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	****	INVE	STIGAT	IVE RE	PORT	•	e e
Office: Orlando		Date of Complaint:			Case Number:	3€1' 2 3 19	
		06/08	/98			ME98-14269	Investigative Ser
Subject: JAMES M. PARSONS, MD 2699 Lee Road, Suite 303 Winter Park, FL 32789 (407) 628-3399 (Business)				Source: AHCA - MCA			
Prefix:	License #:		Profession	:	Board:		Report Date:
ME	0011794		Physician		MEDIC	INE	09/21/98 CCD
Period of Investigation: 06/08/98 through 09/09/98			Type of Report: FINAL				
Alleged Violation: 458.331(1)(f)(w) FS; Aiding, assisting, procuring, or advising any unlicensed person to practice medicine contrary to this chapter or rule of the department or the board; Delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified by training, experience, or licensure to perform them.							
JAMES A. L. DUSS Florida. The W.C.F.	cine <u>(Exh. 1)</u> a AULT, who he .A.A.M. lists P. ards, DUSSAU	idvertisii eld hims ARSON	ng appointr self out to t IS as its "C	nent availa pe a licens thief Medica	bility to ed Natu al Cons	patients or pro iropathic Phys ultant." Accor	om the World Center espective patients for sician in the State of ding to the attached of Florida as a D.P.M.
BERNHARD, Orang	e County Sher from BERNHA	iff's Offi ARD on	ce due to ti 07/21/98, t	neir investig he attached	rative a	ctivities of the '	request from BOB W.C.F.A.A.M. Upon ts were hand-served
A check of AHCA co of Florida 12/31/73 a	mputer licensu nd that his licer	re recor nse is A	rds revealed ctive <u>(Exh.</u>	d PARSON <u>3).</u>	S was li	censed as a F	hysician in the State
According to the att Attorney KENNETH (Business), PARSO 07/29/98, BROOTEN PARSONS. It shoul represented PARSO	BROOTEN, 6 NS is represe I alleged the / d be noted tha	31 We nted by Agency at this w	st Fairbank BROOTE had actual riter had no	s Avenue, N <u>(Exh. 4)</u> knowledge o knowledg	Winter In hi since e perso	Park, FL 327 is Letter of R August 1994 in ally or otherw	89, (407) 645-4447 epresentation dated that he represented vise that BROOTEN
Related Case: ME98-1	4356	<u>.</u> -					
Investigator/Date:	9/22/98		F	A .	12	e: */ OI ~/ F efort, OMC Mar	7 ~ J. J. ~ 9 <i>f</i> nager

AHCA 300 10/95

STATE OF FLORIDA

DEPARTMENT OF HEALTH BOARD OF MEDICINE

DEPARTMENT OF HEALTH

Petitioner,

v. DOH Case Number: 98-14269

JAMES PARSONS.

Respondent.

VOLUNTARY RELINQUISHMENT OF LICENSE

To avoid the necessity of further administrative proceedings in this case, the Respondent herein files this Voluntary Relinquishment of his/her license to practice as a physician in the State of Florida, with the provision that the Respondent agrees never again to apply for licensure as a physician in the State of Florida.

Respondent hereby waives a finding of probable cause and filing of an Administrative Complaint in this matter and requests that the Board consider the investigative report compiled.

When relinquishments are offered to the Board of Medicine to avoid further administrative prosecution, this is considered to be disciplinary action against the Respondent's license to practice Medicine in the State of Florida. As such, any and all disciplinary actions taken by the Board of Medicine are reported to the Federation of State Medical Boards and the National Practitioner Data Bank.

Upon the Board's adoption of this Relinquishment, Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of the Relinquishment and the Final Order of the Board incorporating said Relinquishment.

Upon the Board's adoption of this Relinquishment, the parties hereby agree that each party will bear his own attorney's fees and costs resulting from prosecution or defense of this matter. Respondent waives the right to seek any attorney's fees or costs from the Agency in connection with this matter. Respondent further agrees to return his/her license, including wall certificate and wallet card, to the Board of Medicine within three (3) business days of the filing of the Final Order incorporating this Relinquishment.

This Relinquishment is executed by the Respondent for the purpose of avoiding further administrative action with respect to this cause. In this regard, Respondent authorizes the Board of Medicine to review and examine all investigative file materials concerning Respondent prior to or in conjunction with consideration of the Relinquishment. Furthermore, should this Relinquishment not be accepted by the Board, it is agreed that presentation to and consideration of this Relinquishment and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings.

DATED thisday of	Jan , 2000.
	JAMES M. PARSONS, M.D.
STATE OF FLORIDA COUNTY OF: ORange	
	(type of identification) and who, under oath,
Sworn to and subscribed before me this _	17 day of <u>Linuary</u> , 2000.
Joyce I. Shakes My Comm. Exp. 7/09/2001 Comm. # CC662422 Bonded (V Personally Known (V) Other I.D. PL. D < - 1 My Commission Expires: July 9, 3	Dece Shakes NOTARY PUBLIC

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Final Order No. DOH-00-0293-

MOA Date 32

Department of Health
Angela Hall, AGENCY CLERK

STATE OF FI BOARD OF ME y: Vich R. Ellison
Denuty Agency Clerk

DEPARTMENT OF HEALTH,

Petitioner,

vs.

CASE NO.: 98-14269

LICENSE NO.: ME0011794

JAMES PARSONS, M.D.,

Respondent.

FINAL ORDER

THIS CAUSE came before the Board of Medicine (Board) on February 5, 2000, in Jacksonville, 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.

This Final Order shall take effect upon being filed with the

Clerk of the Department of Health.	L		
DONE AND ORDERED this	15 day of	February.	2000

BOARD OF MEDICINE

CHAIRMAN CLAURANT CHAIRMAN

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 James Parsons, M.D.,

1920 Green Meadow Lane, Orlando, Florida 32825; to Kurt Andrew

Simpson, Esquire, Ocean South, 3500 South Third Street, Jacksonville

Beach, Florida 32250; and by interoffice delivery to Kathryn L.

Kasprzak, Chief Medical Attorney, Agency for Health Care

Administration, 2727 Mahan Drive, Tallahassee, Florida 32308-5403, on

or before 5:00 p.m., this ______ day of _______, 2000.