

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK *Jheresa McKenna*  
DATE 10-11-05



Jeb Bush  
Governor

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

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

Issued to: <u>Ashok Kumar Lakhiani</u>	Citation Number: <u>200560139</u>
<u>366 Watercliff Drive</u>	Case Number: <u>2005601391</u>
<u>Somerset, KY 42503</u>	Date of Violation: <u>June 6, 2005</u>
License Number: <u>ME 92216</u>	Profession: <u>1501</u>

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on June 6, 2005, the above referenced subject did violate the following provision(s) of law Section 456.031 & 456.033 (6), F.S. pursuant to Section 458.331 (1)(g)(nn), F.S, by committing the following act(s): Failure to timely complete AND/OR SUBMIT within the allotted time frame the initial CME certificates for HIV/AIDS, Domestic Violence and Prevention of Medical Errors.

Pursuant to Rule 64B8-8.017(3)(a) Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: \$1000.00 plus costs in the amount of \$89.00. Within twelve months of the date of citation is issued, 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: \$1089.00

Received Date : 10/3/2005  
Deposit Date : 10/4/2005  
Deposit # : 167989  
Batch Number : 006482  
Validation # : 905059281  
Check Amount : \$1,089.00  
PRO\_CODE : 1501

On behalf of John O. Agwunobi, M.D., M.B.A., M.P.H. Secretary

ISSUED this 12<sup>th</sup> day of August, 2005

by: *Donn R. Githens*  
Donn R. Githens, Investigation Specialist

RECEIVED

OCT 06 2005

1501

CLIENT SERVICES

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 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. 456.073, FLORIDA STATUTES.

Signed: *A. Lakhiani* Date: 9/12/05

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

Division of Medical Quality Assurance, Consumer Services Unit  
4052 Bald Cypress Way, Bin C-75 • Tallahassee, FL 32399-3275  
Telephone Number (850) 414-1976 or Toll Free Call Center 1-888-419-3456

05 OCT -7 AM 7:34

**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.

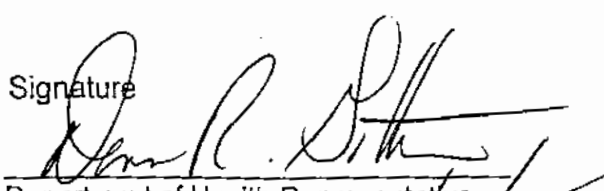
**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing Citation has been served upon: Ashok Kumar Lakhiani, M.D.

At: 366 Watercliff Drive  
Somerset, KY 42503

( ) By Personal Service (X) U.S. Certified Mail, Restricted Delivery, this 20<sup>th</sup> day  
of August, 2008

Signature

  
Department of Health Representative  
10/08/08