



FILED
 DEPARTMENT OF HEALTH
 DEPUTY CLERK
 CLERK Heather Coleman
 DATE 6-30-04

Jeb Bush
 Governor

John O. Agwunobi, M.D., M.B.A.
 Secretary

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

Issued to: <u>Nina Anil Bhatia</u>	Citation Number: <u>2004216491</u>
<u>2106 Chestnut Forest Drive</u>	Case Number: <u>200421649</u>
<u>Tampa, Florida 33618</u>	Date of Violation: <u>April 6, 2004</u>
License Number: <u>89049</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 April 6, 2004, the above referenced subject did violate the following provision(s) of law **Section 456.033 (6), F.S. pursuant to Section 458.331 (1)(g)(nn), F.S.**, by committing the following act(s): **Failure to complete the initial CME certificate (HIV/AIDS 3 Hours) within the allotted time frame and lacking 1 hour HIV/AIDS.**

Pursuant to Rule **64B8-8.017(3)(a)-4.** Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: **\$500.00** plus costs in the amount of **\$89.00**. **Within twelve months of the date of citation is issued, Respondent must submit certified documentation of completion of all CME requirements for the period for which the citation was issued. Prior to renewing the license for the next biennium, Respondent must document compliance with the CME requirements for the relevant period.**
Total amount due \$589.00

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

ISSUED this 21st day of May, 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

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: _____ Date: _____
PLEASE READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM

**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:

NINA ANIL BHATIA, MD
5106 CHESTNUT FOREST DRIVE
TALLAHASSEE, FLORIDA 32318

() By Personal Service U.S. Certified Mail, Restricted Delivery, this 27 day of MAY, 2004

Signature


Department of Health Representative

iHEADER	PRAES Production (MQ-P)	06/28/04			
lgoldwic		08:50:24			
tnrbfe50/%I%	DISPLAY PAYMENTS	1501/MED-ME			
File No:					
Name					
Address:	SSN:				
City:	Expiry Date:				
Display a Check		Item 1 of 1			
Deposit No: 000167906 Deposit Date: 06/22/2004 Validation No: 903213210					
P	File Trans	Pmt P U	Pmt	Fee	Fee Fee
S	No	No	No X S	Amount	Cde Description
P	86288	905299	U	589.00	589.00 830 Citation
No More Items					
Action: Payment_detail View_check Query_license Exit					
Display detail for highlighted payment					
2	Sess-1	167.78.1.20	1 22/10		

iHEADER	PRAES Production (MQ-P)	06/28/04
lgoldwic		08:49:57
flmqfea2/%I%	DISPLAY FEE PAYMENTS	1501/MED-ME
Name NINA ANIL BHATIA		
Payment Detail:		
Payment No:	905299	Process Date: 06/22/2004
Agency Source Code:	83	Payment Srce: C
Revenue Source Code:	15	Fee Type: M
Fee Use Code:	830	Units:
Batch No:	023751	Unit code:
Validation No:	903213210	Rate Type: M
Deposit No:	000167906	Deposit Date: 06/22/2004
Process Sequence:	1	Trans No:
Cancelled:		Fine No:
Bad Check:		User ID: api22
Override:	Override Passwd:	Last Change: 06/24/2004
		09:58:01
Action: Exit		
Exit program		
2	Sess-1	167.78.1.20
		1 22/10