



Jeb Bush  
Governor

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK *Leather Coleman*  
DATE 11-10-04

John O. Agwunobi, M.D., M.B.A.  
Secretary

**UNIFORM NON-DISCIPLINARY CITATION  
BOARD OF MEDICINE**

Issued to: Ney Andujar  
5698 SW Union Terrace  
Pt. St. Lucie  
License Number: 80487

Citation Number: 200428045  
Case Number: 2004280451  
Date of Violation: January 31, 2004  
Profession: 1501

Pursuant to Section 458.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on December 12, 2003 the above referenced subject did violate the following provision(s) of law Section 458.331(1)(g), F.S. and 458.331(1)(nn), F.S. and Rule 64B8-8.017(3)5., F.A.C., by committing the following: **Documentation of some, but not all, of the 40CME hours required for license renewal. Subject was notified to submit documentation of compliance with the CME audit and had a deficiency of 36 hours of general credits.**

Pursuant to Rule 64B8-8.017(3)(a)1, Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: **\$50.00 for each hour plus costs in the amount of \$89.00.** Respondent must 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, Respondent must document compliance with the CME requirements for the relevant period.

**Total amount due \$1,889.00**

On behalf of: John O. Agwunobi M.D., M.B.A. Secretary  
ISSUED this 20<sup>th</sup> day of July, 2004

by: Sandy Condo  
Sandy Condo, Government Analyst I

RECEIVED  
OCT 07 2004  
CLIENT SERVICES

Received Date: 10/06/2004  
Deposit Date: 10/06/2004  
Deposit #: 187114  
Batch Number: 005071  
Validation #: 904037362  
Check Amount: \$1,889.00  
PRO\_GDE: 1501

If you do not dispute the citation within thirty (30) days of service, the citation will automatically be filed as a final order of the board but will not be considered disciplinary action against your license. If you accept this citation, it will be filed as a final order and total payment of fine and cost is due thirty (30) days from the date the citation is filed and becomes a final order. In order to dispute this citation you must do so in writing. Send the written dispute and a copy of the citation by certified mail to the following address:

Department of Health, Consumer Services Unit  
4052 Bald Cypress Way Bin C#75  
Tallahassee Florida 32399-3275

You may elect to have these charges prosecuted as a disciplinary action according to section 458.073 Florida Statutes, rather than accept this citation. In the event that you elect to have these charges prosecuted pursuant to section 458.073 Florida Statutes, the case will be presented to the appropriate probable cause panel or the Department for a determination of probable cause. Please understand that if you choose this option, any penalties imposed by the board will be counted as discipline.

**PLEASE CHECK ONE OF THE FOLLOWING AND SIGN:**

(1) I CHOOSE TO ACCEPT THE NON-DISCIPLINARY CITATION

(2) I CHOOSE NOT TO ACCEPT THE NON-DISCIPLINARY CITATION AND WISH TO HAVE THIS CASE PROSECUTED UNDER SECTION 458.073, FLORIDA STATUTES.

Signed: [Signature] Date: 9/30/04

**PLEASE READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM**

**IMPORTANT INFORMATION REGARDING  
COMPLIANCE WITH THIS NON-DISCIPLINARY CITATION**

This citation automatically becomes a final order of the board if you do not dispute the citation within thirty (30) days of the date the citation was served. All fines and costs are due thirty (30) days from the date the citation becomes a final order. Please attach a copy of the citation with your payment. Payment shall be mailed to the following address:

DOH/MQAMS/Client Services  
Post Office Box 6320  
Tallahassee, Florida 32314-6320

Any continuing education requirements shall be completed within the timeframe specified in the citation and proof of compliance documented with the Department of Health. Proof of completion must be mailed to:

DOH/HMQAMS/Client Services  
Compliance - Bin C01  
4052 Bald Cypress Way  
Tallahassee, Florida 32399-3251

After this citation becomes a final order, failure to pay the fine and costs specified and provide proof of required continuing education within the timeframe specified on this citation constitutes a violation of a final order of the board, and may subject you to disciplinary action and referral to a collection agency.

**CERTIFICATE OF SERVICE**

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

At: *St Pierre*

( ) By Personal Service (  ) U.S. Certified Mail, Restricted Delivery, this 15<sup>th</sup> day of Sept 2004

Signature

*Conde*

Department of Health Representative