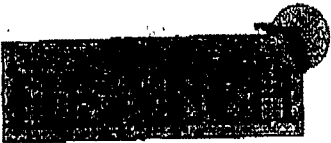


*check # 4288*



FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK *Angele Barton*  
DATE *9/29/09*

Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

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

Issued to: JESUS A. LAGO, MD  
1 CYPRESS POINT DRIVE  
PURCHASE, NY 10577  
License Number: ME63474

Citation Number: 200915008  
Date of Violation: 01/31/09  
Profession: 1501

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on 1/31/09 the above referenced subject did violate the following provision(s) of law: **458.331(1)(g)(nn) F.S.**, by committing the following act(s): **Failure to document timely fulfillment of all the continuing medical education required by Section 456.013(6), F.S. and Rule 64B8-13.005, F.A.C. Specifically, Subject completed the 2-hour course in Prevention of Medical Errors for the audited biennium of February 1, 2007-January 31, 2009.**

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: **\$250.00 plus costs in the amount of \$75.00**. Within twelve months of the date the citation is 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 renewal requirements.

**Total amount due \$325.00 and documentation of all deficient CME.**

On behalf of: Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General.

ISSUED this 6<sup>th</sup> day of August, 2009 by Tracie Natale  
Tracie Natale, Government Analyst I

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: 9/23/09

**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) 245-4339 or Toll Free Call Center 1-888-419-3456  
Visit us online at [www.doh.state.fl.us](http://www.doh.state.fl.us)

**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 cashier's check or money order. Payment should be made payable to the Department of Health. Payment shall be mailed to the following address:

DOH/HMQACS/Compliance Management Unit-Bin C75  
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/HMQACS  
Compliance Management Unit- Bin C75  
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: JESUS A. LAGO, MD

At: 1 CYPRESS POINT DRIVE, PURCHASE, NY 10577

( ) By Personal Service ( ) U.S. Certified Mail, Restricted Delivery ( 4 ) Regular Mail  
this 19<sup>th</sup> day of August, 2009.

Mailing address verified as: 1 Cypress Point Dr  
Purchase, NY 10577

Signature

Tracie Natale  
Department of Health Representative