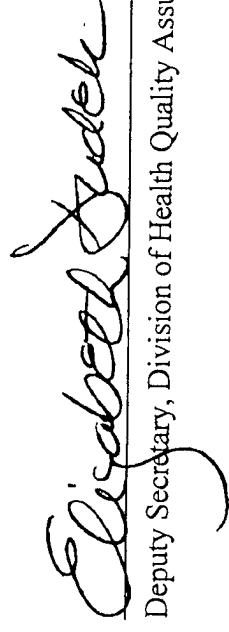
PHYSICIANS HEALTH CENTER
7887 N. KENDALL DRIVE
SUITE 102
MIAMI, FL 33156

NOTICE: When changing to a different legal entity or when 45 percent (45%) or more of the ownership, voting shares, or controlling interest is transferred, including multiple transfers over a 2-year period cumulatively totaling 45 percent or greater, an application for a license must be filed with the Agency at least 60 days before the effective date of the transfer. Subsection 408.803 (5), and 408.807 (1), Florida Statutes.

File # 4111

EFFECTIVE DATE: 08/05/2008

LICENSE EXPIRATION DATE: 08/04/2010


Deputy Secretary, Division of Health Quality Assurance

CERTIFICATE #: 15943

LICENSE #: HCC5083

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

HEALTH CARE CLINIC STANDARD

This is to confirm that RICHARD L DOLSEY PHC INC has complied with the rules and regulations adopted by the State of Florida, Agency for Health Care Administration, authorized in Chapter 400, Part X, Florida Statutes, and as the licensee is authorized to operate the following:

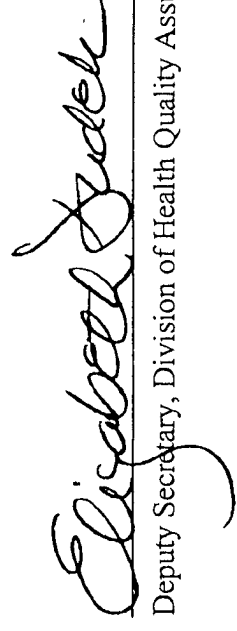
PHYSICIANS HEALTH CENTER
6990 NW 37TH AVENUE
MIAMI, FL 33147

NOTICE: When changing to a different legal entity or when 45 percent (45%) or more of the ownership, voting shares, or controlling interest is transferred, including multiple transfers over a 2-year period cumulatively totaling 45 percent or greater, an application for a license must be filed with the Agency at least 60 days before the effective date of the transfer. Subsection 408.803 (5), and 408.807 (1), Florida Statutes.

File # 4108

EFFECTIVE DATE: 07/20/2008

LICENSE EXPIRATION DATE: 07/19/2010


Deputy Secretary, Division of Health Quality Assurance

CERTIFICATE #: 15940

LICENSE #: HCC5085

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

HEALTH CARE CLINIC STANDARD

This is to confirm that RICHARD L DOLSEY PHC INC has complied with the rules and regulations adopted by the State of Florida, Agency for Health Care Administration, authorized in Chapter 400, Part X, Florida Statutes, and as the licensee is authorized to operate the following:

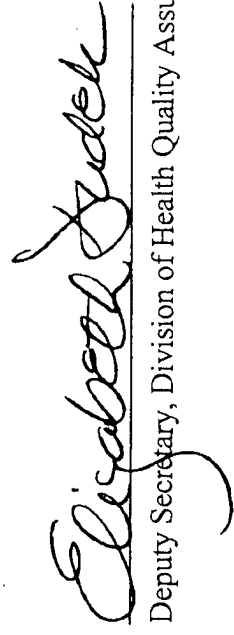
PHYSICIANS HEALTH CENTER
1448 N KROME AVENUE
FLORIDA CITY, FL 33034

NOTICE: When changing to a different legal entity or when 45 percent (45%) or more of the ownership, voting shares, or controlling interest is transferred, including multiple transfers over a 2-year period cumulatively totaling 45 percent or greater, an application for a license must be filed with the Agency at least 60 days before the effective date of the transfer. Subsection 408.803 (5), and 408.807 (1), Florida Statutes.

File # 4107

EFFECTIVE DATE: 07/29/2008

LICENSE EXPIRATION DATE: 07/28/2010


Deputy Secretary, Division of Health Quality Assurance

CERTIFICATE #: 19441

LICENSE #: HCC5081

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

HEALTH CARE CLINIC STANDARD

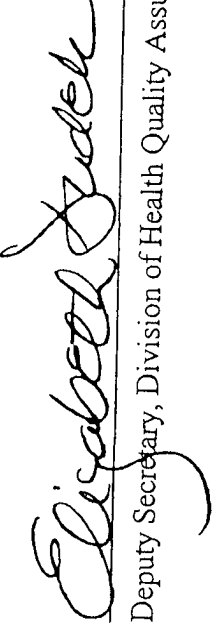
This is to confirm that RICHARD L DOLSEY PHC INC has complied with the rules and regulations adopted by the State of Florida, Agency for Health Care Administration, authorized in Chapter 400, Part X, Florida Statutes, and as the licensee is authorized to operate the following:

PHYSICIANS HEALTH CENTER
20535 N.W. 2ND. AVENUE
SUITE 150
MIAMI, FL 33169

File # **4110**
RENEWAL

EFFECTIVE DATE: 07/19/2010

LICENSE EXPIRATION DATE: 07/18/2012


Deputy Secretary, Division of Health Quality Assurance

TRANSPORTATION MANAGEMENT
 IN DEER COUNTRY STRATEGIC
 PLANNING
 RICHARD L. BROWN
 TRANSPORTATION PLANNING
 IN DEER COUNTRY STRATEGIC
 PLANNING

1985-1986
 1987-1988
 1989-1990
 1991-1992
 1993-1994
 1995-1996

BUSINESS NAME: LOCATION:
 CHARTERED BERNARD S. H.
 2887 S.W. 88 ST
 33156 DUNN, FLORIDA 33156

RECEIVED
JAN 10 1964
U.S. AIR FORCE

CHARLES BERNARD SMITH
11 NORTH BILGOTT ST
212 PROFESSIONAL BLDG

[illegible]

DO NOT FORWARD

CHAPNICK BERNARD S MD
7887 SW 88 ST 102
MIAMI FL 33156

009 11 26 0019
0000000000000000
0000000000000000

SEE OTHER SIDE

832

2009 LOCAL BUSINESS TAX RECEIPT 2010
MIAMI-DADE COUNTY, STATE OF FLORIDA
EXPIRES SEPT. 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 6A, ART. 9 & 10

531560-1

THIS IS NOT A BILL - DO NOT PAY

RENEWAL

RECEIPT NO.
E# 0S6525

555312-9

Sec. Type of Business
212 PROFESSIONAL

THIS IS ONLY A LOCAL
BUSINESS TAX RECEIPT IT
DOES NOT PERMIT THE
HOLDER TO VIOLATE ANY
EXISTING REGULATORY OR
ZONING LAWS OF THE
COUNTY OR CITIES NOR
DOES IT EXEMPT THE
HOLDER FROM ANY OTHER
PERMIT OR LICENSE
REQUIRED BY LAW. THIS IS
NOT A CERTIFICATION OF
THE HOLDER'S QUALIFICA-
TIONS.

DO NOT FORWARD

DIAZ SUSAN F DO
PHYSICIANS HEALTH CENTER
4483 NW 36 ST STE 120
MIAMI FL 33166

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR:

08/24/2009
60000000009
000100.00

SEE OTHER SIDE



MIAMI-DADE COUNTY
TAX COLLECTOR
140 W FLAGLER ST
1ST FLOOR
MIAMI FL 33130

2009 LOCAL BUSINESS TAX RECEIPT 2010
MIAMI-DADE COUNTY - STATE OF FLORIDA
EXPIRES SEPT. 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 8A - ART. 8 & 10

FIRST CLASS
U.S. POSTAGE
PAID
MIAMI FL
PERMIT NO. 231

515809-2
BUSINESS NAME / LOCATION
SPIRER RICHARD W MD
7887 SW 88 ST
33156 UNIN DADE COUNTY

THIS IS NOT A BILL - DO NOT PAY
RENEWAL
RECEIPT NO. 539082-8
STATE F ME27131
102

OWNER
SPIRER RICHARD W MD
Sec. Type of Business
212 PROFESSIONAL

THIS IS ONLY A RECEIPT
BUSINESS TAX RECEIPT
DOES NOT PERMIT THE
HOLDER TO VIOLATE ANY
EXISTING REGULATORY OR
ZONING LAWS OF THE
COUNTY OR CITIES NOR
DOES IT PERMIT THE
HOLDER FROM ANY OTHER
PERMIT OR LICENSE
REQUIRED BY LAW THIS IS
NOT A CERTIFICATION OF
THE HOLDER'S QUALIFICA
TIONS

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

08/21/2009
60000000005
000100 00

SEE OTHER SIDE

DO NOT FORWARD
SPIRER RICHARD W MD
PHYSICIANS HEALTH CENTER
4483 NW 36 ST #120
MIAMI FL 33166

694

2009 LOCAL BUSINESS TAX RECEIPT 2010
MIAMI-DADE COUNTY - STATE OF FLORIDA
EXPIRES SEPT. 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 10A - ART. 9 & 10

FIRST CLASS
U.S. POSTAGE
PAID
MIAMI FL
PERMIT NO. 28

60926-5
BUSINESS NAME/LOCATION
ESPINOSA RICARDO
7887 SW 88 ST
33156 UNIN DADE COUNTY

THIS IS NOT A BILL - DO NOT PAY

RENEWAL

RECEIPT NO. 635498-9
STATE# PA9100094

OWNER
ESPINOSA RICARDO
Sec. Type of Business
212 PROFESSIONAL

THIS IS ONLY A LOCAL BUSINESS TAX RECEIPT. IT DOES NOT PERMIT THE HOLDER TO VIOLATE ANY EXISTING REGULATOR OR ZONING LAWS OF THE COUNTY OR CITIES. NOR DOES IT EXEMPT THE HOLDER FROM ANY OTHER PERMIT OR LICENSE REQUIRED BY LAW. THIS IS NOT A CERTIFICATION OF THE HOLDER'S QUALIFICATIONS.

DO NOT FORWARD

ESPINOSA RICARDO
PHYSICIAN HEALTH CENTER
4483 NW 36 ST ST#120
MIAMI FL 33166

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

08/24/2009
60000000077
000100 00

SEE OTHER SIDE

529

2009 100% L-BUSINESS EX-1000 000
MAYNADDE COUNTY, STATE OF ALABAMA
EXPIRES 03-01-2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 9A, ARTICLE 10

[illegible]

THIS SIGNATURE - DO NOT PA

RENEWAL

RECEIPT NO. 559080-2
STATE# PA9100266

102

THIS IS ONLY A LOCAL BUSINESS TAX RECEIPT. IT DOES NOT PERMIT THE HOLDER TO VIOLATE ANY EXISTING REGULATORY OR ZONING LAWS OF THE COUNTY OR CITY. NOR DOES IT EXEMPT THE HOLDER FROM ANY OTHER PERMIT OR LICENSE REQUIRED BY LAW. THIS IS NOT A CERTIFICATION OF THE HOLDER'S QUALIFICATIONS.

DO NOT FORWARD

LOPEZ RAMON E PA
PHYSICIAN HEALTH CENTER
4483 SW 36 ST #120
MIAMI FL 33166

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR:

08/25/2009
60000000131
000100 00

923

SEE OTHER SIDE

MIAMI-DADE COUNTY
TAX COLLECTOR
140 W FLAGLER ST
18TH FLOOR
MIAMI FL 33130

2009 LOCAL BUSINESS TAX RECEIPT 2010
MIAMI-DADE COUNTY STATE OF FLORIDA
EXPIRES SEPT 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 8A - ART. 9 & 10

FIRST CLASS
U.S. POSTAGE
PAID
MIAMI FL
PERMIT NO. 231

563464-8
BUSINESS NAME/LOCATION
PENA JOSE G
7887 SW 88 ST
33156 MIAMI-DADE COUNTY

THIS IS NOT A BILL - DO NOT PAY

RENEWAL
RECEIPT NO. 587743-7
STATE PA9101022
102

OWNER
PENA JOSE G
Sec. Type of Business
212 PROFESSIONAL

THIS IS ONLY A LOCAL
BUSINESS TAX RECEIPT. IT
DOES NOT PERMIT THE
HOLDER TO VIOLATE ANY
EXISTING REGULATORY OR
ZONING LAWS OF THE
COUNTY OR CITY. NOR
DOES IT EXEMPT THE
HOLDER FROM ANY OTHER
PERMITS OR LICENSES
REQUIRED BY LAW. THIS IS
NOT A CERTIFICATION OF
THE HOLDER'S QUALIFI-
CATIONS.

DO NOT FORWARD

PENA JOSE G
PHYSICIANS HEALTH CENTER
4483 NW 36 ST 120
MIAMI FL 33166

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

03/24/2009
600000000089
0002100.00

SEE OTHER SIDE

1004

MIAMI-DADE COUNTY
TAX COLLECTOR
140 W FLAGLER ST
18TH FLOOR
MIAMI, FL 33130

2009

LOCAL BUSINESS TAX RECEIPT

2010

MIAMI-DADE COUNTY - STATE OF FLORIDA
EXPIRES SEPT. 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 8A - ART. 9 & 10

FIRST CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 2311

515803-15

THIS IS NOT A BILL - DO NOT PAY

BUSINESS NAME/LOCATION

RABINOVICH JORGE PA

7887 SW 88 ST

33156 UNIN-DADE COUNTY

RENEWAL

RECEIPT NO.

STATE PA3708

539076-0

102

OWNER

RABINOVICH JORGE PA

Sec. Type of Business

212 PROFESSIONAL

THIS IS ONLY A LOCAL
BUSINESS TAX RECEIPT
DOES NOT PERMIT THE
HOLDER TO VIOLATE ANY
EXISTING REGULATORY OR
ZONING LAWS OF THE
COUNTY OR CITIES. NOR
DOES IT EXTEND OR THE
HOLDER FROM ANY OTHER
TERM OF LICENSE
REQUIRED BY LAW. THIS IS
NOT A CERTIFICATION OF
THE HOLDER'S QUALIFICA
TIONS.

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

08/24/2009

60000000033

000100 00

SEE OTHER SIDE

DO NOT FORWARD

RABINOVICH JORGE PA
PHYSICIANS HEALTH CENTER
4483 NW 36 ST #120
MIAMI FL 33166

1076

2009 SOCIAL BUSINESS TAX RECEIPT 2010
MIAMI-DADE COUNTY, FLORIDA
EXPIRES SEPTEMBER 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 21A, ARTICLE 10

FIRST CLASS
U.S. POSTAGE
PAID
MIAMI FL
PERMIT NO. 2201

THIS IS NOT A BILL - DO NOT PAY

RENEWAL

STATE RECEIPT NO. 6631

552400

10

DO NOT FORWARD

MARTINEZ ROBERTO J PT
RICHARD L DOLSEY PHC INC
4483 NW 36 ST # 120
MIAMI FL 33166

08/25/2009
6000000013
000100 00

[illegible]

SEE OTHER SIDE

MIAMI-DADE COUNTY
TAX COLLECTOR
140 W. FLAGLER ST.
1st FLOOR
MIAMI, FL 33130

2009 LOCAL BUSINESS TAX RECEIPT 2010
MIAMI-DADE COUNTY - STATE OF FLORIDA
EXPIRES SEPT. 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 8A - ART. 9 & 10

FIRST-CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 231

372298-1

BUSINESS NAME / LOCATION
PHYSICIANS HEALTH CENTER
6221 NW 36 ST
33166 VIRGINIA GARDENS

THIS IS NOT A BILL - DO NOT PAY

RENEWAL
RECEIPT NO. 388791-7

OWNER
RICHARD L DOLSEY PHC INC

Sec. Type of Business
212 P.A./CORP/PARTNERSHIP/FIRM

EMPLOYEE/S
42

THIS IS ONLY A LOCAL
BUSINESS TAX RECEIPT. IT
DOES NOT PERMIT THE
HOLDER TO VIOLATE ANY
EXISTING REGULATORY OR
ZONING LAWS OF THE
COUNTY OR CITIES. NOR
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HOLDER FROM ANY OTHER
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REQUIRED BY LAW. THIS IS
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TIONS.

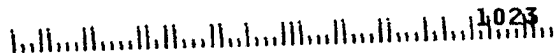
DO NOT FORWARD

PHYSICIANS HEALTH CENTER
6221 NW 36 ST
VIRGINIA GARDENS FL 33166

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR:

08/24/2009
60000000101
000189.00

SEE OTHER SIDE



MIAMI-DADE COUNTY
TAX COLLECTOR
140 W FLAGLER ST
1ST FLOOR
MIAMI FL 33130

2009 LOCAL BUSINESS TAX RECEIPT 2010
MIAMI-DADE COUNTY STATE OF FLORIDA
EXPIRES SEPT 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 8A ART 9.01 107

FIRST CLASS
U.S. POSTAGE
PAID
MIAMI FL
PERMIT NO. 231

515814-2
BUSINESS NAME / LOCATION
SPIRER RICHARD W MD
6221 NW 36 ST
33166 VIRGINIA GARDENS

THIS IS NOT A BILL - DO NOT PAY

RENEWAL
RECEIPT NO. 539088-5
STATE ME 27/131

OWNER
SPIRER RICHARD W MD
Sec Type of Business
212 PROFESSIONAL

THIS IS ONLY A LOCAL
BUSINESS TAX RECEIPT
IT DOES NOT PERMIT THE
HOLDER TO VIOLATE ANY
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REQUIRED BY LAW. THIS IS
NOT A CERTIFICATION OF
THE HOLDER'S QUALIFICA-
TIONS.

DO NOT FORWARD

SPIRER RICHARD W MD
PHYSICIANS HEALTH CENTER
4483 NW 36 ST #120
MIAMI FL 33166

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

08/24/2009
60000000113
000060 00

SEE OTHER SIDE

1221

MIAMI-DADE COUNTY
TAX COLLECTOR
140 W. FLAGLER ST.
1st FLOOR
MIAMI, FL 33130

2009 LOCAL BUSINESS TAX RECEIPT 2010
MIAMI-DADE COUNTY - STATE OF FLORIDA
EXPIRES SEPT. 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 8A - ART. 9 & 10

FIRST-CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 231

THIS IS NOT A BILL - DO NOT PAY

325598-1
BUSINESS NAME/LOCATION
CHAPNICK BERNARD S MD
6221 NW 36 ST
33166 VIRGINIA GARDENS

RENEWAL
RECEIPT NO. 339194-3
STATE# ME0058546

OWNER
CHAPNICK BERNARD S MD
Sec. Type of Business
212 PROFESSIONAL

THIS IS ONLY A LOCAL
BUSINESS TAX RECEIPT. IT
DOES NOT PERMIT THE
HOLDER TO VIOLATE ANY
EXISTING REGULATORY OR
ZONING LAWS OF THE
COUNTY OR CITIES. NOR
DOES IT EXEMPT THE
HOLDER FROM ANY OTHER
PERMIT OR LICENSE
REQUIRED BY LAW. THIS IS
NOT A CERTIFICATION OF
THE HOLDER'S QUALIFICA-
TIONS.

DO NOT FORWARD

CHAPNICK BERNARD S MD
PHYSICIANS HEALTH CENTER
6221 NW 36 ST
MIAMI SPRINGS FL 33166

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

08/24/2009
60000000011
000060.00

SEE OTHER SIDE

398

FIRST CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 231

212 PROFESSIONAL

SEE OTHER SIDE



MIAMI-DADE COUNTY
TAX COLLECTOR
140 W. FLAGLER ST
1st FLOOR
MIAMI, FL 33130

2009 LOCAL BUSINESS TAX RECEIPT 2010
MIAMI-DADE COUNTY, STATE OF FLORIDA
EXPIRES SEPT 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 3A, ART. 10, § 10

FIRST CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 231

609156-5
BUSINESS NAME/LOCATION
ESPINOSA RICARDO R
6221 NW 36 ST
33166 VIRGINIA GARDENS

THIS IS NOT A BILL. DO NOT PAY.

RENEWAL
RECEIPT NO 635415-3
STATE PA9100094

OWNER
ESPINOSA RICARDO R
Sec. Type of Business
212 PROFESSIONAL

THIS IS ONLY A LOCAL
BUSINESS TAX RECEIPT. IT
DOES NOT PERMIT THE
HOLDER TO VIOLATE ANY
EXISTING REGULATORY OR
ZONING LAWS OF THE
COUNTY OR CITIES. NOR
DOES IT EXEMPT THE
HOLDER FROM ANY OTHER
PERMITS OR LICENSE
REQUIRED BY LAW. THIS IS
NOT A CERTIFICATION OF
THE HOLDER'S QUALIFI-
CATIONS.

DO NOT FORWARD

ESPINOSA RICARDO R
PHYSICIAN HEALTH CENTER
4483 NW 36 ST 120
MIAMI FL 33166

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

08/24/2009
600000000007
000060 00

SEE OTHER SIDE

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MIAMI-DADE COUNTY
TAX COLLECTOR
140 W. FLAGLER ST.
1st FLOOR
MIAMI, FL 33130

2009

LOCAL BUSINESS TAX RECEIPT

2010

MIAMI-DADE COUNTY, STATE OF FLORIDA
EXPIRES SEPT 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 218, ART. 9.1.10

FIRST CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 231

563459-8

BUSINESS NAME / LOCATION

PENA JOSE G
6221 NW 36 ST
33166 VIRGINIA GARDENS

OWNER

PENA JOSE G

Sec. Type of Business

212 PROFESSIONAL

THIS IS ONLY A LOCAL
BUSINESS TAX RECEIPT. IT
DOES NOT PERMIT THE
HOLDER TO VIOLATE ANY
EXISTING REGULATORY OR
ZONING LAWS OF THE
COUNTY OR CITY. NOR
DOES IT EXEMPT THE
HOLDER FROM ANY OTHER
PERMIT OR LICENSE
REQUIRED BY LAW. THIS IS
NOT A CERTIFICATION OF
THE HOLDER'S QUALIFICA-
TIONS.

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

08/24/2009
60000000115
000060.00

SEE OTHER SIDE

THIS IS NOT A BILL - DO NOT PAY

RENEWAL

RECEIPT NO. 587737-9
STATE PA9101022

DO NOT FORWARD

PENA JOSE G
PHYSICIANS HEALTH CENTER
4483 NW 36 ST 120
MIAMI FL 33166

1005

MIAMI-DADE COUNTY
TAX COLLECTOR
140 W FLAGLER ST
18 FLOOR
MIAMI FL 33130

2009

LOCAL BUSINESS TAX RECEIPT

2010

MIAMI-DADE COUNTY, STATE OF FLORIDA

EXPIRES SEPT 30, 2010

MUST BE DISPLAYED AT PLACE OF BUSINESS

PURSUANT TO COUNTY CODE CHAPTER 3A, ART. 9, 10

FIRST-CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 231

515818-3

THIS IS NOT A BILL - DO NOT PAY

BUSINESS NAME/LOCATION

RABINOVICH JORGE PA

4622 NW 36 ST

33166 VIRGINIA GARDENS

RENEWAL

RECEIPT NO.

539093-5

STATE PA0003706

OWNER

RABINOVICH JORGE PA

Sec. 1 Type of Business

212 PROFESSIONAL

THIS IS ONLY A LOCAL
BUSINESS TAX RECEIPT. IT
DOES NOT PERMIT THE
HOLDER TO VIOLATE ANY
EXISTING REGULATORY OR
ZONING LAWS OF THE
COUNTY OR CITIES. NOR
DOES IT EXEMPT THE
HOLDER FROM ANY OTHER
PERMITS OR LICENSES
REQUIRED BY LAW. THIS IS
NOT A CERTIFICATION OF
THE HOLDER'S QUALIFICA-
TIONS.

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

08/24/2009

300000000025

000060.00

SEE OTHER SIDE

DO NOT FORWARD

RABINOVICH JORGE PA
PHYSICIANS HEALTH CENTER
4483 NW 36 ST #120
MIAMI FL 33166

1078

MIAMI-DADE COUNTY
TAX COLLECTOR
140 W FLAGLER ST
1ST FLOOR
MIAMI FL 33130

2009

LOCAL BUSINESS TAX RECEIPT

2010

MIAMI-DADE COUNTY STATE OF FLORIDA

EXPIRES SEPT 30, 2010

MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 8A ART 9.1.10

FIRST CLASS
U.S. POSTAGE
PAID
MIAMI FL
PERMIT NO. 231

515816-7

THIS IS NOT A BILL - DO NOT PAY

RENEWAL

BUSINESS NAME/LOCATION

RECEIPT NO.

539091-9

LOPEZ RAMON E PA

STATE # PA9100266

6221 NW 36 ST

33166 VIRGINIA GARDENS

OWNER

LOPEZ RAMON E PA

Sec 1 type of Business

212 PROFESSIONAL

THIS IS ONLY A LOCAL
BUSINESS TAX RECEIPT
IT DOES NOT PERMIT THE
HOLDER TO DEDUCT ANY
EXISTING REGULATORY
ZONING LAWS OF THE
COUNTY OR CITY, NOR
DOES IT EXEMPT THE
HOLDER FROM ANY OTHER
PERMITS OR LICENSES
REQUIRED BY LAW. THIS IS
NOT A CERTIFICATION OF
THE HOLDER'S QUALIFICA
TIONS.

DO NOT FORWARD

LOPEZ RAMON E PA
PHYSICIANS HEALTH CENTER
4483 NW 36 ST #120
MIAMI FL 33166

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

08/24/2009

50000000097

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SEE OTHER SIDE

803

MIAMI-DADE COUNTY
TAX COLLECTOR
140 W. FLAGLER ST.
1st FLOOR
MIAMI, FL 33130

2009 LOCAL BUSINESS TAX RECEIPT
MIAMI-DADE COUNTY, STATE OF FLORIDA
EXPIRES SEPT 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 21A, ARTICLE 9, AND

FIRST CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 231

623059-3
BUSINESS NAME / LOCATION
CAPOTE DAVID
6221 NW 36 ST
33166 VIRGINIA GARDENS

RENEWAL
RECEIPT NO. 649517-0
STATE PT23905

OWNER
CAPOTE DAVID
Sec. Type of Business
212 PROFESSIONAL

THIS IS ONLY A LOCAL
BUSINESS TAX RECEIPT. IT
DOES NOT PERMIT THE
HOLDER TO VIOLATE ANY
EXISTING REGULATORY OR
ZONING LAWS OF THE
COUNTY OR CITY. NOR
DOES IT EXEMPT THE
HOLDER FROM ANY OTHER
PERMIT OR LICENSE
REQUIRED BY LAW. THIS IS
NOT A CERTIFICATION OF
THE HOLDER'S QUALIFICA-
TIONS.

DO NOT FORWARD

CAPOTE DAVID
PHYSICIANS HEALTH CENTER
4483 NW 36 ST ST#120
MIAMI FL 33166

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

08/24/2009
60000000019
000060.00

SEE OTHER SIDE

346

2009

LOCAL BUSINESS TAX RECEIPT 2010

MIAMI-DADE COUNTY, STATE OF FLORIDA

EXPIRES SEPT. 30, 2010

**MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 0A, ART. 9, 10**

FIRST-CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 231

THIS IS NOT A BILL - DO NOT PAY

RENEWA

RECEIPT NO

STATE# PT22008

649511-3

CAPOTE MICHAEL

Sec. Type of Business

212 PROFESSIONAL

THIS IS ONLY A LOCAL BUSINESS TAX RECEIPT. IT DOES NOT PERMIT THE HOLDER TO VIOLATE ANY EXISTING REGULATORY OR ZONING LAWS OF THE COUNTY OR CITIES. NOR DOES IT EXEMPT THE HOLDER FROM ANY OTHER PERMIT OR LICENSES REQUIRED BY LAW. THIS IS NOT A CERTIFICATION OF THE HOLDER'S QUALIFICATIONS.

DO NOT FORWARD

CAPOTE MICHAEL
PHYSICIANS HEALTH CENTER
4483 NW 36 ST ST#120
MIAMI FL 33166

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

08/24/2009

60000000117

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SEE OTHER SIDE

349

MIAMI DADE COUNTY
TAX COLLECTOR
40 W. FLAGLER ST
1ST FLOOR
MIAMI, FL 33130

2009 LOCAL BUSINESS TAX RECEIPT
MIAMI DADE COUNTY, STATE OF FLORIDA
EXPIRES SEPT 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 218, ART. 9 & 10

FIRST CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 231

372194-2
BUSINESS NAME / LOCATION
PHYSICIANS HEALTH CENTER
6990 NW 37 AVE
33147 HIALEAH

THIS IS NOT A BILL - DO NOT PAY
RENEWAL
RECEIPT NO. 388687-7

OWNER
RICHARD L DOLSEY PHC INC

ec. Type of Business
212 P.A. /CORP/PARTNERSHIP/FIRM

EMPLOYEE/S
9

ONLY A LOCAL
BUSINESS TAX RECEIPT. IT
DOES NOT PERMIT THE
HOLDER TO VIOLATE ANY
REGULATORY OR
LAW OF THE
STATE OR CITIES. NOR
IS IT EXEMPT FROM THE
PAYMENT OF ANY OTHER
TAXES OR LICENSE
FEES. BY LAW, THIS IS
CERTIFICATION OF
HOLDERS QUALIFICATION.

DO NOT FORWARD
PHYSICIANS HEALTH CENTER
6990 NW 37 AVE
HIALEAH FL 33147

NOT RECEIVED
MIAMI DADE COUNTY TAX
COLLECTOR
08/24/2009
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1022

SEE OTHER SIDE

2009

LOCAL BUSINESS TAX RECEIPT

2010

**FIRST CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 231**

605434-0

BUSINESS NAME / LOCATION

MIRABAL JUAN D MD

6990 NW 37 AVE

33147 HIALEAH

OWNER

MIRABAL JUAN D MD

Sec. Type of Business

212 PROFESSIONAL

THIS IS ONLY A LOCAL BUSINESS TAX RECEIPT. IT DOES NOT PERMIT THE HOLDER TO VIOLATE ANY EXISTING REGULATORY OR ZONING LAWS OF THE COUNTY OR CITIES. NOR DOES IT EXEMPT THE HOLDER FROM ANY OTHER PERMIT OR LICENSE REQUIRED BY LAW. THIS IS NOT A CERTIFICATION OF THE HOLDER'S QUALIFICATIONS.

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR: 75391

09/02/2009

6000000017

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SEE OTHER SIDE

THIS IS NOT A BILL - DO NOT PAY

RENEWAL

RECEIPT NO.
STATE# ME67719

631564-2

DO NOT FORWARD

MIRABAL JUAN D MD
PHYSICIANS HEALTH CENTER
4483 NW 36 ST #120
MIAMI FL 33166

[illegible]

MIAMI DADE COUNTY
TAX COLLECTOR
140 W FLAGLER ST
18 FLOOR
MIAMI FL 33130

2009 LOCAL BUSINESS TAX RECEIPT 2010
MIAMI DADE COUNTY - STATE OF FLORIDA
EXPIRES SEPT. 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 9A - ART. 9 & 10

FIRST CLASS
U.S. POSTAGE
PAID
MIAMI FL
PERMIT NO. 231

609225-8
BUSINESS NAME / LOCATION
ESPINOSA RICARDO
6990 NW 37 AVE
33147 HIALEAH

THIS IS NOT A BILL - DO NOT PAY

RENEWAL
RECEIPT NO. 655486-4
SIATEL PA9100094

OWNER
ESPINOSA RICARDO
Soc. Type of Business
212 PROFESSIONAL

THIS IS ONLY A LOCAL
BUSINESS TAX RECEIPT IT
DOES NOT PERMIT THE
HOLDER TO VIOLATE ANY
EXISTING REGULATORY OR
ZONING LAWS OF THE
COUNTY OR CITIES NOR
DOES IT EXEMPT THE
HOLDER FROM ANY OTHER
PERMITS OR LICENSE
REQUIRED BY LAW THIS IS
NOT A CERTIFICATION OF
THE HOLDER'S QUALIFI-
CATIONS

DO NOT FORWARD

ESPINOSA RICARDO
PHYSICIANS HEALTH CENTER
4483 NW 36 ST ST#120
MIAMI FL 33166

PAYMENT RECEIVED
MIAMI DADE COUNTY TAX
COLLECTOR

08/24/2009
60000000031
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SEE OTHER SIDE

||||| 530 |||

MIAMI-DADE COUNTY
TAX COLLECTOR
140 W FLAGLER ST
1ST FLOOR
MIAMI, FL 33130

2009 LOCAL BUSINESS TAX RECEIPT 2010
MIAMI-DADE COUNTY - STATE OF FLORIDA
EXPIRES SEPT. 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 9A - ART. 9 & 10

FIRST CLASS
U.S. POSTAGE
PAID
MIAMI
PERMIT NO. 231

623063-5
BUSINESS NAME/LOCATION
SANZ FUENTES TOMAS M
6990 NW 37 AVE
33147 HIALEAH

THIS IS NOT A BILL - DO NOT PAY

RENEWAL

RECEIPT NO. 649521-2
STATE: PA3620

OWNER
SANZ FUENTES TOMAS M
Sec. Type of Business
212 PROFESSIONAL

THIS IS ONLY A LOCAL
BUSINESS TAX RECEIPT. IT
DOES NOT PERMIT THE
HOLDER TO VIOLATE ANY
EXISTING REGULATORY OR
ZONING LAWS OF THE
COUNTY OR CITIES NOR
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HOLDER FROM ANY OTHER
PERMITS OR LICENSES
REQUIRED BY LAW. THIS IS
NOT A CERTIFICATION OF
THE HOLDER'S QUALIFICA-
TIONS.

DO NOT FORWARD

SANZ FUENTES TOMAS M
PHYSICIANS HEALTH CENTER
4483 NW 36 ST ST#120
MIAMI FL 33166

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

08/24/2009
60000000103
000060.00

SEE OTHER SIDE

1159



City of Hialeah

Business Tax Receipt

Mayor Julio Robaina

2009-10

621111B40

No: (OLD-8011B124)

Amount: \$ 100.00

The person, firm or corp. listed here has paid the business tax required to engage in or operate the business specified subject to the regulations and restrictions of the City of Hialeah, Florida

Owner: RICHARD L DOLSEY

Type of Business: OFFICES AND CLINICS OF DOCTORS OF MEDICINE

PHYSICIANS HEALTH CENTER

6990 NW 37 AVE

MIAMI, FL 33147

Business Location:

6990 NW 37 AVE

Expires September 30, 2010

Validating No.: 0000

THIS IS NOT A BILL



City of Hialeah
Business Tax Receipt

2009-10

Mayor Julio Robaina

No: 621111A293

(OLD-8011A591)

Amount: \$ 100.00

The person, firm or corp. listed here has paid the business tax required to engage in or operate the business specified subject to the regulations and restrictions of the City of Hialeah, Florida

Owner: PHYSICIANS HEALTH CENTER

Type of Business: MEDICAL DOCTOR/OSTEOPATHIC DOCTOR

JUAN D MIRABAL MD.

6990 NW 37 AVE

MIAMI, FL 33147

Business Location:

6990 NW 37 AVE

Validating No.: 0000

Expires September 30, 2010

THIS IS NOT A BILL

OCT 7 2009

MIAMI-DADE COUNTY
TAX COLLECTOR
140 W FLAGLER ST
18th FLOOR
MIAMI FL 33130

2009

LOCAL BUSINESS TAX RECEIPT 2010
MIAMI-DADE COUNTY STATE OF FLORIDA
EXPIRES SEPT 30 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 10A - ART 9 & 10

FIRST CLASS
U.S. POSTAGE
PAID
MIAMI FL
PERMIT NO 231

521152-9

THIS IS NOT A BILL - DO NOT PAY

RENEWAL

BUSINESS NAME / LOCATION
PHYSICIAN HEALTH CENTER
1448 N KROME AVE
33034 FLORIDA CITY

RECEIPT NO 549640-6

101

OWNER

RICHARD L DOLSEY PHC INC

Sec. Type of Business

5212 P A /CORP/PARTNERSHIP/FIRM

EMPLOYEE/S

12

THIS IS ONLY A LOCAL
BUSINESS TAX RECEIPT. IT
DOES NOT PERMIT THE
HOLDER TO VIOLATE ANY
EXISTING REGULATORY OR
ZONING LAWS OF THE
COUNTY OR CITIES. NOR
DOES IT EXEMPT THE
HOLDER FROM ANY OTHER
PERMITS OR LICENSE
REQUIRED BY LAW. THIS IS
NOT A CERTIFICATION OF
THE HOLDER'S QUALIFI-
CATIONS.

DO NOT FORWARD

PHYSICIAN HEALTH CENTER
RICHARD L DOLSEY PRES
4483 NW 36 ST #120
MIAMI FL 33166

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

08/24/2009
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SEE OTHER SIDE

1021

MIAMI-DADE COUNTY
TAX COLLECTOR
140 W. FLAGLER ST.
1st FLOOR
MIAMI, FL 33130

2009 LOCAL BUSINESS TAX RECEIPT
MIAMI-DADE COUNTY STATE OF FLORIDA
EXPIRES SEPT 30 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 216 ART 4 & 10

FIRST-CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 231

610175-2

THIS IS NOT A BILL - DO NOT PAY RENEWAL

BUSINESS NAME / LOCATION
BLUMENTHAL JAMES R DO
1448 N KROME AVE
33034 FLORIDA CITY

RECEIPT NO 636450-9
STATE DS4347

101

OWNER
BLUMENTHAL JAMES R DO

Sec. Type of Business
212 PROFESSIONAL

IF IS ONLY A LOCAL
BUSINESS TAX RECEIPT, IT
DOES NOT PERMIT THE
HOLDER TO VIOLATE ANY
EXISTING REGULATORY OR
FINING LAWS OF THE
COUNTY OR CITIES. NOR
DOES IT EXEMPT THE
HOLDER FROM ANY OTHER
DUTY OR LICENSE
REQUIRED BY LAW. THIS IS
NOT A CERTIFICATION OF
THE HOLDER'S QUALIFICA-
TIONS.

DO NOT FORWARD

BLUMENTHAL JAMES R DO
PHYSICIAN HEALTH CENTER
4483 NW 36 ST 120
MIAMI FL 33166

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR:

10/13/2009
60020000049
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SEE OTHER SIDE

215

MIAMI-DADE COUNTY
TAX COLLECTOR
140 W FLAGLER ST
18TH FLOOR
MIAMI FL 33130

2009 LOCAL BUSINESS TAX RECEIPT 2010
MIAMI-DADE COUNTY - STATE OF FLORIDA
EXPIRES SEPT 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 8A - ART. 9.0110

FIRST-CLASS
US POSTAGE
PAID
MIAMI FL
PERMIT NO. 231

538443-5
BUSINESS NAME/LOCATION
DIAZ SUSAN F DO
448 N KROME AVE
33036 FLORIDA CITY

THIS IS NOT A BILL - DO NOT PAY

RENEWAL

RECEIPT NO 562249-4
STATE OS6525

OWNER
DIAZ SUSAN F DO
Sec. type of Business
212 PROFESSIONAL

THIS IS ONLY A LOCAL
BUSINESS TAX RECEIPT. IT
DOES NOT PERMIT THE
HOLDER TO VIOLATE ANY
EXISTING REGULATION OR
ZONING LAWS OF THE
COUNTY OR CITY. NOR
DOES IT EXEMPT THE
HOLDER FROM ANY OTHER
TAXES OR FEES. A LICENSE
REQUIRED BY LAW. THIS IS
NOT A CERTIFICATION OF
THE HOLDER'S QUALIFICA-
TIONS.

DO NOT FORWARD

DIAZ SUSAN F DO
PHYSICIANS HEALTH CENTER
4483 NW 36 ST 120
MIAMI FL 33166

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

08/26/2009
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SEE OTHER SIDE

472

2009

LOCAL BUSINESS TAX RECEIPT

2010

MIAMI-DADE COUNTY - STATE OF FLORIDA

EXPIRES SEPT 30, 2010

**MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 8A - ART. 9 & 10**

FIRST-CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 231

526608-5

THIS IS NOT A BILL - DO NOT PAY

RENEWAL

BUSINESS NAME / LOCATION

RECEIPT NO

550294-4

MIRABAL JUAN D MD

STATE# ME67719

101

1448 N KROME AVE
33034 FLORIDA CITY

OWNER

MIRABAL JUAN D MD

Sec. Type of Business

212 PROFESSIONAL

THIS IS ONLY A LOCAL BUSINESS TAX RECEIPT. IT DOES NOT PERMIT THE HOLDER TO VIOLATE ANY EXISTING REGULATORY OR ZONING LAWS OF THE COUNTY OR CITIES. NOR DOES IT EXEMPT THE HOLDER FROM ANY OTHER PERMIT OR LICENSE REQUIRED BY LAW. THIS IS NOT A CERTIFICATION OF THE HOLDER'S QUALIFICATIONS.

DO NOT FORWARD

MIRABAL JUAN D MD
PHYSICIANS HEALTH CENTER
4483 NW 36 ST # 120
MIAMI FL 33166

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

09/02/2009

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SEE OTHER SIDE

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FIRST-CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 231

RECEIPT NO. 550333-0
E# ME27131

OWNER
SPIRER RICHARD W MD
Sec. Type of Business
212 PROFESSIONAL
is ONLY A LOCAL BUSINESS

THIS IS ONLY A LOCAL BUSINESS TAX RECEIPT. IT DOES NOT PERMIT THE HOLDER TO VIOLATE ANY EXISTING REGULATORY OR ZONING LAWS OF THE COUNTY OR CITIES. NOR DOES IT EXEMPT THE HOLDER FROM ANY OTHER PERMIT OR LICENSE REQUIRED BY LAW. THIS IS NOT A CERTIFICATION OF THE HOLDER'S QUALIFICATIONS.

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

08/24/2009
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SEE OTHER SIDE

DO NOT FORWARD

SPIRER RICHARD W MD
PHYSICIANS HEALTH CENTER
4483 NW 36 ST # 120
MIAMI FL 33166



528

MIAMI-DADE COUNTY
TAX COLLECTOR
140 W FLAGLER ST
8TH FLOOR
MIAMI FL 33130

2009

LOCAL BUSINESS TAX RECEIPT

2010

MIAMI-DADE COUNTY - STATE OF FLORIDA
EXPIRES SEPT. 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 8A - ART. 9 & 10

FIRST-CLASS
U.S. POSTAGE
PAID
MIAMI FL
PERMIT NO. 231

526763-8

THIS IS NOT A BILL - DO NOT PAY

BUSINESS NAME / LOCATION
RABINOVICH JORGE PA
1448 N KROME AVE
33034 FLORIDA CITY

RENEWAL

RECEIPT NO.

550451-0

STATE PA3708

1101

OWNER

RABINOVICH JORGE PA

Sec. type of Business

212 PROFESSIONAL

THIS IS NOT A BILL - DO NOT PAY
THIS IS ONLY A LOCAL
BUSINESS TAX RECEIPT
IT DOES NOT PERMIT THE
HOLDER TO VIOLATE ANY
EXISTING REGULATORY OR
ZONING LAWS OF THE
COUNTY OR CITIES NOR
DOES IT EXEMPT THE
HOLDER FROM ANY OTHER
PERMITS OR LICENSES
REQUIRED BY LAW. THIS IS
NOT A CERTIFICATION OF
THE HOLDER'S QUALIFICA
TIONS.

DO NOT FORWARD

RABINOVICH JORGE PA
PHYSICIANS HEALTH CENTER
4483 NW 36 ST #120
MIAMI FL 33166

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

08/24/2009
6000000069
000060 00

SEE OTHER SIDE

1077

MIAMI-DADE COUNTY
TAX COLLECTOR
140 W. FLAGLER ST
181 FLOOR
MIAMI, FL 33130

2009 LOCAL BUSINESS TAX RECEIPT 2010
MIAMI-DADE COUNTY STATE OF FLORIDA
EXPIRES SEPT 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 8A - ART 9.2.10

FIRST-CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO 3231

623047-8
BUSINESS NAME / LOCATION
CARO IRMA S
1448 N KROME AVE
33034 FLORIDA CITY

THIS IS NOT A BILL - DO NOT PAY

RENEWAL
RECEIPT NO 649506-3
STATE# PT12228

OWNER
CARO IRMA S
Sec. Type of Business
212 PROFESSIONAL

THIS IS ONLY A LOCAL
BUSINESS TAX RECEIPT. IT
DOES NOT PERMIT THE
HOLDER TO VIOLATE ANY
EXISTING REGULATORY OR
ZONING LAWS OF THE
COUNTY OR CITIES. NOR
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HOLDER FROM ANY OTHER
PERMITS OR LICENSES
REQUIRED BY LAW. THIS IS
NOT A CERTIFICATION OF
THE HOLDER'S QUALIFICA
TIONS.

DO NOT FORWARD

CARO IRMA S
PHYSICIANS HEALTH CENTER
4483 NW 36 ST ST#120
MIAMI FL 33166

PAYMENT RECEIVED IN
MIAMI-DADE COUNTY TAX
COLLECTOR

09/23/2009
60060000331
000060 00

SEE OTHER SIDE

6271

MIAMI-DADE COUNTY
TAX COLLECTOR
140 W FLAGLER ST
1st FLOOR
MIAMI, FL 33130

2009 LOCAL BUSINESS TAX RECEIPT 2010
MIAMI-DADE COUNTY - STATE OF FLORIDA
EXPIRES SEPT 30 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 8A - ART. 9C-10

FIRST CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 231

539251-9
BUSINESS NAME / LOCATION
MARTINEZ ROBERTO PT
1448 N KROME AVE
33034 FLORIDA CITY

THIS IS NOT A BILL - DO NOT PAY

RENEWAL
RECEIPT NO 563113-1
STATE PT 16631

OWNER
ROBERTO MARTINEZ
Sec. Type of Business
212 PROFESSIONAL

THIS IS ONLY A LOCAL
BUSINESS TAX RECEIPT
DOES NOT PERMIT THE
HOLDER TO VIOLATE ANY
EXISTING REGULATORY OR
ZONING LAWS OF THE
COUNTY OR CITIES. NOR
DOES IT EXEMPT THE
HOLDER FROM ANY OTHER
PERMITS OR LICENSES
REQUIRED BY LAW. THIS IS
NOT A CERTIFICATION OF
THE HOLDER'S QUALIFICA
TIONS.

DO NOT FORWARD

MARTINEZ ROBERTO PT
PHYSICIAN HEALTH CENTER
4483 NW 36 ST 120
MIAMI FL 33166

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

08/24/2009
60000000099
000060 00

SEE OTHER SIDE

834

CITY OF FLORIDA CITY

2009 2010

OCCUPATIONAL LICENSE

License Number: 200812400

Date Issued: 9/23/2009

This License is Issued Pursuant to City of Florida City Code of Ordinances - Section 18

CITY OF FLORIDA CITY, FLORIDA

MIAMI-DADE COUNTY

EXPIRES SEPTEMBER 30, 2010

Business Name: IRMA STELLA CARO. P.T.

Business Location: 1448 N. KROME AVE. 101

Attention: PHYSICIAN'S HEALTH CENTER

Mailing Address: 4483 NW 36TH STREET #118
MIAMI, FL 33166

The issuance of an occupational license does not permit the licensee to violate any zoning laws of the municipality or county nor does it exempt the licensee from any other license or permit that may be required by law nor does it certify that the licensee is qualified to engage in the business, profession or occupation specified herein.

Type of Business and/or Classifications

00053 ALL PROFESSIONS

IT IS YOUR RESPONSIBILITY TO INFORM THE OCCUPATIONAL LICENSE DIVISION IF YOU CLOSE YOUR BUSINESS OTHERWISE FEES WILL ACCRUE AND YOU WILL BE LIABLE FOR PAYMENT

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE

It is hereby declared to be unnecessary for the City to send out bills or notices to persons engaged in business in the City with respect to the payment or nonpayment of license taxes.

Florida City Code of Ordinance Chapter 54 Section 113

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

PHYSICAL THERAPIST

Lafayette Caro

Occupational Licensing Official

CITY OF FLORIDA CITY

2009 2010

OCCUPATIONAL LICENSE

Date Issued: 9/23/2009

License Number: 200412017

This License is Issued Pursuant to City of Florida City Code of Ordinances - Section 18

CITY OF FLORIDA CITY, FLORIDA

MIAMI-DADE COUNTY

EXPIRES SEPTEMBER 30, 2010

Business Name: Richard L. Dolsey, PHC Inc

Business Location: 1448 N Krome AV 101

Attention: Carmelina Delisi

Mailing Address: 4483 NW 36 St. Ste 118

Miami, FL 33166

The issuance of an occupational license does not permit the licensee to violate any zoning laws of the municipality or county nor does it exempt the licensee from any other license or permit that may be required by law nor does it certify that the licensee is qualified to engage in the business, profession or occupation specified herein.

Type of Business and/or Classifications

00053 ALL PROFESSIONS

IT IS YOUR RESPONSIBILITY TO INFORM THE OCCUPATIONAL LICENSE DIVISION IF YOU CLOSE YOUR BUSINESS OTHERWISE FEES WILL ACCRUE AND YOU WILL BE LIABLE FOR PAYMENT
THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE

It is hereby declared to be unnecessary for the City to send out bills or notices to persons engaged in business in the City with respect to the payment or nonpayment of license taxes.

Florida City Code of Ordinance Chapter 54 Section 113

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

LaBata

Occupational Licensing Official

CITY OF FLORIDA CITY

2009 2010

OCCUPATIONAL LICENSE

License Number: 200812398

Date Issued: 9/23/2009

This License is Issued Pursuant to City of Florida City Code of Ordinances - Section 18

CITY OF FLORIDA CITY, FLORIDA
MIAMI-DADE COUNTY

EXPIRES SEPTEMBER 30, 2010

Business Name: JAMES R. BLUMENTHAL, D.O.

Business Location: 1448 N. KROME AVE 101

Attention: PHYSICIAN'S HEALTH CENTER

Mailing Address: 4483 NW 36TH STREET #118
MIAMI, FL 33166

The issuance of an occupational license does not permit the licensee to violate any zoning laws of the municipality or county nor does it exempt the licensee from any other license or permit that may be required by law nor does it certify that the licensee is qualified to engage in the business, profession or occupation specified herein.

Type of Business and/or Classifications

00147 PHYSICIAN / PHYSICIAN'S ASSISTANT

IT IS YOUR RESPONSIBILITY TO INFORM THE OCCUPATIONAL LICENSE DIVISION IF YOU CLOSE YOUR BUSINESS OTHERWISE FEES WILL ACCRUE AND YOU WILL BE LIABLE FOR PAYMENT

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE

It is hereby declared to be unnecessary for the City to send out bills or notices to persons engaged in business in the City with respect to the payment or nonpayment of license taxes.

Florida City Code of Ordinance Chapter 54 Section 113

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

OSTEOPATHIC PHYSICIAN



Occupational Licensing Official

CITY OF FLORIDA CITY

2009 2010

OCCUPATIONAL LICENSE

License Number: 200412043

Date Issued: 9/23/2009

This License is Issued Pursuant to City of Florida City Code of Ordinances - Section 18

CITY OF FLORIDA CITY, FLORIDA
MIAMI-DADE COUNTY

EXPIRES SEPTEMBER 30, 2010

Business Name: Susan F. Diaz, D.O.
Business Location: 1448 N Krome AV 101
Attention: Susan Diaz
Mailing Address: 4483 NW 36 Street #118
Miami, FL 33166

The issuance of an occupational license does not permit the licensee to violate any zoning laws of the municipality or county nor does it exempt the licensee from any other license or permit that may be required by law nor does it certify that the licensee is qualified to engage in the business, profession or occupation specified herein.

Type of Business and/or Classifications

00147 PHYSICIAN / PHYSICIAN'S ASSISTANT

IT IS YOUR RESPONSIBILITY TO INFORM THE OCCUPATIONAL LICENSE DIVISION IF YOU CLOSE YOUR BUSINESS OTHERWISE FEES WILL ACCRUE AND YOU WILL BE LIABLE FOR PAYMENT

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE

It is hereby declared to be unnecessary for the City to send out bills or notices to persons engaged in business in the City with respect to the payment or nonpayment of license taxes.

Florida City Code of Ordinance Chapter 54 Section 113

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Lafayette

Occupational Licensing Official

CITY OF FLORIDA CITY

2009 2010

OCCUPATIONAL LICENSE

License Number: 200812401

Date Issued: 9/23/2009

This License is Issued Pursuant to City of Florida City Code of Ordinances - Section 18

CITY OF FLORIDA CITY, FLORIDA
MIAMI-DADE COUNTY

EXPIRES SEPTEMBER 30, 2010

Business Name: JUAN D. MIRABAL, M.D.
Business Location: 1448 N. KROME AVE 101
Attention: PHYSICIAN'S HEALTH CENTER
Mailing Address: 4483 NW 36TH STREET #1118
MIAMI, FL 33166

The issuance of an occupational license does not permit the licensee to violate any zoning laws of the municipality or county nor does it exempt the licensee from any other license or permit that may be required by law nor does it certify that the licensee is qualified to engage in the business, profession or occupation specified herein.

Type of Business and/or Classifications

00147 PHYSICIAN / PHYSICIAN'S ASSISTANT

IT IS YOUR RESPONSIBILITY TO INFORM THE OCCUPATIONAL LICENSE DIVISION IF YOU CLOSE YOUR BUSINESS OTHERWISE FEES WILL ACCRUE AND YOU WILL BE LIABLE FOR PAYMENT

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE

It is hereby declared to be unnecessary for the City to send out bills or notices to persons engaged in business in the City with respect to the payment or nonpayment of license taxes.

Florida City Code of Ordinance Chapter 54 Section 113

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

MEDICAL DOCTOR

Layton

Occupational Licensing Official

CITY OF FLORIDA CITY

2009 2010

OCCUPATIONAL LICENSE

License Number: 200812402

Date Issued: 9/23/2009

This License is Issued Pursuant to City of Florida City Code of Ordinances - Section 18

CITY OF FLORIDA CITY, FLORIDA
MIAMI-DADE COUNTY

EXPIRES SEPTEMBER 30, 2010

Business Name:

RICHARD W. SPIRER, M.D.

Business Location:

1448 N. KROME AVE. 101

Attention:

PHYSICIAN'S HEALTH CENTER

Mailing Address:

4483 NW 36TH STREET #118

MIAMI, FL 33166

The issuance of an occupational license does not permit the licensee to violate any zoning laws of the municipality or county nor does it exempt the licensee from any other license or permit that may be required by law nor does it certify that the licensee is qualified to engage in the business, profession or occupation specified herein.

Type of Business and/or Classifications

00147 PHYSICIAN / PHYSICIAN'S ASSISTANT

IT IS YOUR RESPONSIBILITY TO INFORM THE OCCUPATIONAL LICENSE DIVISION IF YOU CLOSE YOUR BUSINESS OTHERWISE FEES WILL ACCRUE AND YOU WILL BE LIABLE FOR PAYMENT

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE

It is hereby declared to be unnecessary for the City to send out bills or notices to persons engaged in business in the City with respect to the payment or nonpayment of license taxes.

Florida City Code of Ordinance Chapter 54 Section 113

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

MEDICAL DOCTOR

Latisha Cue

Occupational Licensing Official

CITY OF FLORIDA CITY

2009 2010

OCCUPATIONAL LICENSE

License Number: 200812397

Date Issued: 9/23/2009

This License is Issued Pursuant to City of Florida City Code of Ordinances - Section 18

CITY OF FLORIDA CITY, FLORIDA
MIAMI-DADE COUNTY

EXPIRES SEPTEMBER 30, 2010

Business Name: RICARDO ESPINOSA, P.A.

Business Location: 1448 N. KROME AVE 101

Attention: PHYSICIAN'S HEALTH CENTER

Mailing Address: 4483 NW 36TH STREET #118
MIAMI, FL 33166

The issuance of an occupational license does not permit the licensee to violate any zoning laws of the municipality or county nor does it exempt the licensee from any other license or permit that may be required by law nor does it certify that the licensee is qualified to engage in the business, profession or occupation specified herein.

Type of Business and/or Classifications

00147 PHYSICIAN / PHYSICIAN'S ASSISTANT

IT IS YOUR RESPONSIBILITY TO INFORM THE OCCUPATIONAL LICENSE DIVISION IF YOU CLOSE YOUR BUSINESS OTHERWISE FEES WILL ACCRUE AND YOU WILL BE LIABLE FOR PAYMENT

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE

It is hereby declared to be unnecessary for the City to send out bills or notices to persons engaged in business in the City with respect to the payment or nonpayment of license taxes.

Florida City Code of Ordinance Chapter 54 Section 113

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

PHYSICIAN ASSISTANT

LaBette Cue

Occupational Licensing Official

CITY OF FLORIDA CITY

2009 2010

OCCUPATIONAL LICENSE

License Number: 200812399

Date Issued: 9/23/2009

This License is Issued Pursuant to City of Florida City Code of Ordinances - Section 18

CITY OF FLORIDA CITY, FLORIDA
MIAMI-DADE COUNTY

EXPIRES SEPTEMBER 30, 2010

Business Name: JORGE RABINOVICH, P.A.

Business Location: 1448 N. KROME AVE101

Attention: PHYSICIAN'S HEALTH CENTER #120

Mailing Address: 4483 NW 36TH STREET # 120
MIAMI, FL 33166

The issuance of an occupational license does not permit the licensee to violate any zoning laws of the municipality or county nor does it exempt the licensee from any other license or permit that may be required by law nor does it certify that the licensee is qualified to engage in the business, profession or occupation specified herein.

Type of Business and/or Classifications

00147 PHYSICIAN / PHYSICIAN'S ASSISTANT

IT IS YOUR RESPONSIBILITY TO INFORM THE OCCUPATIONAL LICENSE DIVISION IF YOU CLOSE YOUR BUSINESS OTHERWISE FEES WILL ACCRUE AND YOU WILL BE LIABLE FOR PAYMENT

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE

It is hereby declared to be unnecessary for the City to send out bills or notices to persons engaged in business in the City with respect to the payment or nonpayment of license taxes.

Florida City Code of Ordinance Chapter 54 Section 113

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

PHYSICIAN ASSISTANT

10/25/09 Cur

Occupational Licensing Official

CITY OF FLORIDA CITY

2009 2010

OCCUPATIONAL LICENSE

License Number: 200412042

Date Issued: 9/23/2009

This License is Issued Pursuant to City of Florida City Code of Ordinances - Section 18

CITY OF FLORIDA CITY, FLORIDA
MIAMI-DADE COUNTY

EXPIRES SEPTEMBER 30, 2010

Business Name: Roberto Martinez
Business Location: 1448 N Krome AV 101
Attention: Roberto Martinez
Mailing Address: 4483 NW 36 Street #118
Miami, FL 33166

The issuance of an occupational license does not permit the licensee to violate any zoning laws of the municipality or county nor does it exempt the licensee from any other license or permit that may be required by law nor does it certify that the licensee is qualified to engage in the business, profession or occupation specified herein.

Type of Business and/or Classifications

00053 ALL PROFESSIONS

IT IS YOUR RESPONSIBILITY TO INFORM THE OCCUPATIONAL LICENSE DIVISION IF YOU CLOSE YOUR BUSINESS OTHERWISE FEES WILL ACCRUE AND YOU WILL BE LIABLE FOR PAYMENT

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE

It is hereby declared to be unnecessary for the City to send out bills or notices to persons engaged in business in the City with respect to the payment or nonpayment of license taxes.

Florida City Code of Ordinance Chapter 54 Section 113

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

LaJita Cue

Occupational Licensing Official

2009 LOCAL BUSINESS TAX RECEIPT
MANATEE COUNTY - STATE OF FLORIDA
EXPIRES SEPT. 30, 2010
2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
SUBJ. TO COUNTY CODE CHAPTER 8A - AHE 9X 10

**FIRST-CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 231**

TRANSFER
 RECEIPT NO. 550452-8
 STATION MES5546
 150

DO NOT FORWARD

CHAPNICK BERNARD S MD
RICHARD L DOLSEY PHC INC
20535 NW 2 AVE 150
MIAMI GARDENS FL 33169

DO NOT FORWARD

05/12/2010
600000000222
000006 10

SEE OTHER SIDE

MIAMI-DADE COUNTY
TAX COLLECTOR
110 W FLAGLER ST
13TH FLOOR
MIAMI, FL 33130

2009 LOCAL BUSINESS TAX RECEIPT 2010
MIAMI-DADE COUNTY - STATE OF FLORIDA
EXPIRES SEPT. 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 8A - ART. 9 & 10

FIRST-CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 1231

623013-0
BUSINESS NAME/LOCATION
DIAZ SUSAN F DO
20535 NW 2 AVE
33169 MIAMI GARDENS

THIS IS NOT A BILL - DO NOT PAY

TRANSFER

RECEIPT NO 649471-0
STATE# DS6525

150

OWNER
DIAZ SUSAN F DO
See Type of Business
212 PROFESSIONAL

THIS IS NOT A RECEIPT
BUSINESS TAX RECEIPT
DOES NOT PERMIT THE
HOLDER TO VIOLATE ANY
EXISTING REGULATORY OR
ZONING LAWS OF THE
COUNTY NOR DOES IT
DOES NOT EXEMPT THE
HOLDER FROM ANY OTHER
PERMITS OR LICENSES
REQUIRED BY LAW. THIS IS
NOT A CERTIFICATION OF
THE HOLDER'S QUALIFICA-
TIONS.

DO NOT FORWARD

DIAZ SUSAN F DO
PHYSICIANS HEALTH CENTER
20535 NW 2 AVE 150
MIAMI GARDENS FL 33169

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR
05/12/2010
600000000016
000006 00

SEE OTHER SIDE

|||||56||

MIAMI-DADE COUNTY
TAX COLLECTION
1401 FLAGLER ST.
1ST FLOOR
MIAMI, FL 33130

2010 LOCAL BUSINESS TAX RECEIPT 2010
MIAMI-DADE COUNTY - STATE OF FLORIDA
EXPIRES SEPT 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 218 - ART. 9 & 10

FIRST CLASS
US POSTAGE
PAID
MIAMI-FL
PERMIT NO. 241

512936-6
BUSINESS NAME/LOCATION
MIRABAL JUAN D MD
20535 NW 2 AVE
33169 MIAMI GARDENS

THIS IS NOT A BILL - DO NOT PAY
TRANSFER
RECEIPT NO. 555855-1
STATE # ME0067719
150

OWNER
MIRABAL JUAN D MD
Sec. Type of Business
212 PROFESSIONAL

THIS IS ONLY A LOCAL
BUSINESS TAX RECEIPT
IT DOES NOT PERMIT THE
HOLDERS TO VOUCHER ANY
EXISTING FEDERAL TAXES FOR
COUNTY PURPOSES. THE
COUNTY OF MIAMI-DADE
DOES NOT EXTEND THE
HOLDERS FROM ANOTHER
PERMITTING A LICENSE
REQUIREMENT. PAY THIS
TAX TO THE COUNTY OF
MIAMI-DADE'S COMPTROLLER
OF FINANCE.

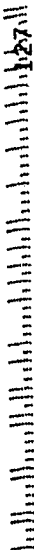
DO NOT FORWARD

MIRABAL JUAN D MD
PHYSICIANS HEALTH CENTER
20535 NW 2 AVE 150
MIAMI GARDENS FL 33169

PAID TO RECEIVED
MIAMI-DADE COUNTY
COLLECTOR

05/12/2010
600000000018
000006-00

SEE OTHER SIDE



FIRST CLASS
U.S. POSTAGE
PAID
MIAMI FL
PERMIT NO 231

2009 LOCAL BUSINESS TAX RECEIPT 2010
MIAMI-DADE COUNTY - STATE OF FLORIDA
EXPIRES SEPT 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 8A - ART. 9 & 10

MIAMI-DADE COUNTY
TAX COLLECTOR
1400 W. FLAGLER ST.
1ST FLOOR
MIAMI, FL 33130

THIS IS NOT A BILL - DO NOT PAY

RECEIPT NO 649491-8

625031-2
BUSINESS NAME/LOCATION
SPIRER RICHARD W MD
20535 NW 2 AVE
33169 MIAMI GARDENS

STATE OF FLORIDA
150

OWNER
SPIRER RICHARD W MD
2142 PROFESSIONAL
SOUTH OCEAN BLVD

THIS IS ONLY A LOCAL BUSINESS TAX RECEIPT. IT DOES NOT REPRESENT A RECEIPT FOR ANY OTHER TAXES OR FEES. IF YOU ARE A BUSINESS OWNER, YOU ARE REQUIRED TO PAY THE BUSINESS TAXES AND FEES TO THE COUNTY OF MIAMI-DADE. IF YOU ARE A RESIDENT, YOU ARE REQUIRED TO PAY THE RESIDENTIAL TAXES AND FEES TO THE COUNTY OF MIAMI-DADE. IF YOU ARE A BUSINESS OWNER, YOU ARE REQUIRED TO PAY THE BUSINESS TAXES AND FEES TO THE COUNTY OF MIAMI-DADE. IF YOU ARE A RESIDENT, YOU ARE REQUIRED TO PAY THE RESIDENTIAL TAXES AND FEES TO THE COUNTY OF MIAMI-DADE.

DO NOT FORWARD

SPIRER RICHARD W MD
PHYSICIANS HEALTH CENTER
20535 NW 2 AVE 150
MIAMI GARDENS FL 33169

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

05/12/2010
60000000030
000006 00

SEE OTHER SIDE

18511

MIAMI-DADE COUNTY
TAX COLLECTOR
140 W. FLAGLER ST.
13TH FLOOR
MIAMI, FL 33130

2009 LOCAL BUSINESS TAX RECEIPT 2010
MIAMI-DADE COUNTY - STATE OF FLORIDA
EXPIRES SEP. 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 2A - ART. 9 & 10

FIRST CLASS
US POSTAGE
PAID
MIAMI, FL
PERMIT NO. 291

625014-8
BUSINESS NAME/LOCATION
ESPINOSA RICARDO
20535 NW 2 AVE
33169 MIAMI GARDENS

THIS IS NOT A BILL - DO NOT PAY
TRANSFER
RECEIPT NO. 649472-8
STATE PAID 00096
150

OWNER
ESPINOSA RICARDO
Sec. type of business
212 PROFESSIONAL

THIS IS ONLY A LOCAL
BUSINESS TAX RECEIPT
DOES NOT PERMIT THE
HOLDER TO NOT PAY ANY
TAXES OR FEES TO THE
COUNTY OF MIAMI-DADE
DOES NOT EXEMPT THE
HOLDER FROM ANY OTHER
PERMIT OR LICENSE
REQUIRED BY LAW. THIS IS
NOT A CERTIFICATION OF
ANY ADDRESS OR QUALITY
OF WORK.

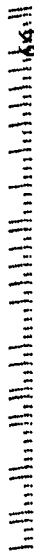
DO NOT FORWARD

ESPINOSA RICARDO
PHYSICIANS HEALTH CENTER
20535 NW 2 AVE 150
MIAMI GARDENS FL 33169

MIAMI-DADE COUNTY
TAX COLLECTOR

05/12/2010
60000000052
0000006 000

SEE OTHER SIDE



FIRST CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 231

TRANSFER
RECEIPT NO. 550331-4
E# PA9100266

THIS IS ONLY A LOCAL BUSINESS TAX RECEIPT. IT DOES NOT PERMIT THE HOLDER TO VIOLATE ANY EXISTING REGULATORY OR ZONING LAWS OF THE COUNTY OR CITIES. IT DOES NOT EXEMPT THE HOLDER FROM ANY OTHER PERMIT OR LICENSE REQUIRED BY LAW. THIS IS NOT A CERTIFICATION OF THE HOLDER'S QUALIFICATIONS.

LOPEZ RAMON E
RICHARD L DOLSEY PHC INC
20535 NW 2 AVE 150
MIAMI GARDENS FL 33169

05/12/2010
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000006.00

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SEE OTHER SIDE

MIAMI-DADE COUNTY
TAX COLLECTOR
140 W. FLAGLER ST.
13TH FLOOR
MIAMI, FL 33130

2009 LOCAL BUSINESS TAX RECEIPT 2010
MIAMI-DADE COUNTY - STATE OF FLORIDA
EXPIRES SEPT. 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 3A - ART. 9 & 10

FIRST CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 231

623016-3
BUSINESS NAME/LOCATION

PENAS JOSE
20535 NW 2 AVE
33169 MIAMI GARDENS

THIS IS NOT A BILL - DO NOT PAY

TRANSFER
RECEIPT NO. 649474-14

STATE: FL 9101022

150

OWNER

PENAS JOSE
Sole Proprietor
1212 PROFESSIONAL

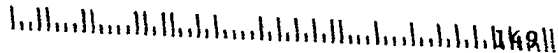
THIS IS ONLY A
BUSINESS TAX RECEIPT
IT DOES NOT PERMIT THE
HOLDER TO VIOLATE ANY
EXISTING REGULATIONS FOR
FILING TAX RETURNS, NOR
COUNT FOR ANY OTHER
PURPOSES. IT IS THE
HOLDER'S RESPONSIBILITY
TO OBTAIN ANY OTHER
NECESSARY LICENSES
REQUIREMENTS WITHIN
THEIR BUSINESS OPERA-
TIONS.

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

05/12/2010
30000000020
000006 100

DO NOT FORWARD

PENAS JOSE
PHYSICIANS HEALTH CENTER
20535 NW 2 AVE 150
MIAMI GARDENS FL 33169



SEE OTHER SIDE

2009 LOCAL BUSINESS TAX RECEIPT 2010
 MIAMI-DADE COUNTY - STATE OF FLORIDA
 EXPIRES SEPT. 30, 2010
 MUST BE DISPLAYED AT PLACE OF BUSINESS
 PURSUANT TO COUNTY CODE CHAPTER BA - ART. 6.4.10

FIRST CLASS
U.S. POSTAGE
PAID
MIAMI FL
PERMIT NO 231

THIS IS NOT A BILL - DO NOT PAY

TRANSFER

RECEIPT NO. 649480-1

STATE # PA3620

150

OWNER
SANCHEZ FUENTES TOMAS M
Sec. Type of Business
212 PROFESSIONAL

THIS IS MY ONLY LOCAL BUSINESS TAX RECEIPT. IT DOES NOT PERMIT THE HOLDER TO VIOLATE ANY EXISTING FEDERAL, STATE OR ZONING LAWS OF THE COUNTY OF GILBERT, NOR DOES IT EXEMPT THE HOLDER FROM ANY OTHER PERMIT OR LICENSE REQUIRED BY LAW. THIS IS NOT A CERTIFICATION OF THE HOLDER'S QUALIFICATIONS.

DO NOT FORWARD

SANZ FUENTES TOMAS M
PHYSICIANS HEALTH CENTER
20535 NW 2 AVE 150
MIAMI GARDENS FL 33169

PAYMENT RECEIVED
MIAMI DADE COUNTY TAX
888 111 0000

05/12/2010
600000000034
000006.00

[illegible]

SEE OTHER SIDE

FIRST CLASS
U.S. POSTAGE
PAID
MIAMI
PERMIT NO. 251

MIAMI-DADE COUNTY
TAX COLLECTOR
140 W. FLAGLER ST.
1ST FLOOR
MIAMI, FL 33130

2000 LOCAL BUSINESS TAX RECEIPT 2010
MIAMI-DADE COUNTY - STATE OF FLORIDA
EXPIRES SEPT 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 8A-ART 9 & 10

THIS IS NOT A BILL - DO NOT PAY
TRANSFER
RECEIPT NO. 649,499-1
STATE PI 22008
150

623040-5
BUSINESS NAME/LOCATION
CAPOTE MICHAEL
20535 NW 2 AVE
33169 MIAMI GARDENS

OWNER
CAPOTE MICHAEL
Sec. 172 of Business
2172 PROFESSIONAL

THIS IS ONLY A LOCAL
BUSINESS TAX RECEIPT
IT DOES NOT VALIDATE ANY
EXISTING REGULATION FOR
ZONING LAWS OF THE
COUNTY OF DADE. IF THE
DOES NOT EXEMPT THE
HOLDERS FROM ANY OTHER
TAXES OR LICENSES
REQUIRED BY LAW, THIS IS
NOT A CERTIFICATION OF
THE HOLDERS QUALIFICA
TIONS.

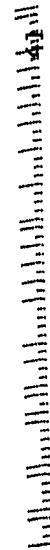
PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

05/12/2010
60000000026
000006 00

SEE OTHER SIDE

DO NOT FORWARD

CAPOTE MICHAEL
PHYSICIANS HEALTH CENTER
20535 NW 2 AVE 150
MIAMI GARDENS FL 33169



MIAMI-DADE COUNTY
TAX COLLECTOR
1501 W. FLAGLER ST.
MIAMI, FL 33130

2009 LOCAL BUSINESS TAX RECEIPT
MIAMI-DADE COUNTY - STATE OF FLORIDA
EXPIRES SEPT 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 81A, ART. 9 & 10

FIRST CLASS
US POSTAGE
PAID
MIAMI, FL
PERMIT NO. 237

6250377-9

BUSINESS NAME/LOCATION
CATA JASMANI
20535 NW 2 AVE
33169 MIAMI GARDENS

OWNER

CATA JASMANI

SEE TYPE OF BUSINESS

2172 PROFESSIONAL

THIS IS ONLY A RECEIPT FOR PAYMENT OF THE BUSINESS TAX. IT DOES NOT ACCEPT ANY EXISTING REGULATORY OR ZONING LAWS OF THE COUNTY OF DADE NOR DOES IT EXEMPT THE BUSINESS FROM ANY OTHER REQUIREMENTS OR CHARGES. A BUSINESS LICENSE IS NOT A CERTIFICATION OF THE BUSINESS QUALITY OR THE OWNER'S QUALIFICATIONS.

PAID BY RECEIVER
MIAMI-DADE COUNTY TAX COLLECTOR

05/12/2010
6000000024
000006 00

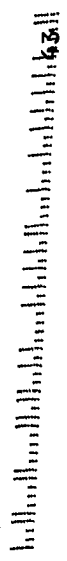
SEE OTHER SIDE

THIS IS NOT A BILL - DO NOT PAY

TRANSFER
RECEIPT NO. 649497-5
STATE OF FLORIDA
150

DO NOT FORWARD

CATA JASMANI
PHYSICIANS HEALTH CENTER
20535 NW 2 AVE 150
MIAMI GARDENS FL 33169





CITY OF MIAMI GARDENS
2009 CERTIFICATE OF USE 2010
EXPIRES September 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS

1-310 1002/002 1-044
 00

LICENSE	ITEM	DESCRIPTION / RESTRICTIONS
CU-001906		All Genl Bus/Whls/Rett Uses

Use as permitted within zone.

PHYSICIANS HEALTH CENTER
 4483 NW 36TH ST, 120
 MIAMI SPRINGS, FL 33166

Business Name/Location

0022866

PHYSICIANS HEALTH CENTER
 20535 NW 2 AVE, 150
 MIAMI GARDENS, FL 33055

Owner/Corp. Name

DOLSEY RICHARD L PHC INC

Use as permitted within zone.

City of Miami Gardens Enforcement Department 1515 NW 167th ST, Building 5 Suite 200, Miami Gardens FL 33169



2009 BUSINESS TAX RECEIPT 2010
EXPIRES September 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS

LICENSE	ITEM	DESCRIPTION / RESTRICTIONS
BT-006554	2020	PROFESSIONALS -EACH
	Qty: 1	

BERNARD S CHAPNICK M.D
20215 NW 2ND AVE, 3
MIAMI GARDENS, FL 33169

Business Name/Location 0025038
BERNARD S CHAPNICK M.D
20215 NW 2ND AVE
3
MIAMI GARDENS, FL 33169

Owner/Corp. Name
RICHARD L DOLSEY MD

This is an business tax only. It does not permit the payee to violate any existing regulatory or zoning laws of the City or Miami Dade County. Nor does it exempt the payee from any other tax or permit required by law. This is not a certification of the payee's qualification



2009 BUSINESS TAX RECEIPT 2010
EXPIRES September 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS

1-887 1001/001 E-110

LICENSE	ITEM	DESCRIPTION / RESTRICTIONS
BT-008308	2020	PROFESSIONALS -EACH

Business Name/Location 0039605

SUSAN F. DIAZ
20215 NW 2ND AVE
3
MIAMI GARDENS, FL 33169

SUSAN F. DIAZ
20215 NW 2ND AVE, 3
MIAMI GARDENS, FL 33169

Owner/Corp Name
PHYSICIANS HEALTH CENTER

This is an business tax only. It does not permit the payee to violate any existing regulatory or zoning laws of the City or Miami Dade County. Nor does it exempt the payee from any other tax or permit required by law. This is not a certification of the payee's qualification

City of Miami Gardens Enforcement Department 1515 NW 167th St, Building 5 Suite 200, Miami Gardens FL 33169



2009 BUSINESS TAX RECEIPT 2010
EXPIRES September 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS

1 004 1001/001 F-100

LICENSE	ITEM	DESCRIPTION / RESTRICTIONS
BT-008247	2020	PROFESSIONALS EACH

Business Name/Location 0039452
JUAN MIRABAL
20215 NW 2ND AVE
3
MIAMI GARDENS, FL 33169

JUAN MIRABAL
4483 NW 36TH ST, 120
MIAMI SPRINGS, FL 33166

Owner/Corp. Name
PHYSICIANS HEALTH CENTER

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City of Miami Gardens Enforcement Department 1515 NW 167th ST. Building 5 Suite 200, Miami Gardens FL 33169



2009 BUSINESS TAX RECEIPT 2010
EXPIRES September 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS

LICENSE	ITEM	DESCRIPTION / RESTRICTIONS
BT-008304	2020	PROFESSIONALS -EACH

Business Name/Location 0039601
RICHARD W. SPIRER
20215 NW 2ND AVE
3
MIAMI GARDENS, FL 33169

RICHARD W. SPIRER
20215 NW 2ND AVE, 3
MIAMI GARDENS, FL 33169

Owner/Corp. Name
PHYSICIANS HEALTH CENTER

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CITY OF MIAMI GARDENS
2009 BUSINESS TAX RECEIPT 2010
EXPIRES September 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS

1-882 P001/001 F-763

LICENSE	ITEM	DESCRIPTION / RESTRICTIONS
BT-008306	2020	PROFESSIONALS -EACH

Business Name/Location 0039603
TOMAS M. FUENTES SANZ
20215 NW 2ND AVE
3
MIAMI GARDENS, FL 33169

TOMAS M. FUENTES SANZ
20215 NW 2ND AVE, 3
MIAMI GARDENS, FL 33169

Owner/Corp. Name
PHYSICIANS HEALTH CENTER

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City of Miami Gardens Enforcement Department 1515 NW 167th ST. Building 5 Suite 200, Miami Gardens FL 33169



2009 BUSINESS TAX RECEIPT 2010
EXPIRES September 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS

LICENSE	ITEM	DESCRIPTION / RESTRICTIONS
BT-008307	2020	PROFESSIONALS -EACH

Business Name/Location 0039604
RICARDO R. ESPINOSA
20215 NW 2ND AVE
3
MIAMI GARDENS, FL 33169

RICARDO R. ESPINOSA
20215 NW 2ND AVE, 3
MIAMI GARDENS, FL 33169

Owner/Corp. Name
PHYSICIANS HEALTH CENTER

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City of Miami Gardens Enforcement Department 1515 NW 167th ST, Building 5 Suite 200, Miami Gardens FL 33169

**2009 BUSINESS TAX RECEIPT 2010**
EXPIRES September 30, 2010

MUST BE DISPLAYED AT PLACE OF BUSINESS

LICENSE	ITEM	DESCRIPTION / RESTRICTIONS
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BT-006553	2020	PROFESSIONALS -EACH
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Qty	1
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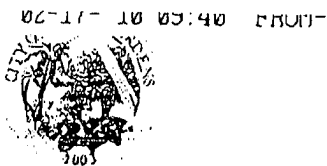
RAMON E LOPEZ
20215 NW 2ND AVE, 3
MIAMI GARDENS, FL 33169

Business Name/Location 0025036

RAMON E LOPEZ
20215 NW 2ND AVE
3
MIAMI GARDENS, FL 33169

Owner/Corp. Name
RICHARD L DOLSEY M.D

This is an business tax only. It does not permit the payee to violate any existing regulatory or zoning laws of the City or Miami Dade County. Nor does it exempt the payee from any other tax or permit required by law. This is not a certification of the payee's qualification



2009 BUSINESS TAX RECEIPT 2010
EXPIRES September 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS

1-889 P001/001 P-181

LICENSE	ITEM	DESCRIPTION / RESTRICTIONS
BT-008302	2020	PROFESSIONALS -EACH

Business Name/Location 0039599

JOSE PENAS
20215 NW 2ND AVE
3
MIAMI GARDENS, FL 33169

JOSE PENAS
20215 NW 2ND AVE, 3
MIAMI GARDENS, FL 33169

Owner/Corp. Name
PHYSICIANS HEALTH CENTER

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City of Miami Gardens Enforcement Department 1515 NW 167th ST, Building 5 Suite 200, Miami Gardens FL 33169



2009 BUSINESS TAX RECEIPT 2010
EXPIRES September 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS

1-884 P001/001 F-103

LICENSE	ITEM	DESCRIPTION / RESTRICTIONS
BT-008303	2020	PROFESSIONALS -EACH

Business Name/Location 0039600
MICHAEL CAPOTE
20215 NW 2ND AVE
3
MIAMI GARDENS, FL 33169

MICHAEL CAPOTE
20215 NW 2ND AVE, 3
MIAMI GARDENS, FL 33169

Owner/Corp. Name
PHYSICIANS HEALTH CENTER

This is an business tax only. It does not permit the payee to violate any existing regulatory or zoning laws of the City or Miami Dade County. Nor does it exempt the payee from any other tax or permit required by law. This is not a certification of the payee's qualification

City of Miami Gardens Enforcement Department 1515 NW 167th ST. Building 5 Suite 200, Miami Gardens FL 33169



2009 BUSINESS TAX RECEIPT 2010
EXPIRES September 30, 2010
MUST BE DISPLAYED AT PLACE OF BUSINESS

1-888 8001/001 87714

LICENSE	ITEM	DESCRIPTION / RESTRICTIONS
BT-008305	2020	PROFESSIONALS -EACH

Business Name/Location 0039602
JASMANI CATA
20215 NW 2ND AVE
3
MIAMI GARDENS, FL 33169

JASMANI CATA
20215 NW 2ND AVE, 3
MIAMI GARDENS, FL 33169

Owner/Corp. Name
PHYSICIANS HEALTH CENTER

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City of Miami Gardens Enforcement Department 1515 NW 167th ST, Building 5 Suite 200, Miami Gardens FL 33169

F
R
O
M

LOCAL BUSINESS TAX
City Of Miami Springs
201 Westward Drive
Miami Springs, FL 33166

Business name : PHYSICIANS HEALTH CENTER Ctl nbr : 1427
Location addr : 4483 NW 36TH STREET #A
Number/Class : 10 00001811 PROFESSIONAL: ONE PERSON
Issue date : 9/30/09 Expiration date : 9/30/10
Business Tax : 230.46
Penalty : .00
Total : 230.46

MIAMI SPRINGS LOCAL BUSINESS TAX RECEIPT
2009 - 2010

THIS IS NOT AN INVOICE--DO NOT PAY--THIS IS YOUR LICENSE

Applicant/Qualifier

T
O

PHYSICIANS HEALTH CENTER
4483 NW 36TH STREET #A
MIAMI SPRINGS FL 33166



Physicians Health Center

OCCUPATIONAL HEALTH SPECIALISTS

APPENDIX

INSURANCE

A - VII



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/14/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER T.R. Jones & Company 1780 N Krome Avenue Homestead FL 33030		CONTACT NAME: Melody Lowery PHONE (A/C No. Ext.): (305) 247-5121 FAX (A/C No.): (305) 248-8543 E-MAIL ADDRESS: mlowery@trjones.com PRODUCER CUSTOMER ID #: 00033544																						
INSURED Richard L Dolsey, PHC Inc. DBA: Physicians Health Center 4483 NW 36 Street #118 Miami Springs FL 33166-7260		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A</td><td>Hartford Insurance Group</td><td>00914</td></tr><tr><td>INSURER B</td><td>Comp Options</td><td>10834</td></tr><tr><td>INSURER C</td><td></td><td></td></tr><tr><td>INSURER D</td><td></td><td></td></tr><tr><td>INSURER E</td><td></td><td></td></tr><tr><td>INSURER F</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A	Hartford Insurance Group	00914	INSURER B	Comp Options	10834	INSURER C			INSURER D			INSURER E			INSURER F		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
INSURER A	Hartford Insurance Group	00914																						
INSURER B	Comp Options	10834																						
INSURER C																								
INSURER D																								
INSURER E																								
INSURER F																								

COVERAGES

CERTIFICATE NUMBER: 2010 GL WC - "A"

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		21SBMT08521	5/2/2010	5/2/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO			21SBMT08521	5/2/2010	5/2/2011	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							Hired/Non-Owned Autos \$ 1,000,000
	UMBRELLA LIAB						
	<input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			01CB3-903D298-04	6/4/2010	6/4/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City of Coral Gables FL is included as Additional Insured for General Liability if required by contract per policy form, terms, conditions and subject to policy exclusions & limitations.

CERTIFICATE HOLDER**CANCELLATION**

City of Coral Gables
Risk Management Division
2801 Salzedo Street, 2nd Floor
Coral Gables, FL 33134

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Laurie Lane/ML

ACORD_{TM} CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/14/2010

PRODUCER

PROFESSIONAL CASUALTY
1200 S Pine Island Rd #400
Plantation, FL 33324-9966
(954) 473-5011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Richard L. Dolsey, PHC
DBA Physicians Health Center
4483 N.W. 36th Street, # 118
Miami, FL 33166

INSURERS AFFORDING COVERAGE

NAIC#

INSURER A: CARE Risk Retention Group

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADOL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
		<input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE				AGGREGATE \$
						\$
		DEDUCTIBLE				\$
		RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
		OTHER				E.L. DISEASE - POLICY LIMIT \$
A		Professional Liability	PPG0900002	01/20/10	01/20/11	\$250,000/750,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

City of Coral Gables
Risk Management Division
2801 Salzedo Street, 2nd Floor
Coral Gables, FL 33134

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



PROFESSIONAL LIABILITY ASSOCIATION, INC.
RISK RETENTION GROUP, INC.

CERTIFICATE OF INSURANCE

This is to certify that the Policy of Insurance listed below has been issued to the Insured Name and is in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this Certificate may be issued or may pertain, the insurance afforded by the Policy described herein is subject to all the terms, exclusions and conditions of such Policy.

NAME AND ADDRESS OF NAMED INSURED:

Physicians Health Center
4483 NW 36th Street, Suite 118
Miami, FL 33166

SPECIALTY:

Occupational Medicine

PHONE:

305-871-3627

ADDITIONAL INSURED: (SHARED LIMITS OF COVERAGE)

See Provider List

POLICY NUMBER:

PPG0900002

POLICY EFF DATE:

1/20/2010

POLICY EXP DATE:

1/20/2011

LIMITS OF LIABILITY:

\$250,000

\$750,000

POLICY RETRO DATE:

see provider list

TYPE OF INSURANCE: PHYSICIANS PROFESSIONAL LIABILITY

CARRIER:

CARE Risk Retention Group, Inc.

AGENCY:

Professional Casualty Corp.

AGENT:

Amy Share-Brennan



PROFESSIONAL LIABILITY ASSOCIATION, INC.
RISK RETENTION GROUP, INC.

Group Name: Physicians Health Center
Policy #: PPG0900002
Policy Period: 1/20/2010 - 1/20/2011

<u>Provider's Name:</u>	<u>Retro Date:</u>
James Blumenthal, DO	2/15/2007
Bernard Chapnick, MD	12/1/2001
Susan F. Diaz, DO	6/24/2004
Juan D. Mirabal, MD	9/12/2001
Richard Spierer, MD	4/14/2003
Ricardo Espinosa, PA	5/15/2007
Tomas Fuentes-Sanz, PA	12/15/2007
Ramon Lopez, PA	1/20/2008
Jorge Rabinovich, PA	1/20/2008
Jose Gerardo Penas, PA	2/1/2009
Rodolfo Pataky, PA	2/22/2010
Marjorie Estrada, ARNP	4/12/2010

<u>Terminated Physicians:</u>	<u>Termination Date:</u>	<u>Retro Date:</u>
Anthony Samuels, MD	2/22/2005	10/12/2004
Julio Gomez, MD	4/14/2006	1/18/2006
Avraham Uncyk, MD	9/26/2006	8/15/2005
Zsuzsanna Seybold, MD	12/14/2006	7/10/2006
Richard L. Dolsey, MD	4/9/2008	12/1/2001
Armando Santelices, MD	11/20/2009	6/23/2008

Terminated Physicians with Extended Reporting Period:

<u>Name:</u>	<u>Termination Date:</u>	<u>Retro Date:</u>	<u>ERP Expiration:</u>
Daniel J. Hauser, MD	6/20/2008	10/9/2006	6/20/2010



PROFESSIONAL LIABILITY ASSOCIATION, INC.
RISK RETENTION GROUP, INC.

INSURED: Physicians Health Center
POLICY #: PPG0900002

EFF DATE: 4/12/2010
ENDORSEMENT #: 013

This endorsement changes the policy. Please read it carefully.

SHARED LIMITS/ADDITIONAL INSURED ENDORSEMENT

IT IS HEREBY UNDERSTOOD AND AGREED THAT, SUBJECT TO THE TERMS AND CONDITIONS OF THIS POLICY, THE FOLLOWING PROVIDER HAS BEEN APPROVED UNDER THIS POLICY SHARING THE LIMITS OF LIABILITY.

<u>NAME</u>	<u>INCEPTION DATE</u>	<u>RETRO DATE</u>
Marjorie Estrada, ARNP	4/12/2010	4/12/2010

ALL OTHER TERMS, CONDITIONS, AND EXCLUSIONS REMAIN UNCHANGED.

David L. Henderson M.D.

Authorized officer for and on behalf of
CARE Risk Retention Group, Inc.

3/10/2010
Date

CLE: 03-04 4 4 (10/2008)

OptaCompSM



The workers' comp affiliate of
Blue Cross and Blue Shield of Florida. Independent
licensees of the Blue Cross and Blue Shield Association.

Comp Options Insurance Company, Inc.
dba OptaComp
P.O. Box 44291
Jacksonville, FL 32231-4291
PH: 1-888-207-4215
FX: 1-904-828-7026

ENDORSEMENT

POLICY NUMBER	POLICY PERIOD	COVERAGE IS PROVIDED BY
01CB3-903D298-04	4-Jun-10 to 04-Jun-11	COMP OPTIONS INSURANCE COMPANY, INC. DBA OPTACOMP
NAME AND ADDRESS OF INSURED	AGENT	
Richard L. Dolsey PHC, Inc. & Richard L. Dolsey, MD, Inc. PHC Holdings, LLC dba Physicians Health Center 4483 NW 36th Street, #120 Miami, FL 33166	Thomas R. Jones, Inc. dba T.R. Jones & Company 1780 North Krome Avenue Homestead, FL 33030-9956	

PARTICIPATING PROVISION ENDORSEMENT

YOU MAY BE ENTITLED TO PARTICIPATE IN A DISTRIBUTION OF THE SURPLUS OF THE COMPANY TO SUCH AN EXTENT AND UPON SUCH CONDITIONS AS SHALL BE DETERMINED BY THE BOARD OF DIRECTORS OF THE COMPANY PROVIDED YOU HAVE COMPLIED WITH ALL THE TERMS OF THE POLICY INCLUDING THE PAYMENT OF PREMIUMS.

NEITHER DIVIDENDS NOR ANY FACTORS USED IN THEIR CALCULATION MAY BE GUARANTEED.

DIVIDENDS ARE NOT GUARANTEED AND WILL BE DUE AND PAYABLE ONLY FOR A POLICY PERIOD THAT HAS EXPIRED, AND ONLY IF DECLARED BY THE BOARD OF DIRECTORS OF THE INSURER.

Effective Date: 4-Jun-10
Issue Date: 13-May-10

WC 99 06 06
(Ed. 01-01)

OptaComp is the formal trade name for Comp Options Insurance Company

POLICY INFORMATION PAGE

WC 00 00 01 A

Insurer:
Comp Options Insurance Company, Inc. d/b/a OptaComp
P. O. Box 44291
Jacksonville, FL 32231-4291

POLICY NO.

01CB3-903D298-04

☐ Individual ☐ Partnership

1. The Insured: Richard L. Dolsey PHC, Inc. & Richard L. Dolsey, MD, Inc. ☒ Corporation or

Mailing address: PHC Holdings, LLC dba Physicians Health Center
4483 NW 36th Street, #120
Miami, FL 33166

FEIN #

59-2355972

Other workplaces not shown above:

REFER TO ADDITIONAL LOCATIONS ENDORSEMENT WC 99 06 04

2. The Policy Period is from 04-Jun-10 to 04-Jun-11 12:01 A.M. at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: FL

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under part Two are:

Bodily Injury by Accident \$	1,000,000	each accident
Bodily Injury by Disease \$	1,000,000	policy limit
Bodily Injury by Disease \$	1,000,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

D. This policy includes these endorsements and schedules:

WC 99 06 03, WC 00 04 02, WC 00 04 06 A, WC 00 04 14, WC 09 06 06, WC 09 04 03 A, WC 00 03 08

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Minimum Premium \$265

Expense Constant \$200

Countersigned by:

Laurie M. Lane

WC 00 00 01 A

(Ed. 5-88)

PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Items 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

Schedule

2. Average percentage discount: 1.99%

3. Other policies:

4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective JUN 4 10

Policy No. 01CB3-903D298-04

Endorsement No. _____

Comp Options Insurance Company

Countersigned by _____

WC 00 04 06 A

(ED. 8-85)

PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we must make because of bodily injury to such persons.

Schedule**States**

FL
FL

Officers

Kerness, Mark E.
Page, Kevin

Others

ANNIVERSARY RATING DATE ENDORSEMENT

The premium and rates for this policy, and the experience rating modification factor, if any, may change on your anniversary rating date shown in the Schedule.

Schedule

Anniversary Rating Date June (Month) 4th (Day)

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective JUN 4 10

Policy No. 01CB3-903D298-04

Endorsement No.

Comp Options Insurance Company

Countersigned by _____

WC 00 04 02
(ED. 4-84)

85 other Forms and Endors. ents issued to be a part of the Policy. This urance is provided by the stock
TO insurance company of The Hartford Insurance Group shown below.
SBM

INSURER: HARTFORD CASUALTY INSURANCE COMPANY
HARTFORD PLAZA, HARTFORD, CT 06115
COMPANY CODE: 3

Policy Number: 21 SBM T08521 DV



SPECTRUM POLICY DECLARATIONS

ORIGINAL

Named Insured and Mailing Address: PHYSICIANS HEALTH CENTER
(No., Street, Town, State, Zip Code) SEE FORM IH 12 00
4483 NW 36TH STREET #120
MIAMI FL 33166

Policy Period: From 05/02/10 To 05/02/11 1 YEAR
12:01 a.m., Standard time at your mailing address shown above. **Exception:** 12 noon in New Hampshire.

Name of Agent/Broker: TR JONES COMPANY/PHS
Code: 227176

Previous Policy Number: 21 SBM IG9481

Named Insured is: CORPORATION

Audit Period: NON-AUDITABLE

Type of Property Coverage: NONE

Insurance Provided: In return for the payment of the premium and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy.

Countersigned by

Authorized Representative

05/05/10
Date

02290
*1100221T085210111



SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 21 SBM TO8521

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 002 Building: 001

6221 NW 36TH STREET
MIAMI FL 33166

Description of Business:

MEDICAL OFFICE - PHYSICIANS & SURGEONS

Deductible: NO COVERAGE

BUILDING AND BUSINESS PERSONAL PROPERTY LIMITS OF INSURANCE

BUILDING

NO COVERAGE

BUSINESS PERSONAL PROPERTY

REPLACEMENT COST

NO COVERAGE

PERSONAL PROPERTY OF OTHERS

REPLACEMENT COST

NO COVERAGE

MONEY AND SECURITIES

INSIDE THE PREMISES
OUTSIDE THE PREMISES

NO COVERAGE
NO COVERAGE

02291
*1100221TO85210111

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 21 SBM T08521

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 005 Building: 001

1448 N KROME AVENUE SUITE 101
HOMESTEAD FL 33034

Description of Business:

MEDICAL OFFICE - PHYSICIANS & SURGEONS

Deductible: NO COVERAGE

BUILDING AND BUSINESS PERSONAL PROPERTY LIMITS OF INSURANCE

BUILDING

NO COVERAGE

BUSINESS PERSONAL PROPERTY

REPLACEMENT COST

NO COVERAGE

PERSONAL PROPERTY OF OTHERS

REPLACEMENT COST

NO COVERAGE

MONEY AND SECURITIES

INSIDE THE PREMISES
OUTSIDE THE PREMISES

NO COVERAGE
NO COVERAGE

02292
*1100221T085210111

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 21 SBM TO8521

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 007 **Building:** 001

20535 NW 2ND AVE SUITE150
MIAMI FL 33169

Description of Business:

MEDICAL OFFICE - PHYSICIANS & SURGEONS

Deductible: NO COVERAGE

BUILDING AND BUSINESS PERSONAL PROPERTY LIMITS OF INSURANCE

BUILDING

NO COVERAGE

BUSINESS PERSONAL PROPERTY

REPLACEMENT COST

NO COVERAGE

PERSONAL PROPERTY OF OTHERS

REPLACEMENT COST

NO COVERAGE

MONEY AND SECURITIES

INSIDE THE PREMISES
OUTSIDE THE PREMISES

NO COVERAGE
NO COVERAGE

02293
*11002221TO85210111

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 21 SBM T08521

ADDITIONAL INSURED: THE FOLLOWING ARE ADDITIONAL INSURED FOR BUSINESS
LIABILITY COVERAGE IN THIS POLICY.

LOCATION 001 BUILDING 001

TYPE PERSON ORGANIZATION

NAME BISCAY PROPERTIES
MIAMI

FL 33122

LOCATION 002 BUILDING 001

TYPE PERSON ORGANIZATION

NAME DOLSEY ENTERPRISES
MIAMI

FL 33166

02294
*1100221T085210111



POLICY NUMBER: 21 SBM TO8521



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NAMED INSURED

PHYSICIANS HEALTH CENTER

DBA RICHARD L DOLSEY PHC INC., RICHARD L DOLSEY MD INC.
OM MANAGEMENT INC.

PHC HOLDINGS LLC

MARK E. KERNESS, CPA, CEO

02298
*1100221TO85210111





THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGE

This endorsement changes the policy effective on the Inception Date of the policy unless another date is indicated below:

Policy Number: 21 SBM TO8521- DV

ORIGINAL

Named Insured and Mailing Address; PHYSICIANS HEALTH CENTER
SEE FORM IH1200
4483 NW 36TH STREET #120
MIAMI FL 33166

Policy Change Effective Date: 05/02/10

Effective hour is the same as stated in the
Declarations Page of the Policy.

Policy Change Number: 001

Agent Name: TR JONES COMPANY/PHS

Code: 227176

POLICY CHANGES:

HARTFORD CASUALTY INSURANCE COMPANY

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING
STATEMENT.

THIS IS NOT A BILL.

PRO RATA FACTOR: 1.000

THIS ENDORSEMENT DOES NOT CHANGE THE POLICY EXCEPT AS SHOWN.

Form SS 12 11 04 05 T

Process Date: 05/05/10

Page 001 (CONTINUED ON NEXT PAGE)

Policy Effective Date: 05/02/10

Policy Expiration Date: 05/02/11

INSURED COPY

00848

*20002211TO85210211



**PROFESSIONAL LIABILITY ASSOCIATION, INC.
RISK RETENTION GROUP, INC.**

CERTIFICATE OF INSURANCE

This is to certify that the Policy of Insurance listed below has been issued to the Insured Name and is in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this Certificate may be issued or may pertain, the insurance afforded by the Policy described herein is subject to all the terms, exclusions and conditions of such Policy.

NAME AND ADDRESS OF NAMED INSURED:

Physicians Health Center
4483 NW 36th Street, Suite 118
Miami, FL 33166

SPECIALTY:

Occupational Medicine

PHONE:

305-871-3627

ADDITIONAL INSURED: (SHARED LIMITS OF COVERAGE)

See Provider List

POLICY NUMBER:

PPG0900002

POLICY EFF DATE:

1/20/2010

POLICY EXP DATE:

1/20/2011

LIMITS OF LIABILITY:

\$250,000

\$750,000

POLICY RETRO DATE:

see provider list

TYPE OF INSURANCE: PHYSICIANS PROFESSIONAL LIABILITY

CARRIER:

CARE Risk Retention Group, Inc.

AGENCY:

Professional Casualty Corp.

AGENT:

Amy Share-Brennan



PROFESSIONAL LIABILITY ASSOCIATION, INC.
RISK RETENTION GROUP, INC.

FLORIDA BINDER OF INSURANCE

POLICY NO. PPG0900002

1. NAMED INSURED: Physicians Health Center
a. ADDITIONAL INSURED: See Provider List
2. a. OFFICE ADDRESS: 4483 NW 36th Street, Suite 118
Miami, FL 33166 PHONE #: 305-871-3627
b. MAILING ADDRESS: 4483 NW 36th Street, Suite 118
Miami, FL 33166
3. LIMITS OF LIABILITY: \$250,000 / \$750,000
4. EFFECTIVE DATE: 1/20/2010
5. EXPIRATION DATE: 1/20/2011
6. RETROACTIVE DATE: see provider list
7. COVERAGE: PHYSICIAN'S PROFESSIONAL LIABILITY INSURANCE
8. SPECIALTY: Occupational Medicine
9. CONDITIONS & EXCLUSIONS:
A. DEFENSE COSTS ARE OUTSIDE THE LIMITS OF LIABILITY
B. DEDUCTIBLE OF NIL/LOSS INCLUDING ALL L.A.E.
C. CLAIMS ASSERTED TRIGGER; 25% MEP
D. EXCLUDES ALL VOLUNTARY OBSTETRICS; EXCLUDES SURGERY
E. CLAIMS MADE FORM; INCLUDES TERMINATED PHYSICIANS
F. MANDATORY COOPERATION WITH RISK MANAGEMENT
G. CORPORATION, PHYSICIANS AND ANCILLARIES SHARE IN THE LIMITS OF LIABILITY
10. PREMIUM:
A. BASE: \$ 88,983.00
B. CAPITAL CONTRIBUTION: \$ -
C. ASSOCIATION DUES: \$ 4,000.00 100% EARNED AGENCY: Professional Casualty Corp.
D. DC TAX: \$ 338.14 AGENT: Amy Share-Brennan
E. STATE TAX: \$ 4,449.15
11. TOTAL: \$ 97,770.29

PLEASE ADVISE THE INSURED THAT CARE RRG IS NOT PART OF THE FLORIDA GUARANTEE FUND AND IN THE EVENT OF AN INSOLVENCY WILL NOT BE PROTECTED BY SAID FUND. CARE RRG IS LICENSED AND CHARTERED IN WASHINGTON, D.C. FEDERAL LICENSE #RRG 0005

Teresa T. Ragland
TERESA T. RAGLAND
VICE PRESIDENT, SENIOR UNDERWRITER

DATE: 1/15/2010



PROFESSIONAL LIABILITY ASSOCIATION, INC.
RISK RETENTION GROUP, INC.

Group Name: Physicians Health Center
Policy #: PPG0900002
Policy Period: 1/20/2010 - 1/20/2011

<u>Provider's Name:</u>	<u>Retro Date:</u>
James Blumenthal, DO	2/15/2007
Bernard Chapnick, MD	12/1/2001
Susan F. Diaz, DO	6/24/2004
Juan D. Mirabal, MD	9/12/2001
Richard Spierer, MD	4/14/2003
Ricardo Espinosa, PA	5/15/2007
Tomas Fuentes-Sanz, PA	12/15/2007
Ramon Lopez, PA	1/20/2008
Jorge Rabinovich, PA	1/20/2008
Jose Gerardo Penas, PA	2/1/2009
Stephanie Rivera, PA-C	11/21/2009

<u>Terminated Physicians:</u>	<u>Termination Date:</u>	<u>Retro Date:</u>
Anthony Samuels, MD	2/22/2005	10/12/2004
Julio Gomez, MD	4/14/2006	1/18/2006
Avraham Uncyk, MD	9/26/2006	8/15/2005
Zsuzsanna Seybold, MD	12/14/2006	7/10/2006
Richard L. Dolsey, MD	4/9/2008	12/1/2001
Armando Santelices, MD	11/20/2009	6/23/2008

Terminated Physicians with Extended Reporting Period:

<u>Name:</u>	<u>Termination Date:</u>	<u>Retro Date:</u>	<u>ERP Expiration:</u>
Daniel J. Hauser, MD	6/20/2008	10/9/2006	6/20/2010