

FILED DATE JUN 25 2014

Department of Health

By: [Signature]
Deputy Agency Clerk

STATE OF FLORIDA
BOARD OF MEDICINE

FILED

DEPARTMENT OF HEALTH,

Petitioner,

2014 JUL 1 AM 11 40

vs.

DIVISION OF
ADMINISTRATIVE
HEARINGS

DOH CASE NO.: 2011-11189
DOAH CASE NO.: 13-4280PL
LICENSE NO.: ME0074815

PETER V. CHOY, 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 August 2, 2013, in Deerfield Beach, Florida, for the purpose of considering the Administrative Law Judge's Recommended Order, Exceptions to the Recommended Order, and Response to Exceptions to the Recommended Order (copies of which are attached hereto as Exhibits A, B, and C, respectively) in the above-styled cause. Petitioner was represented by Shaffer Claridge, Assistant General Counsel. Respondent was represented by Amy W. Schrader, Esquire, and Tim Cerio, 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.

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK *Angel Sanders*
DATE NOV 01 2013

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,
Petitioner,

v.

DOH Case No. 2011-11189

PETER V. CHOY, M.D.,
Respondent.

SECOND AMENDED ADMINISTRATIVE COMPLAINT

The Department of Health ("Department") files this Second Amended Administrative Complaint against Respondent Peter V. Choy, M.D., and alleges:

1. The Department is the state agency charged with regulating the practice of medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 458, Florida Statutes.
2. At all times material to this Complaint, Respondent was a licensed physician within the State of Florida, having been issued license number ME 74815.
3. Respondent's address of record is 3661 South Miami Avenue, Suite 606, Miami, Florida 33133.

Facts Specific to Patient TG

4. On or about May 13, 2008, Patient TG, who was then a seventy-nine (79) year old female, presented to Respondent with complaints of left lower quadrant pain. Following this visit, Respondent scheduled TG for a computed tomography scan ("CT scan") of her abdomen and pelvis.

5. TG underwent the CT scan of her abdomen and pelvis on or about June 17, 2008. The report of the scan indicated that there was a "large lobulated malignant tumor mass in the tail of the pancreas." This report was received in Respondent's office on or about June 19, 2008.

6. Respondent saw TG again during visits that occurred on June 30, 2008, September 3, 2008, January 19, 2009, February 11, 2010, and March 31, 2010. During these visits, Respondent did not provide TG with any further evaluation or referral for the tumor mass revealed by the CT scan performed in June 2008. Respondent also failed to make any note regarding the tumor mass in TG's medical record for these visits.

7. On or about June 24, 2010, TG was seen by Respondent for a follow-up appointment. During this visit, TG complained of abdominal pain and abnormal weight loss.

8. In an addendum to the June 24, 2010, visit that is dated June 29, 2010, Respondent noted that he referred TG to Dr. L.V., a hematologist, to be evaluated for possible thrombocytopenia, a condition that causes an abnormal decrease in blood platelets.

9. Dr. L.V. saw TG on July 1, 2010. In a letter to Respondent that he prepared on the same day, Dr. L.V. advised Respondent that laboratory data for TG was suggestive of chronic liver disease. Dr. L.V. recommended that Respondent perform additional tests on TG.

10. On or about July 7, 2010, TG returned to Respondent for a follow-up visit. During this visit, Respondent noted Dr. L.V.'s recommendation and further noted that TG had a "possible malignancy."

11. On July 13, 2010, Respondent issued a prescription for another CT scan of TG's abdomen and pelvis.

12. On or about July 15, 2010, TG underwent the second CT scan ordered by Respondent. A report of the results of this CT scan was delivered to Respondent's office on or about July 16, 2010. The report indicated TG had "a large mass at the level of the pancreatic tail."

13. On or about July 19, 2010, Respondent admitted TG to Mercy Hospital. At Mercy, TG underwent a liver biopsy and ultrasound-guided paracentesis, which revealed a "metastatic tumor of pancreatic origin."

14. In August 2010, TG passed away due to liver disease and acute renal failure.

Facts Specific to Respondent's Alteration of Medical Records

15. In July 2010, TG's family obtained a copy of TG's electronic medical records from Respondent. These records were printed from Respondent's office computer system on July 27, 2010.

16. In August 2011, the Department received a second copy of TG's electronic medical records from Respondent. These medical records were printed from Respondent's office computer system on July 27, 2011.

17. In August 2013, the Department obtained a third set of TG's electronic medical records from Respondent's computer system with the assistance of a forensic computer expert.

18. A comparison of TG's medical records obtained from Respondent in July 2010, August 2011 and August 2013 indicate that in July 2011, approximately one year after TG's death, Respondent altered TG's medical records for visits that occurred on June 30, 2008, September

3, 2008, January 19, 2009, and March 31, 2010. In particular, Respondent added and deleted notes from the medical records to indicate, among other things, that he: (a) advised TG that she might have cancer of the pancreas in 2008; (b) referred TG for a gastrointestinal evaluation due to possible malignancy of her pancreas in 2008; and (c) advised TG that the results of her June 17, 2008, CT scan were abnormal in 2008.

19. Respondent made these alterations to TG's medical records without including any note in the records identifying the alterations, the dates of the alterations or the times of the alterations.

Facts Specific to Respondent's Misrepresentation or Concealment of Facts and Interference with the Department's Investigation

20. After the Department commenced its investigation in this matter, Respondent provided written statements to the Department misrepresenting or concealing material facts regarding his entries to TG's medical records for visits that occurred on June 30, 2008, and September 3, 2008.

21. In or about May 2013, the Department obtained copies of claims Respondent submitted to the Federal Medicare Program in connection with services he allegedly provided to TG.

22. In one claim, Respondent alleged he provided services to TG in his office on July 19, 2010. TG did not receive services at Respondent's office on July 19, 2010.

Count I - § 458.331(1)(k)

23. The Department realleges paragraphs 1 through 22 above as if fully set forth herein.

24. Section 458.331(1)(k), Florida Statutes (2008-2010), provides that making deceptive, untrue, or fraudulent representations in or related to the practice of medicine or employing a trick or scheme in the practice of medicine is grounds for disciplinary action by the Board.

25. Respondent made deceptive, untrue, or fraudulent representations in or related to the practice of medicine or employed a trick or scheme in the practice of medicine in one or more of the following ways:

- a) by improperly altering TG's medical records;
- b) by failing to disclose each of the alterations to the Department during the course of the Department's investigation;
- c) by deleting entries to TG's medical records that accurately reflected his diagnosis, evaluation or treatment of the patient at the time;

- d) by making alterations to TG's medical records that misrepresented his diagnosis, evaluation or treatment of the patient;
- e) by making entries to TG's medical records that misrepresented his diagnosis, evaluation or treatment of the patient; or
- f) by submitting a claim to Medicare for services he did not actually provide.

26. Based on the foregoing, Respondent has violated Section 458.331(1)(k), Florida Statutes (2008-2010).

Count Two - § 458.331(1)(m)

27. The Department realleges and incorporates paragraphs 1 through 22 above as if fully set forth herein.

28. Section 458.331(1)(m), Florida Statutes (2008-2010), provides that failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed physician or the physician extender and supervising physician by name and professional title who is or are responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and 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.

29. Rule 64B8-9.003, Florida Administrative Code, provides, in relevant part, that:

(2) A licensed physician shall maintain patient medical records in English, in a legible manner and with sufficient detail to clearly demonstrate why the course of treatment was undertaken.

(3) The medical record shall contain sufficient information to identify the patient, support the diagnosis, justify the treatment and document the course and results of treatment accurately, by including, at a minimum, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; reports of consultations and hospitalizations; and copies of records or reports or other documentation obtained from other health care practitioners at the request of the physician and relied upon by the physician in determining the appropriate treatment of the patient.

(4) All entries made into the medical records shall be accurately dated and timed. Late entries are permitted, but must be clearly and accurately noted as late entries and dated and timed accurately when they are entered into the record. However, office records do not need to be timed, just dated.

30. Respondent failed to keep appropriate medical records with respect to TG in one or more of the following ways:

- a) by making improper late entries in the patient's medical record;
- b) by making improper alterations to the patient's medical record;

- c) by failing to document information supporting his diagnosis or evaluation of the patient;
- d) by failing to document information justifying his treatment of the patient;
- e) by failing to accurately document the course of treatment of the patient;
- f) by failing to accurately document the results of tests performed on the patient; or
- g) by making entries to TG's medical records that misrepresented his diagnosis, evaluation or treatment of the patient.

31. Based on the foregoing, Respondent has violated Section 458.331(1)(m), Florida Statutes (2008-2010).

Count Three - § 458.331(1)(t)1

32. The Department realleges paragraphs 1 through 22 above as if fully set forth herein.

33. Section 458.331(1)(t)1, Florida Statutes (2008-2010), subjects a physician to discipline for committing medical malpractice as defined in Section 456.50, Florida Statutes. Section 456.50 defines medical malpractice as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure.

34. Respondent fell below the minimum acceptable standard of care in his treatment of TG in one or more of the following ways:

- a) by failing to timely evaluate, diagnose or treat TG after receiving the results of the June 17, 2008, CT scan;
- b) by failing to timely refer TG to other practitioners for further evaluation, diagnosis or treatment after receiving the results of the June 17, 2008, CT scan; or
- c) by failing to timely disclose the results of the June 17, 2008, CT scan to TG.

35. Based on the foregoing, Respondent violated Section 458.331(1)(t)1, Florida Statutes (2008-2010).

Count Four - § 458.331(1)(gg)

36. The Department realleges paragraphs 1 through 22 above as if fully set forth herein.

37. Section 458.331(1)(gg), Florida Statutes (2008-2010), subjects a physician to discipline for misrepresenting or concealing a material fact at any time during any phase of a licensing or disciplinary process or procedure.

38. During the course of the Department's investigation of this matter, Respondent misrepresented or concealed alterations he made to TG's medical records.

39. Based on the foregoing, Respondent violated Section 458.331(1)(gg), Florida Statutes.

Count Five - § 458.331(1)(hh)

40. The Department realleges paragraphs 1 through 22 above as if fully set forth herein.

41. Section 458.331(1)(hh), Florida Statutes (2008-2010), subjects a physician to discipline for improperly interfering with an investigation or with any disciplinary proceeding.

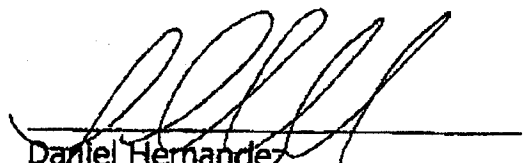
42. During the course of the Department's investigation of this matter, Respondent misrepresented or concealed alterations he made to TG's medical records.

43. Based on the foregoing, Respondent violated Section 458.331(1)(hh), Florida Statutes.

WHEREFORE, Petitioner Department of Health respectfully requests 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 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 8th day of October, 2013.



Daniel Hernandez
Deputy General Counsel
Florida Bar Number 176834
Florida Department of Health
Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, FL 32399-3265
(850) 245-4956
(850) 245-4662 Fax

RULING ON EXCEPTIONS

The Board reviewed and considered the Respondent's Exceptions to the Recommended Order and ruled as follows:

1. Respondent's exception number 1 to paragraph 9 of the findings of fact is denied based upon competent substantial evidence in the record and the written and oral responses of the Petitioner.

2. Respondent's exception number 2 to paragraph 10 of the findings of fact is denied based upon competent substantial evidence in the record and the written and oral responses of the Petitioner.

3. Respondent's exception number 3 to paragraph 11 of the findings of fact is denied based upon competent substantial evidence in the record and the written and oral responses of the Petitioner.

4. Respondent's exception number 4 to paragraph 13 of the findings of fact is denied based upon competent substantial evidence in the record and the written and oral responses of the Petitioner.

5. Respondent's exception number 5 to paragraph 14 of the findings of fact is denied based upon competent substantial evidence in the record and the written and oral responses of the Petitioner.

6. Respondent's exception number 6 to paragraph 15 of the findings of fact is denied based upon competent substantial evidence in the record and the written and oral responses of the Petitioner.

7. Respondent's exception number 7 to paragraph 19 of the findings of fact is denied based upon competent substantial evidence in the record and the written and oral responses of the Petitioner.

8. Respondent's exception number 8 to paragraph 27 of the findings of fact is denied based upon competent substantial evidence in the record and the written and oral responses of the Petitioner.

9. Respondent's exception number 9 to paragraph 27 of the findings of fact is denied based upon competent substantial evidence in the record and the written and oral responses of the Petitioner.

10. Respondent's exception number 10 to paragraph 29 of the findings of fact is denied based upon competent substantial evidence in the record and the written and oral responses of the Petitioner.

11. Respondent's exception number 11 to paragraph 29 of the findings of fact is denied based upon competent substantial

evidence in the record and the written and oral responses of the Petitioner.

12. Respondent's exception number 12 to paragraph 31 of the findings of fact is denied based upon competent substantial evidence in the record and the written and oral responses of the Petitioner.

13. Respondent's exception number 13 to paragraph 31 of the findings of fact is denied based upon competent substantial evidence in the record and the written and oral responses of the Petitioner.

14. Respondent's exception number 14 to paragraph 32 of the findings of fact is denied based upon competent substantial evidence in the record and the written and oral responses of the Petitioner.

15. Respondent's exception number 15 to paragraph 33 of the findings of fact is denied based upon competent substantial evidence in the record and the written and oral responses of the Petitioner.

16. Respondent's exception number 16 to paragraph 37 of the findings of fact is denied based upon competent substantial evidence in the record and the written and oral responses of the Petitioner.

17. Respondent's exception number 17 to paragraph 39 of the findings of fact is denied based upon competent substantial

evidence in the record and the written and oral responses of the Petitioner.

18. Respondent's exception number 18 to paragraph 39 of the findings of fact is denied based upon competent substantial evidence in the record and the written and oral responses of the Petitioner.

19. Respondent's exception number 19 to paragraph 41 of the findings of fact is denied based upon competent substantial evidence in the record and the written and oral responses of the Petitioner.

20. Respondent's exception number 20 to paragraph 42 of the findings of fact is denied based upon competent substantial evidence in the record and the written and oral responses of the Petitioner.

21. Respondent's exception number 21 to paragraph 43 of the findings of fact is denied based upon competent substantial evidence in the record and the oral and written responses of the Petitioner.

22. Respondent's exception number 22 to paragraph 50 of the conclusions of law is denied based upon competent substantial evidence in the record and the written and oral responses of the Petitioner.

23. Respondent's exception number 23 to paragraph 51 of the conclusions of law is denied based upon competent substantial evidence in the record and the written and oral responses of the Petitioner.

24. Respondent's exception number 24 to paragraph 51 of the conclusions of law is denied based upon competent substantial evidence in the record and the written and oral responses of the Petitioner.

25. Respondent's exception number 25 to paragraph 57 of the conclusions of law is denied based upon competent substantial evidence in the record and the written and oral responses of the Petitioner.

26. Respondent's exception number 26 to paragraph 58 of the Administrative Law Judge's recommended penalty is denied based upon competent substantial evidence in the record and the oral and written responses of the Petitioner.

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 REJECTED. The Board finds that the Respondent's 40 years of medical practice without a medical malpractice claim constitutes mitigation that would justify a penalty less than the revocation of licensure recommended by the Administrative Law Judge.

WHEREFORE, IT IS HEREBY ORDERED AND ADJUDGED:

1. Respondent shall pay an administrative fine in the amount of \$35,000.00 to the Board within 30 days from the date the Final Order is filed. Said fine shall be paid by money order or cashier's check.

2. Respondent shall document completion of the medical records course sponsored by the Florida Medical Association (FMA) within one year from the date the Final Order is filed.

3. Respondent shall document completion of the Laws and Rules course sponsored by the Florida Medical Association (FMA) within one year from the date the Final Order is filed.

4. Respondent shall document completion of the medical ethics course sponsored by the Florida Medical Association (FMA) within one year from the date the Final Order is filed.

5. Respondent shall submit to a Quality Assurance review of his medical practice to be performed by a licensed risk manager and provide the Board's Probation Committee with the quality assurance report within one year from the date the Final Order is filed. In addition, the Respondent shall comply with any and all recommendations made by the risk manager and shall document compliance with said recommendations by submitting a follow-up report completed by the licensed risk manager that verifies Respondent's compliance with all prior recommendations. The follow-up report shall be filed with the Board's Probation Committee within 30 days from the date of submission of the quality assurance report.

6. Respondent's license to practice medicine in the State of Florida is hereby **SUSPENDED** for a period of six (6) months.

7. Following the period of suspension, Respondent shall be placed on probation for a period of five (5) years subject to the following terms and conditions:

a. Respondent shall appear before the Board's Probation Committee at the first meeting after said probation commences, at the last meeting of the Probation Committee preceding termination of probation, triannually, and at such other times requested by the Committee. Respondent shall be noticed by Board staff of the date, time and place of the Board's Probation Committee whereat Respondent's appearance is required. Failure of the Respondent to appear as requested or directed shall be considered a violation of the terms of probation, and shall subject the Respondent to disciplinary action. Unless otherwise provided in the Final Order, appearances at the Probation Committee shall be made triannually.

b. Respondent shall not practice except under the indirect supervision of a **BOARD CERTIFIED** physician fully licensed under Chapter 458 to be approved by the Board's Probation Committee. Absent provision for and compliance with the terms regarding temporary approval of a monitoring physician set forth below, Respondent shall cease practice and not practice until the Probationer's Committee approves a monitoring physician. Respondent shall have the monitoring physician present at the first probation appearance before the Probation Committee. Prior to approval of the monitoring physician by the committee, the Respondent shall provide to the monitoring physician a copy

of the Administrative Complaint and Final Order filed in this case. A failure of the Respondent or the monitoring physician to appear at the scheduled probation meeting shall constitute a violation of the Board's Final Order. Prior to the approval of the monitoring physician by the Committee, Respondent shall submit to the committee a current curriculum vitae and description of the current practice of the proposed monitoring physician. Said materials shall be received in the Board office no later than fourteen days before the Respondent's first scheduled probation appearance. The attached definition of a monitoring physician is incorporated herein. The responsibilities of a monitoring physician shall include:

(1) Submit triannual reports, in affidavit form, which shall include:

- A. Brief statement of why physician is on probation.
- B. Description of probationer's practice.
- C. Brief statement of probationer's compliance with terms of probation.
- D. Brief description of probationer's relationship with monitoring physician.
- E. Detail any problems which may have arisen with probationer.

(2) Be available for consultation with Respondent whenever necessary, at a frequency of at least once per month.

(3) For the first 2 years of the probationary period, the monitoring physician shall review 25% of Respondent's patient records selected on a random basis at least once every month. In order to comply with this responsibility of random review, the monitoring physician shall go to Respondent's office once every month. At that time, the monitoring physician shall be responsible for making the random selection of the records to be reviewed by the monitoring physician. No review of Respondent's patient records is required during the final 3 years of the probationary period.

(4) Report to the Board any violations by the probationer of Chapter 456 and 458, Florida Statutes, and the rules promulgated pursuant thereto.

c. In view of the need for ongoing and continuous monitoring or supervision, Respondent shall also submit the curriculum vitae and name of an alternate supervising/monitoring physician who shall be approved by Probation Committee. Such physician shall be licensed pursuant to Chapter 458, Florida Statutes, and shall have the same duties and responsibilities as specified for Respondent's monitoring/supervising physician during those periods of time which Respondent's monitoring/supervising

physician is temporarily unable to provide supervision. Prior to practicing under the indirect supervision of the alternate monitoring physician or the direct supervision of the alternate supervising physician, Respondent shall so advise the Board in writing. Respondent shall further advise the Board in writing of the period of time during which Respondent shall practice under the supervision of the alternate monitoring/supervising physician. Respondent shall not practice unless Respondent is under the supervision of either the approved supervising/monitoring physician or the approved alternate.

d. CONTINUITY OF PRACTICE

(1) TOLLING PROVISIONS. In the event the Respondent leaves the State of Florida for a period of 30 days or more or otherwise does not or may not engage in the active practice of medicine in the State of Florida, then certain provisions of the requirements in the Final Order shall be tolled and shall remain in a tolled status until Respondent returns to the active practice of medicine in the State of Florida. **Respondent shall notify the Compliance Officer 10 days prior to his/her return to practice in the State of Florida.** Unless otherwise set forth in the Final Order, the following requirements and only the following

requirements shall be tolled until the Respondent returns to active practice:

A. The time period of probation shall be tolled.

B. The provisions regarding supervision whether direct or indirect by the monitor/supervisor, and required reports from the monitor/supervisor shall be tolled.

(2) ACTIVE PRACTICE. In the event that Respondent leaves the active practice of medicine for a period of one year or more, the Respondent may be required to appear before the Board and demonstrate the ability to practice medicine with reasonable skill and safety to patients prior to resuming the practice of medicine in the State of Florida.

RULING ON MOTION TO ASSESS COSTS

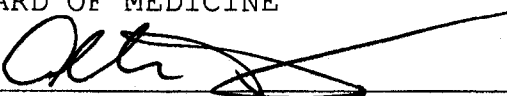
At the hearing in this matter the Petitioner requested that the ruling on the costs in this case be tabled. The Board agreed to table its ruling on the Motion to Assess Costs.

(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 24th day of June,

2014.

BOARD OF MEDICINE


Allison M. Dudley, J.D., Executive Director
For Bernardo Fernandez, M.D., Vice-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 PETER V. CHOY, M.D., 3661 South Miami Avenue, Suite 606, Miami, Florida 33133; to Amy W. Schrader, Esquire 301 South Bronough Street, Suite 600, Tallahassee, Florida 32302; to John G. Van Laningham, Administrative Law Judge, Division of Administrative Hearings, The DeSoto Building, 1230 Apalachee Parkway, Tallahassee, Florida 32399-3060; and by interoffice delivery to Doug Sunshine, Department of Health, 4052 Bald Cypress Way, Bin #C-

65, Tallahassee, Florida 32399-3253 this 25th day of

June, 2014.

Angel Sanders

Deputy Agency Clerk

Peter V. Choy

7013 1710 0002 1580 1348

Amy W. Schrader, Esq

7013 1710 0002 1580 1355