

Please correct this error!  
Dr. Jacobs

Jeb Bush  
Governor



FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK Heather Coleman  
DATE 4-19-05  
John O. Agwunobi, M.D., M.B.A.  
Secretary

UNIFORM NON-DISCIPLINARY CITATION  
BOARD OF MEDICINE

Issued to: Katherine A. Jacobs, M.D. Citation Number: 2004-30584  
36862 Detroit Road Case Number: 2004305841  
Avon, OH 44011 Date of Violation: 08/5/2004  
License Number: ME 60862 Profession: MEDICINE

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on August 5, 2004 the above referenced subject did violate the following provision(s) of laws s.456.331(1) (nn), Florida Statutes and Rule 64B8-13.005, Florida Administrative Code by committing the following act(s): **Failing to complete required continuing education for licensure renewal.**

Pursuant to Rule 64B8-8.017 Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: **\$1500.00 fine plus costs in the amount of \$89.00.**

**Total amount due \$1589.00**

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

ISSUED this 30th day of August, 2004

by: Shawn K. McAleer  
SHAWN K. MCALEER, INVESTIGATION SPECIALIST II

RECEIVED  
CONSUMER SERVICES UNIT  
05 APR -6 PM 1:00

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: *corrected*

- (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: K. A. Jacobs, MD Date: 10/05/04

PLEASE READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM

K. A. Jacobs, MD 04/05/05  
Division of Medical Quality Assurance, Consumer Services Unit  
4052 Bald Cypress Way, Bin C-75 • Tallahassee, FL 32399-3275

**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: Kathrine Jacobs, M.D.

At:

( ) By Personal Service (  ) U.S. Certified Mail, Restricted Delivery, this 7th day of September, 2004.

Signature

  
Department of Health Representative