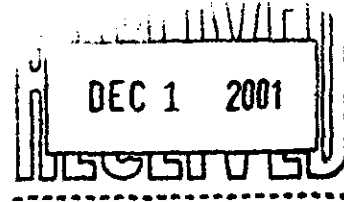


PROF. CODE- CITATION NO.  
5203 - 2001-07469  
DATE OF COMPLAINT  
06-13-01  
CASE NUMBER  
2001-07469



**AGENCY FOR HEALTH CARE ADMINISTRATION**  
**BOARD OF Clinical Social Work,**  
**Marriage/Family Therapy &**  
**Mental Health Counseling**

**UNIFORM DISCIPLINARY CITATION FILED**

ISSUED TO: Jeffery J. Aguilar, LMHC  
9904 Graymoor Place  
Tampa, FL 33626

DEPARTMENT OF HEALTH-  
DEPUTY CLERK  
CLERK *Vicki R. Kenon*  
DATE 1/9/02

LICENSE NUMBER(S): MH 4798

Pursuant to Section 456.077, Florida Statutes, formerly Section 455.617 (1997), the undersigned hereby certifies that he/she has probable cause to believe that on the 13<sup>th</sup> day of June, the person(s) whose name(s) appear above did violate the following provisions of law: 491.009(2)(a)(h)(q) f.s., By committing the following act(s): Failure to comply with continuing education audit.

Pursuant to Rule 64B4-5.007(3)(b) Florida Administrative Code, the Board/Agency has set the following penalty for violation of the aforesaid provision: \$500.00, plus \$99.00 in administrative costs. Total amount due = \$599.00

ISSUED this 26th day of September, 2001. RHONDA M. MEDOWS, MD, FAAFP, SECRETARY

By *Kimberly Moore* ID No. HA 11  
Kimberly Moore, Investigative Specialist I.

**IF YOU DO NOT DISPUTE THE CITATION WITHIN THIRTY (30) DAYS OF SERVICE, THE CITATION AUTOMATICALLY BECOMES A FINAL ORDER OF THE BOARD. IN ORDER TO DISPUTE THIS CITATION, YOU MUST DO SO IN WRITING TO THE AGENCY FOR HEALTH CARE ADMINISTRATION, Investigative and Consumer Services Unit, Post Office Box 14000, Tallahassee, FL 32317-1400, BY CERTIFIED MAIL, ENCLOSING A COPY OF THE CITATION.**

**NOTICE: YOU MAY ELECT TO HAVE THESE CHARGES PROSECUTED AS A DISCIPLINARY ACTION ACCORDING TO SEC. 456.073, FLORIDA STATUTES, FORMERLY 455.621 (1997) RATHER THAN ACCEPT THIS CITATION.**

In the event that you elect to have these charges prosecuted pursuant to s.456.073, Florida Statutes, formerly 455.621 (1997) the case will be presented to the appropriate probable cause panel or the agency for review. This will result in a finding of probable cause or no probable cause.

CHECK  (1) I CHOOSE TO PAY THE PENALTIES ON THE CITATION.  
ONE  (2) I CHOOSE NOT TO PAY THE CITATION, AND WISH TO HAVE THIS CASE PROSECUTED UNDER s. 456.073, FLORIDA STATUTES, FORMERLY 455.621 (1997).

Signed : \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE READ REVERSE SIDE OF THIS FORM**

## NOTICE

YOU HAVE A TOTAL OF SIXTY (60) DAYS FROM THE DATE THIS CITATION WAS SERVED UPON YOU TO PAY THE FINE AND COSTS SPECIFIED. THIS CITATION AUTOMATICALLY BECOMES A FINAL ORDER OF THE BOARD IF YOU DO NOT DISPUTE THE CITATION WITHIN THIRTY (30) DAYS OF THE DATE THIS CITATION WAS SERVED UPON YOU. AS A FINAL ORDER, THE FINE AND COSTS SHALL BE DUE TO THE BOARD WITHIN THIRTY (30) DAYS OF THE DATE OF THE FINAL ORDER. AFTER THIS CITATION HAS BECOME A FINAL ORDER, FAILURE TO PAY THE FINE AND COSTS SPECIFIED CONSTITUTES A VIOLATION OF A FINAL ORDER OF THE BOARD, AND MAY SUBJECT YOU TO FURTHER DISCIPLINARY ACTION. PAYMENT SHALL BE MADE TO THE DEPARTMENT OF HEALTH, HMQAMS/ CLIENT SERVICES UNIT P.O. BOX 6320 TALLAHASSEE, FL 32314-6320. PLEASE ATTACH A COPY OF THIS CITATION WITH YOUR PAYMENT.

### CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Citation has been served upon:

Jeffrey J. Aguilar, LMHC  
At: 9904 Graymoor Place  
Tampa, FL 33626

By Personal Service/U.S. Certified Mail, Restricted Delivery, this 17 day of October, 2001.

Signature  
Kimberly Moore  
A.H.C.A. REPRESENTATIVE

### NOTICE OF APPELLATE RIGHTS

This citation becomes a Final Order of the Board if you have not contested it within thirty (30) days of the date upon which the Citation was served upon you. If this Citation becomes a Final Order of the Board, you have the right to appeal to the District Court of Appeal in your area or to the First District Court of Appeal.

YOU ARE HEREBY NOTIFIED, pursuant to Section 120.59, Florida Statutes, and 120.68, Florida Statutes, that you may appeal the Final Order by filing one copy of a Notice of Appeal with the Clerk of the Department of Health, Central Records Unit, 4052 Bald Cypress Way, Bin #C01, Tallahassee, FL 32399-3251, and by filing one copy of the Notice of Appeal and the filing fee (\$ 250.00, pursuant to Sec. 35.22(3), Florida Statutes) with the District Court of Appeal within thirty (30) days of the effective date of the Final Order.