

CLERK Amey R. Conway  
DATE 6-27-07

Received Date : 5/24/2007  
Deposit Date : 5/25/2007  
Deposit # : 167694  
Batch Number : 001023754  
Validation # : 906179832  
Check Amount : \$189.00  
PRO\_CDE : 1501



Charlie Crist  
GOVERNOR  
RECEIVED  
MAY 31 2007

Ana M. Viamonte Ros, M.D., M.P.H.  
Secretary of Health

Compliance Management Unit

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

Issued to: <u>Lawrence J. Lewis, MD</u>	Citation Number: <u>200712204</u>
<u>1625 Santa Barbara Drive</u>	Case Number: <u>200712204</u>
<u>Dunedin, Florida 34698</u>	Date of Violation: <u>January 31, 2006</u>
License Number: <u>6840</u>	Profession: <u>1501</u>

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that she has probable cause to believe that on **January 31, 2006**, the above referenced subject did violate the following provision(s) of law: pursuant to S. 456.013, 456.031, and 458.331(1)(g)(nn), F.S., and Rule 64B8-13.005(1)(a), F.A.C., by committing the following act(s): Failure to timely complete and/or submit proof of completion within the allotted time frame the renewal CME certificates for 2 (two) hours of General continuing medical education. This occurred within the biennium of February 01, 2004 through January 31, 2006.

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: **\$100.00** 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 2 (two) hours of 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 \$189.00**

On behalf of: Ana M. Viamonte Ros, M.D., M.P.H., Secretary of Health  
ISSUED this 01<sup>st</sup> day of May, 2007 by:

[Signature]  
Sharon Stempowski, Investigation Specialist II

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: Lawrence J. Lewis MD Date: 5/19/07  
**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 should be made payable to the Department of Health. 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**

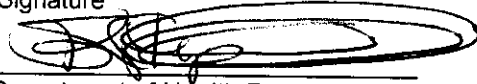
I HEREBY CERTIFY that a true and correct copy of the foregoing Citation has been served upon:

**LAWRENCE J. LEWIS, MD**

At: **1625 SANTA BARBARA DRIVE, DUNEDIN, FLORIDA 34698**

( ) By Personal Service (x) U.S. Certified Mail, Restricted Delivery, this 19 day of May, 2007.

Signature



Department of Health Representative