



FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK Jhenisa McKorn
DATE 12-15-05

Jeb Bush
Governor

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary, Department of Health

**UNIFORM DISCIPLINARY CITATION
BOARD OF MEDICINE**

Issued to: JOHN-PAUL GOMEZ Citation Number: 200566016
1530 LOCUST STREET, APT. # 7F ~~200508960~~
PHILADELPHIA, PA 19102-4439 Case Number: 2005089601-2005660161
License Number: 90455 Date of Violation: JUNE 30, 2005
Profession: 1501

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on JUNE 30, 2004 the above referenced subject did violate the following provision(s) of law **Section 458.319(3) & 458.331(1)(g)(nn), F.S. and Rule 64B8-8.001(2)(g) F.A.C.**, by committing the following act(s): **Failure to notify Department of change of practice address...Failure to perform al obligations.**

ant to Rule **64B8-8.017(3)(d)**, Florida Administrative Code, the Board/Department has set the
ng penalty for violation of the aforesaid provision: **\$250.00** plus costs in the amount of **\$89.00**
amount due \$339.00

behalf of: M. Rony François, M.D., M.S.P.H., Ph.D., Secretary
ISSUED this 17th day of October, 2005
by: Lisa A. Goldwisch
Lisa A. Goldwisch, Investigation Specialist

RECEIVED

DEC 02 2005

CONSUMER SERVICES

Received Date: 11/28/2005
Deposit Date: 12/1/2005
Deposit #: 167141
Batch Number: 1011169
Validation #: 905126378
Check Amount: \$339.00
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 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 DISCIPLINARY CITATION

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

Signed: _____ Date: _____

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:

At:

JOHN-PAUL GOMEZ, M.D.
1530 LOCUST STREET, APT-7-F
PHILADELPHIA, PA 19102-4439

() By Personal Service U.S. Certified Mail, Restricted Delivery, this 31st day of OCTOBER, 2005.

Signature


Department of Health Representative

FILED

DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK *Sheresa McKinnon*

DATE 12-15-05

STATE OF FLORIDA
DEPARTMENT OF HEALTH

~~IN RE:~~ UNIFORM DISCIPLINARY CITATION
BOARD OF MEDICINE

ISSUED TO: JOHN-PAUL GOMEZ, M.D.
1530 LOCUST STREET, APT. #7F
PHILADELPHIA, PA 19102-4439

CITATION NUMBER: ME 2005-660161

NOTICE OF SCRIVENER'S ERROR

COMES NOW, the Petitioner, Department of Health, and
corrects the scrivener's error contained in the Uniform
Disciplinary Citation, and as grounds therefore states:

1. On October 17, 2005, Petitioner issued a Uniform Disciplinary Citation in case number 2005-66016.
2. The citation number was listed as 200508960 and the case number was listed as 2005089601 on the said order.
3. The correct citation number is 200566016 and the correct case number is 2005660161.

WHEREFORE, the Petitioner hereby corrects the scrivener's
error contained in the Uniform Disciplinary Citation.

Respectfully submitted,

Lisa A. Goldwich

Lisa A. Goldwich
Investigation Specialist II
Department of Health
Medical Quality Assurance, CSU
4052 Bald Cypress Way, Bin #C75
Tallahassee, Florida 32399-3275