



FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK *Heather Coleman*
DATE 9-14-04

Jeb Bush
Governor

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

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

Issued to: **Leon I. HAMMER, M.D.**
8620 NW 13th Street, #216
Gainesville, FL 32653
License No.: **ME 0088488**
Citation Number: **ME 2004-28488**
Case Number: **2004-28488**
Date of Violation: **August 9, 2004**
Profession: **Physician**

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on August 9, 2004, the above referenced subject did violate the following provision(s) of law: S. 458.331(1)(kk), F.S., by committing the following act(s):
Failing to timely advise the Board/Department of disciplinary action taken against a license in another state, territory or county if that action was based on action taken by the Florida Board of Medicine.

Pursuant to Rule 64B8-8.017, Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: \$ 1,000.00 plus costs in the amount of \$89.00.

Total amount due \$ 1,089.00

On behalf of: **John O. Agwunobi M.D., M.B.A. Secretary**

ISSUED this 14th day of August
by J.A. Lammert
J.A. Lammert, Investigation Specialist II

RECEIVED
SEP 02 2004
CLIENT SERVICES
Received Date : 08/31/2004
Deposit Date : 08/31/2004
Deposit # 187052
Batch Number : 003487
Validation # : 904028480
Check Amount : \$1,089.00
PRO_CDE : 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 456.073 Florida Statutes, rather than accept this citation. In the event that you elect to have these charges prosecuted pursuant to section 456.073 Florida Statutes, the case will be presented to the appropriate probable cause panel or the Department for a determination of probable cause.

PLEASE CHECK ONE OF THE FOLLOWING AND SIGN:

- (1) I CHOOSE TO ACCEPT THE CITATION
- (2) I CHOOSE NOT TO ACCEPT THE CITATION AND WISH TO HAVE THIS CASE PROSECUTED UNDER SECTION 456.073, FLORIDA STATUTES.

Signed: Leon I. Hammer Date: 8/30/04
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: **Leon I. HAMMER, M.D.**

At: **8620 NW 13th Street, #216
Gainesville, FL 32653**

() By Personal Service () U.S. Certified Mail, Restricted Delivery, this 19th day of August, 2004.

Signature



Department of Health Representative