



FILED
 DEPARTMENT OF HEALTH
 DEPUTY CLERK
 CLERK Heather Coleman
 DATE 2/23/04
 John O. Agwunobi, M.D., M.B.A.
 Secretary

Jeb Bush
 Governor

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

Issued to: Valery Sulkin Citation Number: 2004015061
1000 Parkway Drive, Apt 512 Case Number: 200401506
Hallandale, Fl. 33009 Date of Violation: Jan. 7, 2004
 License Number: 50116 Profession: 1501

Pursuant to Section 456.072(1)(b)(v)(cc)(2)(g)(j)(4) and 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on January 7, 2003, the above referenced subject did violate the following provision(s) of law: Florida Statute(s) 456.035, 456.039(3)(b), 456.062, 458.319(3), 458.331(1)(g)(nn) and Pursuant to Rule 64B8-017(1)(3)(d)(g)-1(h) F.A.C., by committing the following act(s): Address of record... Designated Health care professionals; Information required for licensure... Advertisement by health care practitioner of free or discounted services; required statement/disclaimer. Respondent has failed to provide required capital letters clearly distinguishable from the rest of the text with the following disclaimer/statement: THE PATIENT AND ANY OTHER PERSON RESPONSIBLE FOR PAYMENT HAS A RIGHT TO REFUSE TO PAY, CANCEL PAYMENT, OR BE REIMBURSED FOR PAYMENT FOR ANY OTHER SERVICE, EXAMINATION, OR TREATMENT THAT IS PERFORMED AS A RESULT OF AND WITHIN 72 HOURS OF RESPONDING TO THE ADVERTISEMENT FOR THE FREE, DISCOUNTED FEE, OR REDUCED FEE SERVICE, EXAMINATION, OR TREATMENT... Failure to notify Department of change of practice address... Failure to update physician profile.

PROFILE
 (850)
 245-4226
 488 0595
 850
 245-3546
 JANE JORDAN
 Fax. 850-414-0864

Pursuant to Rule(s) 64B8-8.017(1)(3)(d)(g)(h) Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: \$1750.00, and 3 Hours CME in Ethics, plus costs in the amount of \$89.00.

Total amount due: \$1839.00 and 3 Hours CME in Ethics

On behalf of: John O. Agwunobi M.D. M.B.A. Secretary
 ISSUED this 16th day of January, 2004
 by: Lisa A. Goldwich
 Lisa A. Goldwich, Investigation Specialist

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

RECEIVED
 CONSUMER SERVICES UNIT
 FEB 13 AM 8:29

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: V. Sulkin, M.D. Date: 2-9-04
PLEASE READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM

Division of Medical Quality Assurance, Consumer Services Unit
 4052 Bald Cypress Way, Bin C-75 • Tallahassee, FL 32399-3275
 Telephone Number (850) 414-1976 or Toll Free Call Center 1-888-419-3456
 Visit us online at www.doh.state.fl.us

**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 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:

At:

VALERY SUKIN, MD
1000 PARKWAY DRIVE APT# 512
HALLANDALE, FLORIDA 33009

() By Personal Service (X) U.S. Certified Mail, Restricted Delivery, this 26 day of JANUARY, 2004

Signature

Sue A. Holdwick
Department of Health Representative