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Charlie Crist
Governor

Consumer Services Unit

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DEPARTMENT OF HEALTH
DEPUTY CLERK
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DATE 3/16/07

Joseph J. Chiaro, M.D., FAAP
Interim Secretary

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

Issued to:	<u>NEVILLE SYDNEY MARKS</u> <u>125 WORTH AVENUE, STE 302</u> <u>PALM BEACH, FL 33480</u>	Citation Number:	<u>2007-01571</u>
License Number:	<u>ME 54950</u>	Case Number:	<u>2007-01571</u>
		Date of Violation:	<u>JANUARY 31, 2006</u>
		Profession:	<u>Physician</u>

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on **January 31, 2006**, the above referenced subject did violate the following provision(s) of law **Section 458.331 (1)(g)(nn), F.S.**, by committing the following act(s): **Failure to provide proof within the time frame of CME certificate of 2 hours of Prevention of Medical Errors, 1 hour HIV/AIDS and 1 hour Domestic Violence during the audit period beginning February 1, 2004 and ending January 31, 2006, as required by Sections 456.013, 456.031 and/or 456.033, F.S., and/or Rule 64B8-13.005, F.A.C.**

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: **\$500.00** 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 \$589.00

On behalf of: Joseph J. Chiaro, M.D., FAAP, Interim Secretary
ISSUED this 23rd day of January, 2007
by: *Amie H. Rice*
Amie H. Rice, Investigation Specialist II

4923030

Received Date : 2/22/2007
Deposit Date : 2/23/2007
Deposit # : 187447
Batch Number : 001018918
Validation # : 906115865
Check Amount : \$589.00
PRO_CODE : 1601

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 becomes a final order. In order to dispute this citation you must do so in e 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: *Neville S Marks* Date: 2-20-07

PLEASE READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM

RECEIVED

Division of Medical Quality Assurance, Consumer Services Unit
4052 Bald Cypress Way, Bin C-75 * Tallahassee, FL 32399-3275
Telephone Number (850) 245-4339 or Toll Free Call Center 1-888-419-3456
Visit us online at www.doh.state.fl.us

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LICENSURE SERVICES UNIT

**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: *Neville S. Marks, M.D.*

At: *125 Worth Avenue, Suite 302, Palm Beach FL 33480*

() By Personal Service () U.S. Certified Mail, Restricted Delivery, this *29th* day of *January*, 20 *07*

Signature

Christi Ric
Department of Health Representative