

STATE OF FLORIDA
BOARD OF MEDICINE

FILED

By: *[Signature]*
Deputy Agency Clerk

DEPARTMENT OF HEALTH,

2008 JUN 24 A 11: 50

Petitioner,

DIVISION OF
ADMINISTRATIVE
HEARINGS

vs.

DOH CASE NO.: 2003-28432
DOAH CASE NO.: 07-0096PL
LICENSE NO.: ME0014791

JOSE SUAREZ-DIAZ, M.D.,

Respondent.

FINAL ORDER

THIS CAUSE came before the BOARD OF MEDICINE (Board) pursuant to Sections 120.569 and 120.57(1), Florida Statutes, on June 6, 2008, in Orlando, Florida, for the purpose of considering the Administrative Law Judge's Recommended Order (a copy of which is attached hereto as Exhibit A) in the above-styled cause. Petitioner was represented by Irving Levine, Assistant General Counsel. Respondent was not present but was represented by Sean Ellsworth, Esquire.

Upon review of the Recommended Order, the argument of the parties, and after a review of the complete record in this case, the Board makes the following findings and conclusions.

FINDINGS OF FACT

1. The findings of fact set forth in the Recommended Order are approved and adopted and incorporated herein by reference.

2. There is competent substantial evidence to support the findings of fact.

CONCLUSIONS OF LAW

1. The Board has jurisdiction of this matter pursuant to Section 120.57(1), Florida Statutes, and Chapter 458, Florida Statutes.

2. The conclusions of law set forth in the Recommended Order are approved and adopted and incorporated herein by reference.

PENALTY

Upon a complete review of the record in this case, the Board determines that the penalty recommended by the Administrative Law Judge be ACCEPTED. WHEREFORE, IT IS HEREBY ORDERED AND ADJUDGED:

1. Count I of the Administrative Complaint is hereby dismissed.

2. Respondent shall pay an administrative fine in the amount of \$2,500.00 to the Board within 30 days from the date this Final Order is filed.

3. Respondent shall document the completion of ten (10) hours of continuing medical education (CME) in the area of medical recordkeeping within one (1) year from the date this Final Order is filed. Respondent is required to take the FMA medical records course as part of the CME required by this

paragraph. In addition, Respondent shall be required to take additional CME in recordkeeping for a total of 10 hours. These hours shall be in addition to those hours required for biennial renewal of licensure. Respondent shall first submit a written request to the Probation Committee for approval prior to performance of said CME course(s). Unless otherwise approved by the Board or the Chairperson of the Probation Committee, said continuing education courses shall consist of a formal live lecture format.

4. Respondent shall be and hereby is REPRIMANDED by the Board.

RULING ON MOTION TO ASSESS COSTS

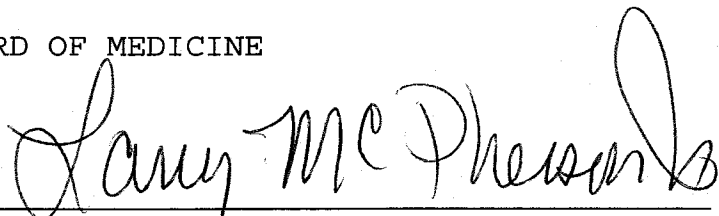
The Board reviewed the Petitioner's Motion to Assess Costs associated with this case in the amount of \$20,448.06. Respondent disputed the factual assertions in the Petitioner's Motion to Assess Costs and requested an administrative hearing with regard to the matter of costs. The Board permitted the Respondent 10 days to amend his request for an administrative hearing to set forth the facts in dispute with regard to the costs in this matter. Respondent shall amend his request within 10 days from the date of entry of this Final Order.

NOTE: SEE RULE 64B8-8.0011, FLORIDA ADMINISTRATIVE CODE. UNLESS OTHERWISE SPECIFIED BY FINAL ORDER, THE RULE SETS FORTH THE REQUIREMENTS FOR PERFORMANCE OF ALL PENALTIES CONTAINED IN THIS FINAL ORDER.)

DONE AND ORDERED this 19 day of JUNE,

2008.

BOARD OF MEDICINE


Larry McPherson, Jr., Executive Director
For Robert Cline, M.D., Chair

NOTICE OF RIGHT TO JUDICIAL REVIEW

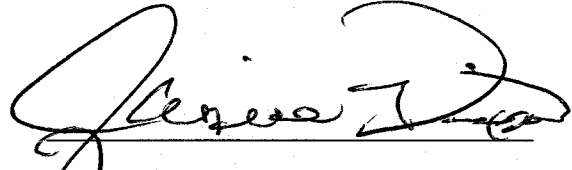
A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO JUDICIAL REVIEW PURSUANT TO SECTION 120.68, FLORIDA STATUTES. REVIEW PROCEEDINGS ARE GOVERNED BY THE FLORIDA RULES OF APPELLATE PROCEDURE. SUCH PROCEEDINGS ARE COMMENCED BY FILING ONE COPY OF A NOTICE OF APPEAL WITH THE AGENCY CLERK OF THE DEPARTMENT OF HEALTH AND A SECOND COPY, ACCOMPANIED BY FILING FEES PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL, FIRST DISTRICT, OR WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE PARTY RESIDES. THE NOTICE OF APPEAL MUST BE FILED WITHIN THIRTY (30) DAYS OF RENDITION OF THE ORDER TO BE REVIEWED.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to JOSE SUAREZ-DIAZ, M.D., 8340 SW 62nd Avenue, Miami, Florida 33143; to Sean Ellsworth, Esquire, 404 Washington Avenue, Suite 750, Miami Beach, Florida 33139; to Larry J. Sartin, Administrative Law Judge, Division of Administrative Hearings, The DeSoto Building, 1230 Apalachee Parkway, Tallahassee, Florida 32399-3060; and by interoffice delivery to Ephraim Livingston, Department of

Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida

32399-3253 this 23rd day of June, 2008.

A handwritten signature in black ink, appearing to read "Janice D. [unclear]", written over a horizontal line.

Deputy Agency Clerk

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK: *Raeul R*
DATE 4.17.08

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

Petitioner,

v.

**DOH CASE NO. 2003-28432
DOAH CASE NO. 07-0096PL**

JOSE SUAREZ-DIAZ, M.D.

Respondent.

**MOTION TO ASSESS COSTS IN ACCORDANCE
WITH SECTION 456.072(4)**

COMES NOW the Department of Health, by and through the undersigned counsel, and moves the Board of Medicine for the entry of a Final Order assessing costs against Respondent, Jose Suarez-Diaz, M.D. for the investigation and prosecution of this case in accordance with Section 456.072(4), Florida Statutes (2003). As grounds therefore, Petitioner states the following:

1. At its next regularly scheduled meeting, the Board of Medicine will take up for consideration the above-styled disciplinary action and will enter a Final Order therein.

2. Section 456.072(4), Florida Statutes (2003), states as follows:

In addition to any other discipline imposed through final order, or citation, entered on or after July 1, 2001, pursuant to this section or discipline imposed through final order, or citation, entered on or after July 1, 2001, for a violation of any practice act, the board, or the department when there is no board, shall assess costs related to the investigation and prosecution of the case. Such costs related to the investigation and prosecution include, but are not limited to, salaries and benefits of personnel, costs related to the time spent by the attorney and other personnel working on the case, and any other expenses incurred by the department for the case. The board, or the department when there is no board, shall determine the amount of costs to be assessed after its consideration of an affidavit of itemized costs and any written objections thereto. . . .

3. The investigation and prosecution of this case has resulted in costs in the total amount of \$20,448.06, based on the following itemized statement of costs:

- a. Total soft costs for Complaints \$62.49
- b. Total soft costs for Investigations \$2,836.68
- c. Total soft costs for Legal \$10,687.81
- d. Total expenses \$6,861.08

Therefore, Petitioner seeks an assessment of costs against Respondent in the amount of \$20,448.06, as evidenced in the attached affidavit. (Exhibit A).

4. Should Respondent file written objections to the assessment of costs, within ten (10) days of the date of this motion, specifying the grounds for the objections and the specific elements of the costs to which the

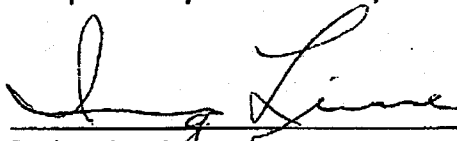
objections are made, Petitioner requests that the Board determine the amount of costs to be assessed based upon its consideration of the affidavit attached as Exhibit A and any timely-filed written objections.

5. Petitioner requests that the Board grant this motion and assess costs in the amount of \$20,448.06 as supported by competent, substantial evidence. This assessment of costs is in addition to any other discipline imposed by the Board and is in accordance with Section 456.072(4), Florida Statutes (2003).

~~WHEREFORE, the Department of Health requests that the Board of Medicine enter a Final Order assessing costs against Respondent in the amount of \$20,448.06.~~

DATED this 15th day of April, 2008.

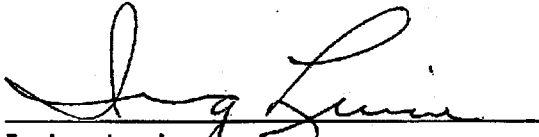
Respectfully Submitted,

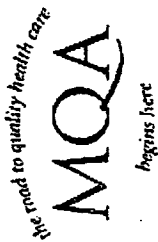


Irvine Levine
Assistant General Counsel
Florida Bar No. 0489654
Department of Health
Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, FL 32399-3265
(850) 245-4640 office
(850) 245-4681 facsimile

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished via: postage-paid U.S. Mail, Hand-Delivery, E-mail and/or Facsimile Transmission to Sean Ellsworth, Esq. at Ellsworth Law Firm, P.A., 404 Washington Avenue, Suite 750, Miami Beach, Florida 33139, this 15th day of April, 2008.


Irving Levine
Assistant General Counsel



**Time Tracking System
Itemized Expense by Complaint**
Complaint 200328432

Report Date: 04/10/2008

Staff Code	Expense Date	Expense Amount	Expense Code	Expense Code Description
INVESTIGATIVE SERVICES UNIT				
M1149	02/20/2004	\$168.55	497010	OTHER CURRENT CHARGES - INVESTIGATIVE EVIDENCE
		SubTotal	\$168.55	
PROSECUTION SERVICES UNIT				
HLL10A	03/19/2007	\$127.51	131400	COURT REPORTING
HLL10A	12/03/2007	\$177.75	131400	COURT REPORTING
HLL10A	11/14/2007	\$68.75	131400	COURT REPORTING
HLL10A	02/05/2008	\$256.66	131400	COURT REPORTING
HL34B	08/02/2004	\$675.00	131630	EXPERT WITNESS
HL34B	02/25/2005	\$750.00	131630	EXPERT WITNESS
HL34B	03/21/2007	\$1,625.00	131630	EXPERT WITNESS
HL34B	11/19/2007	\$1,520.00	131630	EXPERT WITNESS
HL34B	03/19/2007	\$222.80	261010	TRAVEL - EMOLØYEE - IN FLA
HLL10A	11/14/2007	\$380.65	261010	TRAVEL - EMOLØYEE - IN FLA
HLL10A	01/15/2008	\$888.41	261010	TRAVEL - EMOLØYEE - IN FLA
		SubTotal	\$6,692.53	
		Total Expenses	\$6,861.08	

OFFICIAL REPORTING SERVICE, INC.

524 South Andrews Avenue, Suite 302N
Ft. Lauderdale, Florida 33301-2845
954-467-8204 Fax 954-467-8214
Tax ID 90-0180829

2007 JUN - 8 AM 9:59
PRACTITIONER REGULATION
LEGAL

HLL10A

IRVING LEVINE, ESQUIRE
AGC DOH - DEPARTMENT OF HEALTH
4052 Bald Cypress Way BIN #C01
Tallahassee, Fl 32399-3251

May 31, 2007

Invoice# 40030409

Balance: \$127.51

Re: DEPT OF HEALTH VS DIAZ 03-28432
051101
on 03/19/07 by DALE FLOYD
Billed: 03/20/07

<-- 71 Days Old!

Invoicing Information

Charge Description	Amount
HEARING BEFORE JUDGE SARTIN ATTENDANCE OF REPORTER: 9:00 NO NOTES TAKEN	125.00
1.00% per month on unpaid balance	2.51

PSU
6/8/07
3/19/07
6/13/07
MORRIS MAJOR

131400
64-22-05-01-015

EO: PA
COA: m CAPS

Please Remit - - - > Total Due: \$127.51

BALANCE PAST DUE 30 DAYS SHALL BEAR INTEREST.
CLIENT AGREES TO PAY ALL COSTS OF COLLECTION.

This invoice is 71 days past due, Please Remit - Thank You!

Handwritten initials and date

Handwritten initials and date



BERRYHILL & ASSOCIATES, INC.
 General Court Reporting Services
 501 E. Kennedy Blvd. Suite 1225
 Tampa, Florida 33602-5239
 (813) 229-8225 Fax: (813) 229-8722

DEPARTMENT OF HEALTH
 4052 BALD CYPRESS WAY
 BIN C-65
 TALLAHASSEE, FL 32399-3265

HLIWA

IRVING LEVINE, ESQ.
 DEPT. OF HEALTH V. SUAREZ-DIAZM *2003-28432*
 07-0096PL (CONTRACT #05-1302)

INVOICE NO. : 153241
 INVOICE DATE: 11/29/2007
 REPORTER:
 MARY E. BLAZER

ID# 59-3280942

Date	Description	Amount
11/14/2007	DEPO: DR. CHRISTIE (45 PGS) ORIG & 1 CC TRANS., REG. \$3.95 PER	177.75
11/29/2007	EMAILED TO CLIENT POSTAGE/ HANDLING/DELIVERY FEE INV. PREPARED BY: DEBBIE BAKER	

Sub Total 177.75
 Paid 0.00
 Balance Due 177.75

PRACTITIONER REGULATION
LEGAL

2007 DEC -3 AM 9:30

PSU
 DATE INVOICE RECEIVED 12/3/07
 DATE GOODS OR SVCS. REC'D 12/3/07
 DATE GOODS OR SVCS. APPROVED 12/5/07
 PAYMENT APPROVED BY James S. Blazer
 PROCESS IN 5 WORKING DAYS DOONNA BROOK
 RETURN FINANCE & ACCOUNTING
 OBJECT CODE 131400
 ORGANIZATION CODE 64-22-05-01-015

EO: PA
 OCA: MQAPS

Signature: _____

Address# _____ Zip: _____

Mastercard _____ Visa _____ American Express _____ Exp. Date: _____
 Credit Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TERMS:
 PAYMENT DUE UPON RECEIPT. PAYMENT IS NOT CONTINGENT ON CLIENT REIMBURSEMENT. ACCOUNTS
 OVER 30 DAYS PAST DUE MAY BE SUBJECT TO A MONTHLY LATE FEE. ALL DISPUTES MUST BE MADE IN
 WRITING WITHIN 30 DAYS OF THE DATE OF INVOICE.

*12/24/07
PE*



BERRYHILL & ASSOCIATES, INC.
 General Court Reporting Services
 501 E. Kennedy Blvd. Suite 1225
 Tampa, Florida 33602-5239
 (813) 229-8225 Fax: (813) 229-8722

DEPARTMENT OF HEALTH
 4052 BALD CYPRESS WAY
 BIN C-65
 TALLAHASSEE, FL 32399-3265

IRVING LEVINE, ESQ.
 DEPT. OF HEALTH V. SUAREZ-DIAZM
 07-0096PL (CONTRACT #05-1302)

2003-28432

INVOICE NO. : 153243
 INVOICE DATE: 11/29/2007
 REPORTER:
 MARY E. BLAZER

ID# 59-3280942

Date	Description	Amount
11/14/2007	DEPO: DR. CHRISTIE (3:00-4:08) FIRST HR OR PORTION THEREOF \$55.00 ADD'L HR TO NEAREST QRT INV. PREPARED BY: DEBBIE BAKER	55.00 13.75
Sub Total		68.75
Paid		0.00
Balance Due		68.75

PSU

DATE INVOICE RECEIVED 12/3/07
 DATE GOODS OR SVCS. REC'D 11/14/07
 DATE GOODS OR SVCS. APPROVED 12/2/07
 PAYMENT APPROVED BY Donna S. Brown
 PROCESS IN 5 WORKING DAYS
 SUBJECT CODE 131400
 IDENTIFICATION CODE 04-22-05-01-015
 EO: PA
 OCA: MQAPS

Signature: _____
 Address# _____ Zip: _____
 Mastercard _____ Visa _____ American Express _____ Exp. Date: _____
 Credit Card Number _____

TERMS:
 PAYMENT DUE UPON RECEIPT. PAYMENT IS NOT CONTINGENT ON CLIENT REIMBURSEMENT. ACCOUNTS
 OVER 30 DAYS PAST DUE MAY BE SUBJECT TO A MONTHLY LATE FEE. ALL DISPUTES MUST BE MADE IN
 WRITING WITHIN 30 DAYS OF THE DATE OF INVOICE.

12/26/07
 PE

Official Reporting Services, LLC

524 South Andrews Avenue, Suite 302N
Ft. Lauderdale, Florida 33301-2845
954-467-8204 Fax 954-467-8214
Tax ID 20-5849842

HUWA

IRVING LEVINE, ESQUIRE
AGC DEPT OF HEALTH
4052 Bald Cypress Way BIN #C01
Tallahassee, Fl 32399-3251

February 4, 2008

Invoice# 30100281

Balance: \$256.66

Re: DOH VS JOSE SUAREZ-DIAZ, MD *2003-28432*
07-0056PL, 051101
on 01/14/08
by DALE FLOYD

Invoicing Information

Charge Description	Amount
HEARING BEFORE JUDGE SARTIN 57 PGS @ 2.95 O+1	168.15
SENT ORIGINAL TO DAOH ON 2/4/08	18.26
SENT COPY TO ATTY ON 2/4/08	20.25
Attendance fee 9:30-10:15	50.00

DSU
2/5/08
2/5/08
2/4/08
JONNA BROWN

Please Remit - - - > Total Due: \$256.66

BALANCE PAST DUE 30 DAYS SHALL BEAR INTEREST.
CLIENT AGREES TO PAY ALL COSTS OF COLLECTION.

2/25/08
pc



DEPARTMENT OF HEALTH
PROSECUTION SERVICES UNIT
4052 Bald Cypress Way, BIN # C-65 - Tallahassee, Florida 32399-3265

Work Authorization:

04-2514

Dr. King

ANESTH

PRACTITIONER REGULATION
LEGAL

EXPERT WITNESS WORK AUTHORIZATION AND INVOICE

SECTION ONE - WORK AUTHORIZATION

The expert named below is authorized to perform expert services in this case, per terms of the DOH Expert Witness Agreement.

1. Expert Last Name Abbason & Assoc. First Name _____ 2. SSN/FEID: _____ 3. Expiration Date: COMPT

4. MAXIMUM AUTHORIZED FUNDS: \$675.00 5. Type of Service: _____ Case Review _____

6. Case Number: 2003-28432 7. Subject Last Name: ✓ Suarez-Diaz 8. Board: ME

9. Requestor's Full Name: Sheila Autrey 10. Requestor Phone Number: 850-414-8126

11. Issuing Authority: Irene Anker *Sheila Autrey* Signature Date Signed: 7/6/2004

SECTION TWO - EXPERT'S INVOICE FOR SERVICES AND EXPENSES

- **DO NOT EXCEED** the Maximum Authorized Funds.
- **DO NOT** include Travel Expenses on this form. They require a separate travel voucher.
- Enter services and incidental expenses separately (use designated boxes).
- Hourly rate is set as per the terms of the DOH expert Witness Agreement
- Be Sure to sign and return this original form. Attach any receipts for incidental expenses.
- Contact the Requestor if your expert services require additional funding or if you have any other questions.

SERVICES ONLY

(12) Date of Service	(13) Description of Service	(14) Hourly Fee	(15) Hours	(16) Total Fee
7/2/04	Expert Medical Review	\$135.00	5	675.00

INCIDENTAL EXPENSES ONLY (i.e. copying, phone calls, film developing costs, etc.) Please attach receipts.

(17) Date Incurred	(18) Description of Expenses	(19) Amount \$

GRAND TOTAL FEES EXPENSES: \$ 675 ✓

I have performed the services and incurred the expenses referenced above in accordance with the DOH Expert Witness Agreement.

20. Expert's Signature: *Sheila Autrey* 21. Date Signed: 7-29-04

SECTION THREE - REQUESTOR'S ACKNOWLEDGEMENT OF SERVICES

The above referenced services have been satisfactorily received.

22. Requestor's Signature: *Sheila Autrey* 23. Date Signed: 8-2-04

SECTION FOUR - ORIGINATING OFFICE INFORMATION

Date Invoiced Rec'd: 8/2/04 Date Goods/Svcs. Rec'd: 8/2/04 EXPANSION OPTION: QM

Object Code: 131800 CM Approval: *Sheila Autrey* Date: 8/6/04

Organizational Code: 64220600-015 CMS Approval: *Donna S. Brown* Date: 8/6/04

Address: Abbason & Associates
127 W. Fairbanks Ave #452
Winter Park, FL 32789

PROCESS IN 5 WORKING DAYS AND RETURN TO FINANCE AND ACCOUNTING

DEPARTMENT OF HEALTH
PROSECUTION SERVICES UNIT

Work Authorization: 05-3377 ✓

4052 Bald Cypress Way, BIN # C-65 - Tallahassee, Florida 32399-

EXPERT WITNESS WORK AUTHORIZATION AND INVOICE

SECTION ONE - WORK AUTHORIZATION

The expert named below is authorized to perform expert services in this case, per terms of the DOH Expert Witness Agreement.

1. Expert Last Name Christie First Name Joan 2. SSN/FEID: _____ 3. Expiration Date: _____

4. MAXIMUM AUTHORIZED FUNDS: \$1,000.00 5. Type of Service: Case Review

6. Case Number: 2003-28432 7. Subject Last Name: Suarez-Diaz 8. Board: ME

9. Requestor's Full Name: Lakisha Nix 10. Requestor Phone Number: 850-414-8126

11. Issuing Authority: Irene Anker [Signature] Date Signed: 1/12/2005
Signature

SECTION TWO - EXPERT'S INVOICE FOR SERVICES AND EXPENSE

- DO NOT EXCEED the Maximum Authorized Funds.
- DO NOT include Travel Expenses on this form. They require a separate travel voucher.
- Enter services and incidental expenses separately (use designated boxes).
- Hourly rate is set as per the terms of the DOH expert Witness Agreement
- Be Sure to sign and return this original form. Attach any receipts for incidental expenses.
- Contact the Requestor if your expert services require additional funding or if you have any other questions.

SERVICES ONLY

(12) Date of Service	(13) Description of Service	(14) Hourly Fee	(15) Hours	(16) Total Fee
2/14/05	Suarez-Diaz, M.D.; E6mp # 2003-28432	\$125.00	X 6	725 750.00

INCIDENTAL EXPENSES ONLY (i.e. copying, phone calls, film developing costs, etc.) Please attach receipt

(17) Date Incurred	(18) Description of Expenses	(19) Amount \$

GRAND TOTAL FEES EXPENSES: \$ 750.00

I have performed the services and incurred the expenses referenced above in accordance with the DOH Expert Witness Agreement.

20. Expert's Signature: [Signature] 21. Date Signed: Feb 14/05

SECTION THREE - REQUESTOR'S ACKNOWLEDGEMENT OF SERVICE

The above referenced services have been satisfactorily received.

22. Requestor's Signature: [Signature] 23. Date Signed: 2/25/05

SECTION FOUR - ORIGINATING OFFICE INFORMATION

Date Invoiced Rec'd: 2/25/05 Date Goods/Svcs. Rec'd: 2/25/05 EXPANSION OPTION: QM

Object Code: 131800 CM Approval: [Signature] Date: 4/14/05

Organizational Code: 64220600-015 CMS Approval: _____ Date: _____

Address: Joan M. Christie, M.D.
1244 Monterey Blvd. NE
St. Petersburg, FL 33704

PROCESS IN 5 WORKING DAYS AND RETURN TO FINANCE AND ACCOUNTING



DEPARTMENT OF HEALTH
PROSECUTION SERVICES UNIT
4052 Bald Cypress Way, BIN # C-65 - Tallahassee, Florida 32399-3265

Work Authorization: ✓ 07-7957

EXPERT WITNESS WORK AUTHORIZATION AND INVOICE

SECTION ONE - WORK AUTHORIZATION

The expert named below is authorized to perform expert services in this case, per terms of the DOH Expert Witness Agreement.

1. Expert Last Name: Christie First Name: Joan 2. SSN/FEID: _____ 3. Expiration Date: _____
 4. MAXIMUM AUTHORIZED FUNDS: \$1,625.00 5. Type of Service: FH Prep./Testimony
 6. Case Number: 2003-28432 7. Subject Last Name: Suarez-Diaz 8. Board: ME
 9. Requestor's Full Name: Irene Lake/Levine 10. Requestor Phone Number: 850-245-4640
 11. Issuing Authority: Irene Lake [Signature] Date Signed: 3/5/2007
 Signature

SECTION TWO - EXPERT'S INVOICE FOR SERVICES AND EXPENSE

- DO NOT EXCEED the Maximum Authorized Funds.
- DO NOT include Travel Expenses on this form. They require a separate travel voucher.
- Enter services and incidental expenses separately (use designated boxes).
- Hourly rate is set as per the terms of the DOH expert Witness Agreement.
- Be Sure to sign and return this original form. Attach any receipts for incidental expenses.
- Contact the Requestor if your expert services require additional funding or if you have any other questions.

SERVICES ONLY

(12) Date of Service	(13) Description of Service	(14) Hourly Fee	(15) Hours	(16) Total Fee
Feb 07 -	records review; com-	\$125.00	13	\$1,625
March 16/07	munication with DOH			
	council written + telephone			

INCIDENTAL EXPENSES ONLY (i.e. copying, phone calls, film developing costs, etc.) Please attach receipt

(17) Date Incurred	(18) Description of Expenses	(19) Amount \$

GRAND TOTAL FEES EXPENSES: \$ 1,625 ✓

I have performed the services and incurred the expenses referenced above in accordance with the DOH Expert Witness Agreement.

20. Expert's Signature: Joan Christie 21. Date Signed: March 20/2007

SECTION THREE - REQUESTOR'S ACKNOWLEDGEMENT OF SERVICE

The above referenced services have been satisfactorily received.

22. Requestor's Signature: Irene Lake 23. Date Signed: 3/21/07

SECTION FOUR - ORIGINATING OFFICE INFORMATION

Date Invoiced Rec'd: 3/21/07 Date Goods/Svcs. Rec'd: 3/21/07 EXPANSION OPTION: PA
 Object Code: 131800 CM Approval: [Signature] OCA: MQAPS
 Organizational Code: 64220501-015 CMS Approval: _____ Date: 3/21/07

Address: Joan M. Christie, M.D.
1244 Monterey Blvd. NE
St. Petersburg, FL 33704

PROCESS IN 5 WORKING DAYS AND RETURN TO FINANCE AND ACCOUNTING.

2107 MAR 21 AM 10:3
PRACTITIONER REGULATION
LEGAL

3/22/07
[Signature]



DEPARTMENT OF HEALTH
PROSECUTION SERVICES UNIT
4052 Bald Cypress Way, BIN # C-65 - Tallahassee, Florida 32399-3265

Work Authorization: ✓ 07-9174

EXPERT WITNESS WORK AUTHORIZATION AND INVOICE

SECTION ONE - WORK AUTHORIZATION

The expert named below is authorized to perform expert services in this case, per terms of the DOH Expert Witness Agreement.

1. Expert Last Name Christie First Name Joan 2. SSN/FID: _____ 3. Expiration Date: 11/30/07
 4. MAXIMUM AUTHORIZED FUNDS: \$1,520.00 Type of Service: Deposition Preparation/Testimony
 6. Case Number: 2003-28432 7. Subject Last Name: Suarez-Diaz 8. Board: ME
 9. Requestor's Full Name: Irene Lake/Levine 10. Requestor Phone Number: 850-245-4640
 11. Issuing Authority: Irene Lake Signature: [Signature] Date Signed: 10/31/2007

SECTION TWO - EXPERT'S INVOICE FOR SERVICES AND EXPENSES

- DO NOT EXCEED the Maximum Authorized Funds.
- DO NOT include Travel Expenses on this form. They require a separate travel voucher.
- Enter services and incidental expenses separately (use designated boxes).
- Hourly rate is set as per the terms of the DOH expert Witness Agreement
- Be Sure to sign and return this original form. Attach any receipts for incidental expenses.
- Contact the Requestor if your expert services require additional funding or if you have any other questions.

SERVICES ONLY

(12) Date of Service	(13) Description of Service	(14) Hourly Fee	(15) Hours	(16) Total Fee
11/14/07	Depo	\$160.00	9.5	\$1520
	Miscellaneous			
	His email & record review etc.			

INCIDENTAL EXPENSES ONLY (i.e. copying, phone calls, film developing costs, etc.) Please attach receipts

(17) Date Incurred	(18) Description of Expenses	(19) Amount \$

GRAND TOTAL FEES EXPENSES: \$ 1520.

I have performed the services and incurred the expenses referenced above in accordance with the DOH Expert Witness Agreement.

20. Expert's Signature: [Signature] 21. Date Signed: 11/15/07

SECTION THREE - REQUESTOR'S ACKNOWLEDGEMENT OF SERVICES

The above referenced services have been satisfactorily received.

22. Requestor's Signature: [Signature] 23. Date Signed: 11/19/07

SECTION FOUR - ORIGINATING OFFICE INFORMATION

Date Invoiced Rec'd: 11/19/07 Date Goods/Svcs. Rec'd: 11/19/07 EXPANSION OPTION: PA
 Object Code: 131800 CM Approval: [Signature] OCA: MQAPS
 Organizational Code: 64220501-015 CMS Approval: _____ Date: 11/19/07

Address:
Joan M. Christie, MD
1905 Gulf Way #3
St. Petersburg Beach, FL 33706

PROCESS IN 5 WORKING DAYS AND RETURN TO FINANCE AND ACCOUNTING

PRACTITIONER REGULATION
LEGAL
NOV 19 AM 10:00

11/19/07
[Signature]

STATE OF FLORIDA

TRAVELER Joan Christie, M.D.

Social Security No. X

VOUCHER FOR REIMBURSEMENT

Address

X 12844 Moorshire Blvd NE

RESIDENCE (CITY) X St. Petersburg FL

OF TRAVEL EXPENSES

CHECK ONE: Irving Levine

NONEMPLOYEE IND. CONTRACTOR

OPS

DATE	Travel Performed From Point of Origin To Destination	Purpose or Reason (Please Print Description)	Hour of Departure and Hour of Return	Travel Class A, B Travel	Per Diem or Actual Lodging Expenses	Meal Allowance Claimed	Vacuity Allowance Claimed	Other Expenses	PCARD Charges
03/18/07	Tampa to Miami cancelled	Final Hearing in Suarez Diaz, M.D.	M						
3/19/2007	Miami to Tampa cancelled	Case # 2003-28132 cancelled	M						

Statement of Benefits by the State (Conference or Convention)

Dr. Christie was scheduled to testify as the Department's expert at the Final Hearing of the Suarez Diaz, M.D. case #2003-28132. However, the case settled at the last minute and the hearing was cancelled. The airplane ticket purchased by Dr. Christie could not be refunded.

TR	SEL	OBJECT	AMOUNT	OBJECT	AMOUNT	NET AMOUNT RECEIVED	LESS ADVANCE RECEIVED	LESS NON-REIMBURSABLE ITEMS INCLUDED ON PCARD	NET AMOUNT DUE TRAVELER	NET AMOUNT DUE THE STATE
		261007		Column Total	M		\$222.80			
		261002		Column Total	M					
		261003		Column Total	M					

TRAVELER'S SIGNATURE: X *Joan Christie* TITLE: M.D.

SUPERVISOR'S SIGNATURE: *Melvin M. Rooley*

SUPERVISOR'S TITLE: Deputy General Counsel

ORG #1225501015
 EO #4 VR CF OCA/ADAPS
 INVOICE # 261003

Invoice No. Voucher/SWD No. RF Cr. Warrant No. RF Cr. Warrant Date

Preparer's Name: Chris Spive
 Preparer's Phone #: 850-245-4640 x8118
 Date Prepared: March 22, 2007

DH 676 01/02

STATE OF FLORIDA

TRAVELER Living Levine

Social Security No. _____

VOUCHER FOR REIMBURSEMENT

Address 4052 Bald Cypress Way, C-65

HEADQUARTERS Tallahassee

OF IN-STATE TRAVEL EXPENSES

CHECK ONE: OFFICER/EMPLOYEE NONEMPLOYEE/IND. CONTRACTOR

OP# _____

RESIDENCE (CITY) Tallahassee

11/15

DATE	Travel Performed From Point of Origin To Destination	Purpose or Reason (Name of Conference) (Purchasing Card Description)	Hour of Departure And Hour of Return	Meals for Class A & B Travel	Per Diem (Actual Lodging Expenses)	Auto Mileage Allowed	Vicinity Mileage Allowed	Other Expenses	PCARD Charges
11/13/07	Tallahassee to Tampa	Discussion of Dr. Jean Christie on November 14, 2007 in Tampa, FL	noon		\$ 40.00	275	20	7.00 parking	
	stayed in Tallahassee's residence	in Jose Suarez-Diaz, M.D. Case # 2003-28432							
11/14/07	Tampa to Tallahassee	DOAH #07-0096PL	8:00P		80.00	275			
Statement of Expenses to the State: (Conference or Convention)									
Discussion of Dr. Jean Christie, M.D. (Event for Department) on November 14, 2007 in Tampa, FL.									
				Column Total	Column Total	570 Mi. 0.445 Mi.	Column Total		PCARD Charges
				\$	\$ 120.00	\$ 253.55	\$ 7.00		\$ 120.00

TRAVELER'S SIGNATURE	TITLE	ASSISTANT GENERAL COUNSEL
<i>[Signature]</i>		
PURSUANT TO SECTION 112.081 (3)(b), FLORIDA STATUTES, I HEREBY CERTIFY OR AFFIRM THAT IN THIS CASE OF MY KNOWLEDGE, THE ABOVE VOUCHER IS CORRECT AND ACCURATE AND THAT THE INFORMATION CONTAINED THEREIN IS TRUE AND CORRECT.		
SUPERVISOR'S SIGNATURE: _____		
SUPERVISOR'S TITLE: _____		
SIGNATURE DATE: _____		

TRAVELER'S SIGNATURE: _____

TITLE: _____

ASSISTANT GENERAL COUNSEL

SUPERVISOR'S SIGNATURE: _____

SUPERVISOR'S TITLE: _____

SIGNATURE DATE: _____

FOR AGENCY USE: _____

ADVANCE _____

WARRANT NO. _____

WARRANT DATE _____

STATEWIDE DOC. NO. _____

AGENCY VOUCHER NO. _____

PREPARED BY: _____

DATE PREPARED: _____

CHRS BYRNE

PREPARED BY PHONE NO. _____

450-245-4640 ext. 8113

15-NOV-07

DH 676A 03/07

STATE OF FLORIDA
 TRAVELER FOR REIMBURSEMENT
 VOUCHER FOR REIMBURSEMENT
 OF IN-STATE TRAVEL EXPENSES

TRAVELER: Irving Levine
 ADDRESS: 4052 Bald Cypress Way, C-65
 CHECK ONE: X OFFICER/EMPLOYEE NONEMPLOYEE IND. CONTRACTOR OPS

Social Security No. _____
 HEADQUARTERS: Tallahassee
 RESIDENCE (CITY): Tallahassee

1616

DATE	Travel Performed From Point of Origin To Destination	Purpose or Reason (Name of Conference) (Purchasing Card Description)	Hour of Departure And Hour of Return	Mileage for Class A & B Travel	Per Diem or Actual Lodging Expenses	Map Mileage Claimed	Vehicle Mileage Claimed	Other Expenses		PCARD Charges
								Amount	Type	
1/13/2008	Tallahassee to Fort Lauderdale	First Hearing- Jose Suarez Diaz M.D.	7:00A M	\$ 30.00				\$ 24.00	cab fare and tip	53.16- car rental
		DOAH Case#07-0096PL	M					12.25	hotel parking	426.00- airline
		DOH Case# 2003-28432	M					6.00	Parking at hearing	23.00- travel insurance
1/14/2008	Stayed in personal residence		M					22.00	gasoline	146.00- hotel
			M					21.00	cab fare and tip	
1/15/2008	Orlando to Tallahassee		1:00P M		40.00					
Statement of Benefits to the State: (Conference or Convention)										
Final Hearing in Jose Suarez Diaz, M.D. Case#07-0096PL, DOH Case#2003-28432										
TR	SEL	OBJECT	AMOUNT	OBJECT	AMOUNT	Column Total	Column Total	Column Total	Column Total	Summary Total
ORG	64220801015	261100	Per Diem	261500	Air	429.00				
EO_PA_X	VR	CF	261200	Meals	30.00	110.25				
			261300	Mileage	30.00	53.16				
INVOICE #		TRAN DATE	261400	Lodging	146.00	261				235.25

Traveler certifies that the information furnished for reimbursement is true and correct in every material matter; that the travel expenses were actually incurred by me as necessary in the performance of official duty; that no item claimed has been appropriately reduced by any meals or lodging included in the convention or conference registration fees claimed by me; and that this voucher conforms in every respect with the requirements of Section 112.081, Florida Statutes.

TRAVELER'S SIGNATURE: [Signature]
 TITLE: Assistant General Counsel

SUPERVISOR'S SIGNATURE: [Signature]
 TITLE: [Title]

FOR AGENCY USE
 Invoice No. _____
 Voucher/SWD No. _____
 Warrant No. _____
 PC Card/Material No. _____
 Agency Voucher No. _____
 Preparer's Name: Chris Byrne
 Preparer's Phone No. 850-245-4640 ext. 8118
 Date Prepared: 16 Jan 08

DH 676A 09/06

AFFIDAVIT OF FEES AND COSTS EXPENDED

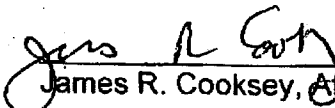
STATE OF FLORIDA
COUNTY OF LEON:

BEFORE ME, the undersigned authority, personally appeared **JAMES R. COOKSEY**, who was sworn and states as follows:

- 1) My name is James R. Cooksey.
- 2) I am over the age of 18, competent to testify, and make this affidavit upon my own personal knowledge and after review of the records at the Florida Department of Health (DOH).
- 3) I am an Operations Management Consultant for the Consumer Services Unit for DOH. The Consumer Services Unit is where all complaints against Florida health care licensees (e.g., medical doctors, dentists, nurses, respiratory therapists) are officially filed. I have been in my current job position for more than one year. My business address is 4052 Bald Cypress Way, Bin C-75, Tallahassee, Florida 32399-3275.
- 4) As an Operations Management Consultant, my job duties include reviewing data in the Time Tracking System and verifying that the amounts correspond. The Time Tracking System is a computer program which records and tracks DOH's costs regarding the investigation and prosecution of cases against Florida health care licensees.
- 5) As of today, DOH's total costs for investigating and prosecuting DOH case number 2003-28432 (Department of Health v. Jose Suarez-Diaz, M.D.) are twenty thousand four hundred and forty -eight dollars and six cents (\$20,448.06).
- 6) The costs for DOH case number 2003-28432 (Department of Health v. Jose Suarez-Diaz, M.D.) are summarized in Exhibit 1 (Cost Summary Report), which is attached to this document.
- 7) The itemized costs and expenses for DOH case number 2003-28432 (Department of Health v. Jose Suarez-Diaz, M.D.) are detailed in Exhibit 2 (Itemized Cost Report and Itemized Expense Report and receipts), which is attached to this document.

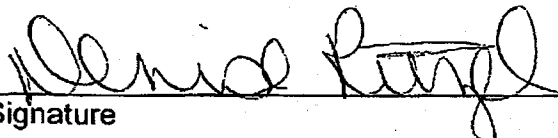
- 8) The itemized costs as reflected in Exhibit 2 are determined by the following method: DOH employees who work on cases daily are to keep track of their time in six-minute increments (e.g., investigators and lawyers). A designated DOH employee in the Consumer Services Unit, Legal Department, and in each area office, inputs the time worked and expenses spent into the Time Tracking System. Time and expenses are charged against a state health care Board (e.g., Florida Board of Medicine, Florida Board of Dentistry, Florida Board of Osteopathic Medicine), and/or a case. If no Board or case can be charged, then the time and expenses are charged as administrative time. The hourly rate of each employee is calculated by formulas established by the Department. (See the Itemized Cost Report)
- 9) James R. Cooksey, first being duly sworn, states that he has read the foregoing Affidavit and its attachments and the statements contained therein are true and correct to the best of his knowledge and belief.

FURTHER AFFIANT SAYETH NOT.


James R. Cooksey, Affiant

State of Florida
County of Leon

Sworn to and subscribed before me this 15th day of April, 2008,
by James R. Cooksey, who is personally known to me.


Notary Signature

Denise Ritzel
Name of Notary Printed



Stamp Commissioned Name of Notary Public:

Complaint Cost Summary

Complaint Number: 200328432

Complainant's Name: DOH (J.C.) 0004002

Subject's Name: SUAREZ-DIAZ, JOSE C

***** Cost to Date *****		
	Hours	Costs
Complaint:	1.20	\$62.49
Investigation:	45.50	\$2,836.68
Legal:	91.50	\$10,687.81
Compliance:	0.00	\$0.00
	*****	*****
Sub Total:	138.20	\$13,586.98
Expenses to Date:		\$6,861.08
Prior Amount:		\$0.00
Total Costs to Date:	---	\$20,448.06

Report Date: 04/11/2008

**Time Tracking System
Itemized Cost by Complaint**

Complaint 200328432

Staff Code	Activity	Hours	Staff Rate	Cost	Activity Date	Activity Code	Activity Description
CONSUMER SERVICES UNIT							
HA78		0.40	\$50.18	\$20.07	12/31/2003	82	MQA REPORT ENTRY
HA78		0.60	\$50.18	\$30.11	01/07/2004	78	INITIAL REVIEW AND ANALYSIS OF COMPLAINT
HA113		0.20	\$61.55	\$12.31	01/28/2008	25	REVIEW CASE FILE
Sub Total		1.20		\$62.49			
INVESTIGATIVE SERVICES UNIT							
M1149		1.00	\$63.28	\$63.28	01/21/2004	4	ROUTINE INVESTIGATIVE WORK
M1149		1.50	\$63.28	\$94.92	02/03/2004	4	ROUTINE INVESTIGATIVE WORK
M1149		5.25	\$63.28	\$332.22	02/09/2004	4	ROUTINE INVESTIGATIVE WORK
M1149		6.50	\$63.28	\$411.32	02/10/2004	4	ROUTINE INVESTIGATIVE WORK
M1156		2.00	\$52.37	\$104.74	02/11/2004	100	SERVICE OF ADMINISTRATIVE COMPLAINTS, SUBPOENAS, NOTICE TO CEASE
M1149		2.50	\$63.28	\$158.20	02/16/2004	4	ROUTINE INVESTIGATIVE WORK
M128		0.50	\$62.06	\$31.03	02/17/2004	4	ROUTINE INVESTIGATIVE WORK
M1149		2.00	\$63.28	\$126.56	02/18/2004	4	ROUTINE INVESTIGATIVE WORK
M1149		1.50	\$63.28	\$94.92	02/23/2004	4	ROUTINE INVESTIGATIVE WORK
M1149		1.00	\$63.28	\$63.28	02/26/2004	4	ROUTINE INVESTIGATIVE WORK
M1156		0.25	\$52.37	\$13.09	02/26/2004	4	ROUTINE INVESTIGATIVE WORK
M1156		0.25	\$52.37	\$13.09	02/26/2004	58	TRAVEL TIME
M1156		0.50	\$52.37	\$26.19	02/27/2004	4	ROUTINE INVESTIGATIVE WORK
M1156		0.50	\$52.37	\$26.19	02/27/2004	58	TRAVEL TIME
M1149		3.00	\$63.28	\$189.84	03/01/2004	4	ROUTINE INVESTIGATIVE WORK
M1149		1.75	\$63.28	\$110.74	03/02/2004	4	ROUTINE INVESTIGATIVE WORK
M1149		3.25	\$63.28	\$205.66	03/03/2004	4	ROUTINE INVESTIGATIVE WORK
M1149		2.25	\$63.28	\$142.38	03/04/2004	4	ROUTINE INVESTIGATIVE WORK
M1149		0.50	\$63.28	\$31.64	03/08/2004	4	ROUTINE INVESTIGATIVE WORK
M1138		1.00	\$59.51	\$59.51	03/09/2004	4	ROUTINE INVESTIGATIVE WORK
M1149		4.00	\$63.28	\$253.12	03/09/2004	4	ROUTINE INVESTIGATIVE WORK
M1149		4.50	\$63.28	\$284.76	03/10/2004	76	REPORT PREPARATION

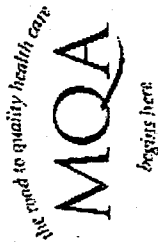
**Time Tracking System
 Itemized Cost by Complaint**

Complaint 200328432

Report Date: 04/11/2008

Page 2 of 6

Staff Code	Activity Hours	Staff Rate	Cost	Activity Date	Activity Code	Activity Description
Sub Total	45.50		\$2,836.68			
PROSECUTION SERVICES UNIT						
HLL10A	0.70	\$80.81	\$56.57	03/04/2005	25	REVIEW CASE FILE
HLL10A	0.40	\$80.81	\$32.32	03/07/2005	36	PREPARATION OR REVISION OF LETTER
HLL10A	0.20	\$80.81	\$16.16	05/23/2005	37	REVIEW LETTER
HLL10A	0.20	\$80.81	\$16.16	05/23/2005	25	REVIEW CASE FILE
HLL10A	0.30	\$80.81	\$24.24	06/09/2005	37	REVIEW LETTER
HLL10A	0.40	\$80.81	\$32.32	06/13/2005	37	REVIEW LETTER
HLL10A	0.20	\$80.81	\$16.16	06/13/2005	35	TELEPHONE CALLS
HLL10A	0.20	\$136.37	\$27.27	03/16/2006	35	TELEPHONE CALLS
HLL10A	0.20	\$136.37	\$27.27	03/24/2006	35	TELEPHONE CALLS
HLL10A	0.30	\$136.37	\$40.91	04/25/2006	36	PREPARATION OR REVISION OF LETTER
HLL10A	0.30	\$136.37	\$40.91	05/08/2006	28	PREPARE OR REVISE ADMINISTRATIVE COMPLAINT
HLL10A	0.80	\$136.37	\$109.10	05/17/2006	28	PREPARE OR REVISE ADMINISTRATIVE COMPLAINT
HLL10A	0.50	\$136.37	\$68.19	07/27/2006	79	STIPULATION
HLL10A	0.30	\$136.37	\$40.91	08/03/2006	90	POST PROBABLE CAUSE PROCESSING
HLL10A	0.20	\$136.37	\$27.27	10/19/2006	35	TELEPHONE CALLS
HLL10A	0.20	\$136.37	\$27.27	11/02/2006	36	PREPARATION OR REVISION OF LETTER
HLL10A	0.20	\$136.37	\$27.27	11/09/2006	36	PREPARATION OR REVISION OF LETTER
HLL10A	1.60	\$136.37	\$218.19	11/09/2006	40	PREPARATION OF OR REVISION OF A PLEADING
HLL10A	0.30	\$136.37	\$40.91	11/14/2006	47	TRIAL PREPARATION
HLL10A	0.40	\$136.37	\$54.55	11/14/2006	35	TELEPHONE CALLS
HLL10A	0.40	\$136.37	\$54.55	11/15/2006	35	TELEPHONE CALLS
HLL10A	0.20	\$136.37	\$27.27	11/15/2006	36	PREPARATION OR REVISION OF LETTER
HLL10A	0.20	\$136.37	\$27.27	11/15/2006	36	PREPARATION OR REVISION OF LETTER
HLL10A	0.20	\$141.12	\$28.22	11/16/2006	70	CONFERENCES WITH LAWYERS
HLL10A	0.30	\$136.37	\$40.91	11/16/2006	37	REVIEW LETTER
HLL10A	0.30	\$136.37	\$40.91	11/16/2006	36	PREPARATION OR REVISION OF LETTER
HLL10A	1.20	\$136.37	\$163.64	11/16/2006	28	PREPARE OR REVISE ADMINISTRATIVE COMPLAINT
HLL10A	1.30	\$136.37	\$177.28	11/29/2006	30	PREPARE AMENDED A/C

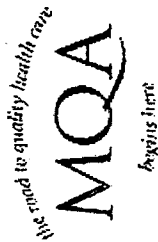


**Time Tracking System
Itemized Cost by Complaint**

Complaint 200328432

Report Date: 04/11/2008

Staff Code	Activity Hours	Staff Rate	Cost	Activity Date	Activity Code	Activity Description
HLL10A	0.40	\$136.37	\$54.55	12/04/2006	36	PREPARATION OR REVISION OF LETTER
HLL10A	1.20	\$136.37	\$163.64	01/09/2007	47	TRIAL PREPARATION
HLL10A	0.70	\$136.37	\$95.46	01/10/2007	47	TRIAL PREPARATION
HLL10A	0.30	\$136.37	\$40.91	01/10/2007	35	TELEPHONE CALLS
HLL10A	0.60	\$136.37	\$81.82	01/17/2007	47	TRIAL PREPARATION
HLL10A	1.70	\$136.37	\$231.83	01/18/2007	39	PREPARE/RESPOND TO DISCOVERY
HLL10A	0.30	\$136.37	\$40.91	01/18/2007	47	TRIAL PREPARATION
HLL10A	0.30	\$136.37	\$40.91	01/23/2007	39	PREPARE/RESPOND TO DISCOVERY
HLL10A	0.90	\$136.37	\$122.73	01/23/2007	46	LEGAL RESEARCH
HLL10A	0.60	\$136.37	\$81.82	01/25/2007	39	PREPARE/RESPOND TO DISCOVERY
HLL10A	0.30	\$136.37	\$40.91	01/26/2007	39	PREPARE/RESPOND TO DISCOVERY
HLL10A	0.30	\$136.37	\$40.91	01/26/2007	35	TELEPHONE CALLS
HLL10A	0.20	\$136.37	\$27.27	02/14/2007	37	REVIEW LETTER
HLL10A	0.10	\$136.37	\$13.64	02/14/2007	36	PREPARATION OR REVISION OF LETTER
HLL10A	0.50	\$136.37	\$68.19	02/15/2007	35	TELEPHONE CALLS
HLL10A	0.30	\$136.37	\$40.91	02/23/2007	47	TRIAL PREPARATION
HLL10A	0.20	\$136.37	\$27.27	02/26/2007	40	PREPARATION OF OR REVISION OF A PLEADING
HLL10A	0.40	\$136.37	\$54.55	02/26/2007	47	TRIAL PREPARATION
HLL10A	0.30	\$136.37	\$40.91	03/02/2007	64	LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF.
HLL10A	0.60	\$136.37	\$81.82	03/02/2007	35	TELEPHONE CALLS
HLL10A	1.30	\$136.37	\$177.28	03/02/2007	47	TRIAL PREPARATION
HLL10A	0.30	\$136.37	\$40.91	03/05/2007	47	TRIAL PREPARATION
HLL10A	0.60	\$136.37	\$81.82	03/06/2007	36	PREPARATION OR REVISION OF LETTER
HLL10A	1.00	\$136.37	\$136.37	03/06/2007	47	TRIAL PREPARATION
HLL10A	0.30	\$136.37	\$40.91	03/09/2007	47	TRIAL PREPARATION
HLL10A	0.50	\$136.37	\$68.19	03/12/2007	47	TRIAL PREPARATION
HLL10A	0.20	\$136.37	\$27.27	03/13/2007	47	TRIAL PREPARATION
HLL10A	0.50	\$136.37	\$68.19	03/14/2007	37	REVIEW LETTER
HLL10A	1.60	\$136.37	\$218.19	03/14/2007	36	PREPARATION OR REVISION OF LETTER
HLL10A	0.30	\$136.37	\$40.91	03/14/2007	47	TRIAL PREPARATION
HLL10A	0.30	\$136.37	\$40.91	03/14/2007	79	STIPULATION
HLL10A	0.30	\$136.37	\$40.91	03/15/2007	35	TELEPHONE CALLS
HLL10A	1.10	\$136.37	\$150.01	03/15/2007	47	TRIAL PREPARATION



Time Tracking System Itemized Cost by Complaint

Complaint 200328432

Report Date: 04/11/2008

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Staff Code	Activity Hours	Staff Rate	Cost	Activity Date	Activity Code	Activity Description
HLL10A	0.30	\$118.58	\$35.57	03/15/2007	64	LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF.
HLL10A	0.20	\$136.37	\$27.27	03/16/2007	35	TELEPHONE CALLS
HLL10A	1.30	\$136.37	\$177.28	03/16/2007	47	TRIAL PREPARATION
HLL10A	0.30	\$136.37	\$40.91	03/22/2007	91	BOARD MEETING PREPARATION
HLL10A	0.30	\$136.37	\$40.91	04/11/2007	35	TELEPHONE CALLS
HLL10A	0.20	\$136.37	\$27.27	04/11/2007	91	BOARD MEETING PREPARATION
HLL10A	0.20	\$136.37	\$27.27	05/07/2007	36	PREPARATION OR REVISION OF LETTER
HLL10A	0.30	\$136.37	\$40.91	05/10/2007	91	BOARD MEETING PREPARATION
HLL10A	0.30	\$136.37	\$40.91	07/02/2007	36	PREPARATION OR REVISION OF LETTER
HLL10A	0.10	\$136.37	\$13.64	07/02/2007	37	REVIEW LETTER
HLL10A	0.40	\$136.37	\$54.55	07/24/2007	36	PREPARATION OR REVISION OF LETTER
HLL10A	0.60	\$136.37	\$81.82	07/24/2007	40	PREPARATION OF OR REVISION OF A PLEADING
HLL10A	0.40	\$136.37	\$54.55	07/30/2007	36	PREPARATION OR REVISION OF LETTER
HLL10A	0.50	\$136.37	\$68.19	08/15/2007	35	TELEPHONE CALLS
HLL10A	0.20	\$136.37	\$27.27	08/15/2007	36	PREPARATION OR REVISION OF LETTER
HLL10A	0.20	\$114.89	\$22.98	09/19/2007	36	PREPARATION OR REVISION OF LETTER
HLL10A	0.20	\$114.89	\$22.98	09/19/2007	37	REVIEW LETTER
HLL10A	0.20	\$114.89	\$22.98	09/19/2007	64	LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF.
HLL10A	0.70	\$91.00	\$63.70	10/02/2007	40	PREPARATION OF OR REVISION OF A PLEADING
HLL10A	0.20	\$91.00	\$18.20	10/02/2007	36	PREPARATION OR REVISION OF LETTER
HLL10A	0.40	\$114.89	\$45.96	10/03/2007	41	REVIEW PLEADING
HLL10A	0.70	\$114.89	\$80.42	10/15/2007	47	TRIAL PREPARATION
HLL10A	0.30	\$114.89	\$34.47	10/16/2007	47	TRIAL PREPARATION
HLL10A	0.50	\$91.00	\$45.50	10/19/2007	47	TRIAL PREPARATION
HLL10A	0.30	\$91.00	\$27.30	10/19/2007	36	PREPARATION OR REVISION OF LETTER
HLL10A	0.30	\$91.00	\$27.30	10/25/2007	40	PREPARATION OF OR REVISION OF A PLEADING
HLL10A	0.20	\$91.00	\$18.20	10/25/2007	36	PREPARATION OR REVISION OF LETTER
HLL10A	0.20	\$91.00	\$18.20	11/01/2007	41	REVIEW PLEADING
HLL10A	0.90	\$91.00	\$81.90	11/01/2007	43	PREPARE FOR DEPOSITION
HLL10A	0.30	\$91.00	\$27.30	11/09/2007	43	PREPARE FOR DEPOSITION
HLL10A	0.20	\$91.00	\$18.20	11/09/2007	36	PREPARATION OR REVISION OF LETTER
HLL10A	0.40	\$91.00	\$36.40	11/13/2007	43	PREPARE FOR DEPOSITION
HLL10A	0.20	\$91.00	\$18.20	11/13/2007	36	PREPARATION OR REVISION OF LETTER

Florida Department of Health

-- FOR INTERNAL USE ONLY --

Itemized cost



**Time Tracking System
Itemized Cost by Complaint**

Complaint 200328432

Report Date: 04/11/2008

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Staff Code	Activity Hours	Staff Rate	Cost	Activity Date	Activity Code	Activity Description
HLL10A	0.20	\$91.00	\$18.20	11/13/2007	35	TELEPHONE CALLS
HLL10A	4.50	\$111.56	\$502.02	11/13/2007	58	TRAVEL TIME
HLL10A	2.50	\$91.00	\$227.50	11/14/2007	44	DEPOSITIONS
HLL10A	5.00	\$111.56	\$557.80	11/14/2007	58	TRAVEL TIME
HLL10A	0.30	\$91.00	\$27.30	11/15/2007	41	REVIEW PLEADING
HLL10A	0.40	\$91.00	\$36.40	11/26/2007	64	LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF.
HLL10A	0.30	\$91.00	\$27.30	11/27/2007	64	LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF.
HL58B	0.30	\$91.00	\$27.30	11/27/2007	64	LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF.
HLL10A	0.40	\$91.00	\$36.40	11/27/2007	64	LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF.
HLL10A	0.50	\$91.00	\$45.50	11/27/2007	36	PREPARATION OR REVISION OF LETTER
HLL10A	0.50	\$91.00	\$45.50	11/28/2007	47	TRIAL PREPARATION
HLL10A	0.60	\$91.00	\$54.60	12/04/2007	47	TRIAL PREPARATION
HLL10A	1.70	\$91.00	\$154.70	12/05/2007	47	TRIAL PREPARATION
HLL10A	0.80	\$91.00	\$72.80	12/06/2007	47	TRIAL PREPARATION
HLL10A	1.20	\$91.00	\$109.20	12/10/2007	47	TRIAL PREPARATION
HLL10A	0.20	\$91.00	\$18.20	12/17/2007	35	TELEPHONE CALLS
HLL10A	0.20	\$91.00	\$18.20	12/17/2007	47	TRIAL PREPARATION
HLL10A	0.20	\$91.00	\$18.20	12/17/2007	36	PREPARATION OR REVISION OF LETTER
HLL10A	0.40	\$91.00	\$36.40	12/27/2007	49	REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER
HLL10A	0.40	\$111.56	\$44.62	12/28/2007	36	PREPARATION OR REVISION OF LETTER
HLL10A	0.30	\$111.56	\$33.47	12/28/2007	36	PREPARATION OR REVISION OF LETTER
HLL10A	0.50	\$111.56	\$55.78	12/28/2007	40	PREPARATION OF OR REVISION OF A PLEADING
HLL10A	0.80	\$111.56	\$89.25	12/28/2007	47	TRIAL PREPARATION
HLL10A	0.30	\$111.56	\$33.47	12/28/2007	35	TELEPHONE CALLS
HLL10A	0.20	\$111.56	\$22.31	01/03/2008	36	PREPARATION OR REVISION OF LETTER
HLL10A	0.60	\$111.56	\$66.94	01/03/2008	47	TRIAL PREPARATION
HLL10A	2.40	\$111.56	\$267.74	01/03/2008	49	REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER
HLL10A	1.60	\$111.56	\$178.50	01/04/2008	47	TRIAL PREPARATION
HLL10A	0.30	\$111.56	\$33.47	01/04/2008	46	LEGAL RESEARCH
HLL10A	0.70	\$111.56	\$78.09	01/10/2008	47	TRIAL PREPARATION
HLL10A	0.30	\$111.56	\$33.47	01/10/2008	35	TELEPHONE CALLS
HLL10A	1.50	\$111.56	\$167.34	01/11/2008	47	TRIAL PREPARATION
HLL10A	5.00	\$111.56	\$557.80	01/13/2008	58	TRAVEL TIME
HLL10A	1.00	\$111.56	\$111.56	01/13/2008	47	TRIAL PREPARATION

**Time Tracking System
Itemized Cost by Complaint**

Complaint 200328432

Report Date: 04/11/2008

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Staff Code	Activity Hours	Staff Rate	Cost	Activity Date	Activity Code	Activity Description
HLL10A	2.70	\$111.56	\$301.21	01/14/2008	48	FORMAL HEARING
HLL10A	4.30	\$111.56	\$479.71	01/14/2008	58	TRAVEL TIME
HLL10A	1.80	\$111.56	\$200.81	02/04/2008	49	REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER
HLL10A	1.40	\$111.56	\$156.18	02/06/2008	49	REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER
HLL10A	1.00	\$111.56	\$111.56	02/14/2008	49	REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER
HLL10A	0.60	\$111.56	\$66.94	02/15/2008	49	REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER
HLL10A	0.40	\$111.56	\$44.62	03/13/2008	41	REVIEW PLEADING
HLL10A	0.20	\$111.56	\$22.31	03/13/2008	91	BOARD MEETING PREPARATION
Sub Total	91.50		\$10,687.81			

Total Cost \$13,586.98

Time Tracking System
Itemized Expense by Complaint
 Complaint 200328432

Report Date: 04/11/2008

Staff Code	Expense Date	Expense Amount	Expense Code	Expense Code Description
INVESTIGATIVE SERVICES UNIT				
M1149	02/20/2004	\$168.55	497010	OTHER CURRENT CHARGES - INVESTIGATIVE EVIDENCE
		SubTotal		
		\$168.55		

PROSECUTION SERVICES UNIT				
Staff Code	Expense Date	Expense Amount	Expense Code	Expense Code Description
HLL10A	03/19/2007	\$127.51	131400	COURT REPORTING
HLL10A	12/03/2007	\$177.75	131400	COURT REPORTING
HLL10A	11/14/2007	\$68.75	131400	COURT REPORTING
HLL10A	02/05/2008	\$256.66	131400	COURT REPORTING
HL34B	08/02/2004	\$675.00	131630	EXPERT WITNESS
HL34B	02/25/2005	\$750.00	131630	EXPERT WITNESS
HL34B	03/21/2007	\$1,625.00	131630	EXPERT WITNESS
HL34B	11/19/2007	\$1,520.00	131630	EXPERT WITNESS
HL34B	03/19/2007	\$222.80	261010	TRAVEL - EMOLOYEE - IN FLA
HLL10A	11/14/2007	\$380.65	261010	TRAVEL - EMOLOYEE - IN FLA
HLL10A	01/15/2008	\$888.41	261010	TRAVEL - EMOLOYEE - IN FLA
		SubTotal		
		\$6,692.53		
		Total Expenses		
		\$6,861.08		

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2003-28432

JOSE SUAREZ-DIAZ, M.D.,

RESPONDENT.

AMENDED ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Medicine against the Respondent, Jose Suarez-Diaz, M.D., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 458, Florida Statutes.
2. Respondent's address of record is 8340 S.W. 62nd Avenue, Miami, Florida 33143.
3. Respondent is board certified in Anesthesiology.

00127.11

4. At all times material to this complaint, Respondent was a licensed physician within the State of Florida, having been issued license number 14791.
5. On or about October 28, 2003, Patient J.C., a forty-nine (49) year-old male, was admitted to Mercy Hospital in Miami, Florida with a diagnosis of possible appendicitis.
6. Patient J.C. underwent a chest x-ray which revealed moderate cardiomegaly and an EKG which revealed left ventricular hypertrophy.
7. In the pre-anesthesia evaluation, Respondent documented Patient J.C.'s history of a heart attack in 1998, pneumonia two months prior to admission and chronic obstructive pulmonary disease.
8. At approximately 11:30 p.m. of the same day, Patient J.C. was anesthetized for the purpose of undergoing an emergency appendectomy.
9. At approximately 12:35 a.m., on or about October 29, 2003, Patient J.C. was extubated and transferred from the operating room table to the stretcher. He developed respiratory difficulty, became dusky and pulseless.
10. Respondent did not maintain adequate records of the cardio-respiratory status prior to and after extubation. The existing medical

records indicate intra-operative difficulties with oxygenation while the patient was on high levels of oxygen suggesting that the patient might fail extubation. Under such circumstances, continued monitoring after extubation and during transfer was warranted.

11. At approximately 12:45 a.m., Patient J.C. was re-intubated and a code was called. Cardiac massage and defibrillation were performed.

12. Subsequently, Patient J.C. was admitted to the Intensive Care Unit where an echocardiogram was performed. The echocardiogram revealed a dilated cardiomyopathy with a left ventricular ejection fraction of 18%, severe left ventricular dysfunction, mild tricuspid sclerosis and mild atrial dilatation.

13. An EEG was also performed which revealed anoxic brain injury.

~~14. On or about November 10, 2003, Patient J.C. was extubated at the request of his family secondary to his poor prognosis.~~

~~15. Patient J.C. expired on or about November 18, 2003.~~

~~16. Respondent failed to maintain adequate cardiac, neuromuscular monitoring or pulse oximetry prior to and after extubation and during the transfer of Patient J.C. from the operating room table to the stretcher.~~

17. Respondent failed to maintain adequate medical records in that much of his records for Patient J.C. are illegible, dosages of paralytic and reversal medications are not appropriately recorded, and oxygen saturations and vital signs are not recorded frequently enough.

COUNT I

18. Petitioner realleges and incorporates paragraphs one (1) through seventeen (17) as if fully set forth herein.

19. Section 458.331(1)(t), Florida Statutes (2003), provides that failing to practice medicine with that level of care, skill, and treatment which is recognized by a reasonably prudent similar physician as being acceptable under similar conditions and circumstances constitutes grounds for disciplinary action by the Board of Medicine.

20. Respondent failed to practice medicine with that level of care, skill, and treatment, which is recognized by a reasonably prudent similar physician as being acceptable under similar conditions and circumstances in one or more of the following ways: (a) By failing to maintain adequate monitoring prior to and immediately after extubation despite intra-operative indications of oxygenation difficulty; (b) By failing to maintain adequate medical records in that much of his records for Patient J.C. are

illegible, dosages of paralytic and reversal medications are not appropriately recorded, and oxygen saturations and vital signs are not recorded frequently enough.

21. Based on the foregoing, Respondent has violated Section 458.331(1)(t), Florida Statutes (2003), by failing to practice medicine with that level of care, skill, and treatment which is recognized by a reasonably prudent similar physician as being acceptable under similar conditions and circumstances.

COUNT II

22. Petitioner realleges and incorporates paragraphs one (1) through seventeen (17) as if fully set forth herein.

23. Section 458.331(1)(m), Florida Statutes (2003), provides that ~~failing to keep legible medical records that justify the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations and hospitalizations, constitutes grounds for disciplinary action by the Board of Medicine.~~

~~24. Respondent failed to keep legible medical records justifying the course of treatment in one or more of the following ways: (a) by preparing~~

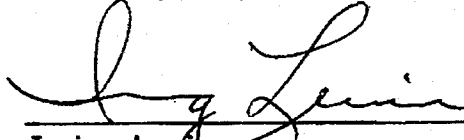
illegible records; (b) by failing to adequately document the dosages of medications prescribed to Patient J.C., including neuromuscular reversal agents; (c) by not recording the oxygen saturations, neuromuscular monitoring, and vital signs frequently enough.

25. Based on the foregoing, Respondent violated Section 458.331(1)(m), Florida Statutes (2003), by failing to keep legible medical records that justify the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations and hospitalizations.

~~WHEREFORE, the Petitioner respectfully requests that the Board of Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.~~

SIGNED this 29th day of November, 2006.

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary, Department of Health



By: Irving Levine
Assistant General Counsel
DOH-Prosecution Services Unit
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FILED

DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK: *Alia Staffer*
DATE: 11/29/06

PCP: July 28, 2006

PCP Members: El-Bahri, Tucker, Long

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.