

POOR DOCUMENT

FILED

AGENCY FOR HEALTH CARE ADMINISTRATION  
DEPUTY CLERK

CLERK *Brandon L. Moore*  
DATE 2-22-95

FEB 23 1995  
RECEIVED  
BUREAU OF  
REVENUE

PROF. CODE CITATION NO.  
ME 94-14002  
DATE OF COMPLAINT  
August 17, 1994  
CASE NUMBER  
94-14002

AGENCY FOR HEALTH CARE ADMINISTRATION  
Medicine  
22.10795 3500.00  
II : 122466411 II TYPE: 3  
ST: 94020690 RC: 840520110  
01-015-83 3500.00

UNIFORM DISCIPLINARY CITATION

ISSUED TO Mark J. Zuckerman, M.D. D.B.A.  
57 Hillside Avenue

St. James, NY 11780

LICENSE NUMBER(S): ME 0005442

Pursuant to Section 455.224, Florida Statutes (1993), the undersigned hereby certifies that he/she has probable cause to believe that on the 11th day of May, 1994, the person(s) whose name(s) appear above did violate the following provisions of law: 455.331(1)(g) by committing the following act(s): Failing to comply with legal obligation. Subject failed to document all three of HIV/AIDS CME hours as required by provision agreed upon when subject was granted licensure.

Pursuant to Rule 61F-20.027(2)(a)2 (New 59B-9.017 (2)(a)1), Florida Administrative Code, the board/agency has set the following penalty for violation of the aforesaid provision: \$500.00 plus costs in the amount of \$500.00.

ISSUED this 9th day of January, 1995. GLAS M. CROW, EXECUTIVE DIRECTOR

By *Fabiana Leiva* 303 No. 11561

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, BY CERTIFIED MAIL, ENCLOSED A COPY OF THE CITATION.

NOTICE, YOU MAY ELECT TO HAVE THESE CHARGES PROSECUTED AS A DISCIPLINARY ACTION ACCORDING TO SEC. 455.225, FLORIDA STATUTES, RATHER THAN ACCEPT THIS CITATION. In the event that you elect to have these charges prosecuted pursuant to s.455.225, Florida Statutes, the case will be presented to the appropriate probable cause panel or the department for review. This will result in a finding of probable cause or no probable cause.

CHECK ONE:  (1) I CHOOSE TO PAY THE PENALTIES ON THE CITATION.  
 (2) I CHOOSE NOT TO PAY THE CITATION, AND WISH TO HAVE THIS CASE PROSECUTED UNDER s. 455.225 FL. STAT.

Signed *Mark J. Zuckerman, M.D.* Date Signed 2/4/95

## 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. ALL PAYMENTS SHALL BE MADE TO THE AGENCY FOR HEALTH CARE ADMINISTRATION, Bureau of Revenue, Northwood Centre, 1940 North Monroe Street, Tallahassee, Florida 32399-1006. **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: Mark J. Zuckerman, M.D.

217 Westside Avenue, St. James, NY 11780

by Personal Service U.S. Certified Mail, Restricted Delivery, this \_\_\_\_\_ day of \_\_\_\_\_

Signature

\_\_\_\_\_  
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 Agency for Health Care Administration, Northwood Centre, 1940