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DEPARTMENT OF HEALTH
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Charlie Crist Governor

Ana M. Viamonte Ros, M.D., M.P.H. State Surgeon General

UNIFORM NON-DISCIPLINARY CITATION BOARD OF MEDICINE

Issued to: ALEKSANDAR BERIC, MD	- MEDICINE	
902 South Orange Avenue	_ Citation Number:	2010-17632
Short Hills, NJ 07078		
License Number: 51395	_ Date of Violation:	January 31, 2010
Pursuant to Section 456 077 E.S. the underside	_ Profession:	Medical Physician
Pursuant to Section 456.077 F.S., the undersigned hereby January 31, 2010 the above referenced subject did violate committing the following act(s): Failing to provide proof of the February 1, 2008 through January 31, 2010 Continuous control of the February 1, 2008 through January 31, 2010 Continuous control of the February 1, 2008 through January 31, 2010 Continuous control of the February 1, 2008 through January 31, 2010 Continuous control of the February 1, 2008 through January 31, 2010 Continuous control of the February 1, 2008 through January 31, 2010 Continuous control of the February 1, 2008 through January 31, 2010 Continuous control of the February 1, 2008 through January 31, 2010 Continuous control of the February 1, 2008 through January 31, 2010 Continuous control of the February 1, 2008 through January 31, 2010 Continuous control of the February 1, 2008 through January 31, 2010 Continuous control of the February 1, 2008 through January 31, 2010 Continuous control of the February 1, 2008 through January 31, 2010 Continuous control of the February 1, 2008 through January 31, 2010 Continuous control of the February 1, 2008 through January 31, 2010 Continuous control of the February 1, 2008 through January 31, 2010 Continuous control of the February 1, 2008 through January 31, 2010 Continuous control of the February 2, 2010 Continuous control of the February 2, 2010 Continuous control of the February 2, 2010	brosision(2) of the	pable cause to believe that on aw F.S. 458.331(1)(g)(nn), by evention of Medical Errors
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Pursuant to Rule 64B8-8.017(3)(a)3. Florida Administration penalty for violation of the aforesaid provision: \$250.00 plus date the citation is issued, Respondent must submit certification of the compliance with renewal requirements; Total amount due \$372.00 On behalf of: Ana M. Viamonte Ros, M.D., M.P.F.	ed documentation of complete documentation of the do	tion of 2-hours Prevention of e next two biennia to ensure
ISSUED this 23rd day of September, 2010 by:	Short A. Wat	tson =
	Shondra A. Watson, Go	Overnment Analyst I
If you do not dispute the citation within, thirty (30) days a final order of the board but will not be considered disthis citation, it will be filed as a final order and total pay the date the citation is filed and becomes a final order. writing. Send the written dispute and a copy of the cita Department of Health, Co 4052 Bald Cypress Tallahassee Florid	of service, the citation will ciplinary action against yo ment of fine and cost is during in order to dispute this citation by certified mail to the summer Services United Way Bin C#75	I automatically be filed as ur license. If you accept ue thirty (30) days from ation you must do so in a following address:
You may elect to have these charges prosecuted as a complete Florida Statutes, rather than accept this citation. In the prosecuted pursuant to section 456.073 Florida Statutes probable cause panel or the Department for a determination choose this option, any penalties imposed by the boundary of the property of the pr	disciplinary action according event that you elect to have s, the case will be present	ve these charges ed to the appropriate
PLEASE CHECK ONE OF THE	FOLIOWING AND SI	cipinie.
(1) I CHOOSE TO ACCEPT THE NON-DIS	CIDI INADVO CITATION	JIV.
(2) I CHOOSE NOT TO ACCEPT THE NO		
(2) I CHOOSE NOT TO ACCEPT THE NOT TO HAVE THIS CASE PROSECUTED UNDER SE	CTION 456 072 FLOR	ATION AND WISH
	_	$r(1) = 1 \cdot 0$
PLEASE READ THE INFORMATION ON T	Date: Date:	THIS FORM
Division of Medical Quality Assuran		I OI/IAI

IMPORTANT INFORMATION REGARDING COMPLIANCE WITH THIS 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 cashier's check or money order. Payment should be made payable to the Department of Health. Payment shall be mailed to the following address:

DOH/HMQACS/Compliance Management Unit-Bin C75 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/HMQACS
Compliance Management Unit- Bin C76
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 further 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: ALEKSANDAR BERIC, MD

At: 902 South Orange Aven Short Hills, NJ 07078	nue
() By Personal Service(以 this <u>/5 ft</u> day of	U.S. Certified Mail, Restricted Delivery () Regular Mail
Mailing address verified as: _	<u> </u>
	Signature