

Signed: Kale P. Kumar, M.D. Date Signed: 7/28/95

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.

NOTICE: YOU MAY ELECT TO HAVE THESE CHARGES PROSECUTED AS A DISCIPLINARY ACTION ACCORDING TO SEC. 455.25, FLORIDA STATUTES, RATHER THAN ACCEPT THIS CITATION. 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.

By Karen P. Watson, Investigation Specialist I ID No. HA41

ISSUED this 23rd day of June, 1995. DOUGLAS M. COOK, EXECUTIVE DIRECTOR

Pursuant to Rule 59R-8.017(3)(a)1, Florida Administrative Code, the Board/Agency has set the following penalty for violation of the aforesaid provision: \$500.00 and within six (6) months of the date the citation is issued, submit certified documentation of completion of all CME requirements for the period for which the citation was issued; prior to renewing the license for the next biennium, document compliance with the CME requirements for the relevant period; plus costs in the amount of \$0.00. Total amount due = \$500.00

at: Board of Medicine. 1/31/94
by committing the following act(s): Failure to document two (2) hours of HIV/AIDS CME for biennium 1/1/92-1/31/94
did violate the following provisions of law: 458.321, 458.331(1)(x), Florida Statutes,
has probable cause to believe that on the 13th day of January, 1994, the person(s) whose name(s) appear above Pursuant to Section 455.224, Florida Statutes (1991), the undersigned hereby certifies that he/she LICENSE NUMBER(S): ME 0052924

POOR DOCUMENT (888) 668-4111

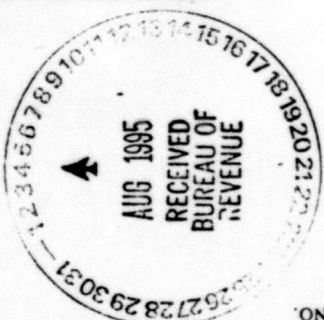
Bedford, NH 03110
62 Hitching Post Lane

ISSUED TO: Kale P. Kumar, M.D. D.B.A.

UNIFORM DISCIPLINARY CITATION

AGENCY FOR HEALTH CARE ADMINISTRATION BOARD OF MEDICINE
CLERK Brenda J. Moore DATE 8-18-95

DEPUTY CLERK
HEALTH CARE ADMINISTRATION
AGENCY FOR
FILED
95 AUG -9 AM 7:40
BPR CONSUMER SERVICES



ME: _____
DATE OF COMPLAINT: January 5, 1995
CASE NUMBER: 95-00389-
PAID 285

POOR DOCUMENT

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: Kala P. Kumar, M.D.

at: 62 Hitching Post Lane, Bedford, NH 03110,

by ~~Personal Service~~/U.S. Certified Mail, Restricted Delivery, this 18th day of July, 1995.

Signature

A.H.C.A. REPRESENTATIVE

Kala P. Kumar H A 41

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 North Monroe Street, Tallahassee, Florida 32399-0750, 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.