

STATE OF FLORIDA
BOARD OF MEDICINE

DEPARTMENT OF HEALTH,

Petitioner,

vs.

DOH CASE NO.: 2011-03056
LICENSE NO.: ME0052952

MARK STEVEN WILLNER, M.D.,

Respondent.

FINAL ORDER

THIS CAUSE came before the BOARD OF MEDICINE (Board) on October 12, 2012, in Deerfield Beach, Florida, for the purpose of considering Respondent's offer to voluntarily relinquish his license to practice medicine in the State of Florida. (Attached hereto as Exhibit A.) Said written offer of relinquishment specifically provides that Respondent agrees never again to apply for licensure as a physician in the State of Florida.

Upon consideration of the written offer of voluntary relinquishment, the charges, and the other documents of record, and being otherwise fully advised in the premises,

IT IS HEREBY ORDERED that Respondent's Voluntary Relinquishment of his license to practice medicine in the State of Florida is hereby ACCEPTED, and shall constitute discipline upon Respondent's license.

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 24th day of October, 2012.

BOARD OF MEDICINE

Cynthia A. Seefeld
Joy A. Tootle, Executive Director
For Jason J. Rosenberg, M.D., Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to MARK STEVEN WILLNER, M.D., 3820 Windmill Lakes Road, Weston, Florida 33332; to Monica Rodriguez, Esquire, Dresnick, Rodriguez & Perry, P.A., One Datran Center, Suite 1610, 9100 South Dadeland Boulevard, Miami, Florida 33156-7817; and by interoffice delivery to Sharmin Hibbert, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3253 this 25th day of October, 2012.

Angel Sanders

Deputy Agency Clerk



INTEROFFICE MEMORANDUM

DATE: September 19, 2012

TO: Cassandra Pasley, BSN, J.D., Bureau Chief
Health Care Practitioner Regulation

FROM: Joy A. Tootle, Executive Director
Board of Medicine

SUBJECT: Delegation of Authority

This is to advise you that while I am out of the office Telecommuting from September 12th through October 25th, 2012. Chandra Prine and Crystal Sanford are delegated to sign on behave of Executive Director for the Board of Medicine. Ms. Prine can be reached at (850) 245-4135. Ms. Sanford can be reached at (850) 245-4132.

Mission Statement: To protect and promote the health of all residents and visitors in the state through organized state and community efforts, including cooperative agreements with counties.

Division of Medical Quality Assurance • Board of Medicine
4052 Bald Cypress Way, Bin C03 • Tallahassee, Florida 32399-3253
Phone: (850) 245-4131 • Fax: (850) 488-0596 • <http://www.doh.state.fl.us/mqa/medical/index.html>

STATE OF FLORIDA
DEPARTMENT OF HEALTH

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK Angel Sanders
DATE AUG 20 2012

DEPARTMENT OF HEALTH,
Petitioner,

v.

DOH Case No. 2011-03056

MARK STEVEN WILLNER, M.D.,
Respondent.

VOLUNTARY RELINQUISHMENT OF LICENSE

Respondent Mark Steven Willner, M.D., license No. ME 52952, hereby voluntarily relinquishes Respondent's license to practice medicine in the State of Florida and states as follows:

1. Respondent's purpose in executing this Voluntary Relinquishment is to avoid further administrative action with respect to this cause. Respondent understands that acceptance by the Board of Medicine (hereinafter the Board) of this Voluntary Relinquishment shall be construed as disciplinary action against Respondent's license pursuant to Section 456.072(1)(f), Florida Statutes.

2. Respondent agrees to never reapply for licensure as a medicine in the State of Florida. However, the parties agree that if his criminal conviction is overturned pursuant to the current appeal, upon proper motion this Voluntary Relinquishment shall be vacated and DOH Case No. 2011-03056 shall proceed as if no Voluntary Relinquishment had been filed.

3. Respondent agrees to voluntarily cease practicing medicine immediately upon executing this Voluntary Relinquishment. Respondent further agrees to refrain from

the practice of medicine until such time as this Voluntary Relinquishment is presented to the Board and the Board issues a written final order in this matter.

4. In order to expedite consideration and resolution of this action by the Board in a public meeting, Respondent, being fully advised of the consequences of so doing, hereby waives the statutory privilege of confidentiality of Section 456.073(10), Florida Statutes, and waives a determination of probable cause, by the Probable Cause Panel, or the Department when appropriate, pursuant to Section 456.073(4), Florida Statutes, regarding the complaint, the investigative report of the Department of Health, and all other information obtained pursuant to the Department's investigation in the above-styled action. By signing this waiver, Respondent understands that the record and complaint become public record and remain public record and that information is immediately accessible to the public. Section 456.073(10), Florida Statutes.

5. Upon the Board's acceptance of this Voluntary Relinquishment, Respondent agrees to waive all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Voluntary Relinquishment and of the Final Order of the Board incorporating this Voluntary Relinquishment; however the parties agree that if the Respondent is successful in his criminal appeal and the underlying criminal conviction is overturned, upon proper motion, this Voluntary Relinquishment shall be vacated and Respondent's license shall be reinstated, subject to appropriate administrative action by the Department of Health.

6. Petitioner and Respondent hereby agree that upon the Board's acceptance of this Voluntary Relinquishment, each party shall bear its own attorney's fees and costs related to the prosecution or defense of this matter.

7. Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent in connection with the Board's consideration of this Voluntary Relinquishment. Respondent agrees that consideration of this Voluntary Relinquishment and other related materials by the Board shall not prejudice or preclude the Board or any of its members, from further participation, consideration, or resolution of these proceedings if the terms of this Voluntary Relinquishment are not accepted by the Board.

DATED this 15th day of August, 2012.

Mark Steven Willner

MARK STEVEN WILLNER, M.D.

*By [Signature]
of Attorney*

STATE OF FLORIDA
COUNTY OF:

Before me, personally appeared MARK STEVEN WILLNER, M.D., whose identity is known to me by _____ (type of identification) and who, under oath, acknowledges that his signature appears above. Sworn to and subscribed before me this _____ day of _____, 2012.

NOTARY PUBLIC

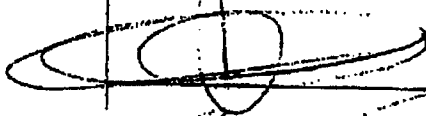
My Commission Expires:

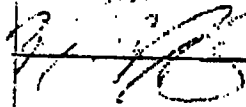
POWER OF ATTORNEY [UNLIMITED]

KNOW ALL MEN BY THESE PRESENTS that I, MARK STEVEN WILLNER, have made, constituted and appointed, and by these presents do make, constitute and appoint LYNN LUCAS WILLNER, my true and lawful attorney for me and in my name, place and stead to conduct any and all transactions on my behalf and to be fully substituted in my place on any and all transactions on my behalf, giving and granting unto LYNN LUCAS WILLNER said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that LYNN LUCAS WILLNER said attorney or her substitute shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the 14 day of June 2012.

Sealed and delivered in the presence of:







MARK STEVEN WILLNER

STATE OF FLORIDA:

COUNTY OF MIAMI-DADE:

BE IT KNOWN, that on the 14 day of June 2012, before me, a Notary Public in and for the State of Florida, duly commissioned and sworn, personally appeared MARK STEVEN WILLNER to me personally known, and known to me to be the same person described in and who executed the within power of attorney, and he acknowledged the within power of attorney to be his act and deed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my seal of office the day and year last above written.

My Commission Expires:



NOTARY PUBLIC
State of Florida





INVESTIGATIVE REPORT

| | | | | | |
|--|----------------------------|--|---|--------------------------------------|--|
| Office: CONSUMER SERVICES | | Date of Complaint: June 05, 2012 | | Case Number: ME 2011-03056 | |
| Subject: MARK STEVEN WILLNER, M.D. 3820 Windmill Lakes Road Weston, FL 33332 (954) 385-5473 | | | Complainant/Source: FLORIDA DEPARTMENT OF HEALTH / CONSUMER SERVICES UNIT | | |
| Prefix: ME | License #: 52952 | Profession: Allopathic Physician | Board: Medicine | Report Date: June 07, 2012 | |
| Period of Investigation: June 07, 2012 through June 07, 2012 | | | Type of Report: FINAL | | |
| Alleged Violation: § 458.331(1)(c)(g)(h)(i)(k)(n)(nn) Florida Statutes.... Conviction of a crime related to practice.... Violation of a Rule or Statute.... Filing false report.... Paying/receiving kickbacks.... Fraudulent representation.... Exploiting patient for financial gain.... Violation of Lawful Order..... | | | | | |
| <p><u>Synopsis:</u> This investigation is predicated on the receipt of a media article from the Miami Herald (Ex. #1) indicating that on February 15, 2011 DR. WILLNER was arrested and charged in U.S. District Court-Southern District of Florida with (1) one count of Conspiracy to Commit Health Care Fraud (18U.S.C.1349) and (5) five counts of Health Care Fraud (18U.S.C.1347). The charges were predicated on DR. WILLNER'S alleged involvement in altering the diagnosis and medications of thousands of patients in order to qualify them for therapy sessions at American Therapeutic, where DR. WILLNER is medical director. DR. WILLNER was found guilty by jury trial on June 01, 2012 and convicted of (1) one count of Conspiracy to Commit Health Care Fraud. Pursuant to F.S. 456.074(1)(b), this conviction qualifies for immediate suspension of license.</p> <p>DR. WILLNER was therefore notified of this complaint by letter, sent certified mail, dated June 07, 2012 to the address on file with the Board (Ex. #2) including a copy of the U.C.F. and initial complaint.</p> <p>DOH computer information obtained June 07, 2012 indicates that DR. WILLNER'S license to practice Medicine in the State of Florida is in a CLEAR/ACTIVE status.</p> <p>There is no patient involved in this case. Therefore, no notification is required.</p> <p>DR. WILLNER is not known to be represented by an attorney at this time.</p> <p>DR. WILLNER has not yet provided a response to this matter.</p> | | | | | |
| Related Case: | | | | | |
| Investigator/Date: Scott DelBeato Investigations Specialist II (HA-134) <i>6/7/12</i> | | | Approved By/Date: <i>Nicole Singleton</i> Nicole Singleton, OMC Manager <i>6.7.12</i> | | |
| Distribution: Prosecution Services Unit / Consumer Services Unit | | | | | |

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