



Jeb Bush  
Governor

**FILED**  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
*[Signature]*  
**CLERK**  
**DATE** 7/14/03  
John O. Agwunobi, M.D., M.B.A.  
Secretary

**UNIFORM DISCIPLINARY CITATION  
BOARD OF MEDICINE**

Issued to: <u>Joseph Altieri</u>	Citation Number: <u>1501/200306819</u>
<u>1600 36<sup>th</sup> St. Suite B</u>	Case Number: <u>200306819</u>
<u>Vero Beach, FL 32960-4851</u>	Date of Violation: <u>Dec. 16, 2002</u>
License Number: <u>47885</u>	Profession: <u>1501</u>

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on December 16, 2003 the above referenced subject did violate the following provision(s) of law F.S. 458.331(1)(g), by committing the following act(s): **Failing to document the requisite number of continuing medical education (CME) course hours necessary for licensure renewal as required.**

Pursuant to Rule 64B8-8.017(3)(a)(5) Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: **\$1500.00** plus costs in the amount of **\$99.00**.

**Total amount due \$1599.00**

On behalf of: John O. Agwunobi M.D. M.B.A. Secretary

ISSUED this 25th day of March, 2003  
by: Tom Albanese, 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 and is 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 CHECK ONE OF THE FOLLOWING AND SIGN:**

\_\_\_\_\_(1) I CHOOSE TO ACCEPT THE CITATION

\_\_\_\_\_(2) I CHOOSE NOT TO ACCEPT THE CITATION AND WISH TO HAVE THIS CASE PROSECUTED UNDER SECTION. 456.073, FLORIDA STATUTES.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM**

**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 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 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:

At:

*Vero Beach, FL*

( ) By Personal Service ( ) U.S. Certified Mail, Restricted Delivery, this 25 day of April, 20  

Signature

*Tom Allen*  
Department of Health Representative