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 DEPARTMENT OF HEALTH  
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Charlie Crist  
 Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
 Secretary of Health

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

Issued to: Enrique Yambao Galura, MD Citation Number: 200705445  
2152 Portofino PI #298  
Palm Harbor, FL  
 License Number: 27402 Date of Violation: 02/01/2006  
 Profession: 1501

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on February 1, 2006 the above referenced subject did violate the following provision(s) of law **458.331(1)(g)**, by committing the following act(s): **Failing to provide proof of completion of 1 hour HIV/AIDS, 1 hour Domestic Violence, 2 hours Prevention of Medical Errors and 17 hours of general CME; also completed 19 hours CME outside the biennium time frame.**

Pursuant to Rule **64B8-8.017(3)(a)(3)** Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: **\$2,300.00** plus costs in the amount of **\$89.00**. Within twelve months of the date of the citation issued, Respondent must submit certified documentation of completion of all CME requirements for the period for which the citation was issued. Respondent's continuing education courses will be audited for the next two biennia to ensure compliance with the renewal requirements.

**Total amount due \$2,389.00**

On behalf of: Ana M. Viamonte Ros, M.D., M.P.H., Secretary

ISSUED this 26 day of February, 2007 by: *Agulafatter*

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: *[Signature]* Date: 26 APR 07

**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 should be made payable to the Department of Health. 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: *Enrique Y. Vidura*

At: *+25 2152 Portofino Place #298*  
*Palm Harbor FL 34683*

( ) By Personal Service (X) U.S. Certified Mail, Restricted Delivery, this 24 day  
of April, 2007.

Signature

  
Department of Health Representative