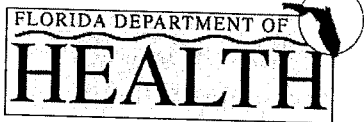


FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK: Angele Barton
DATE: 11/24/09



11/18/2009 325.00
ID: 28723 Type: F
BT: 3005361
VL: 909035626

Charlie Crist
Governor

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

Issued to: CHARLES DACK Citation Number: 200920735
5147 SO LAKELAND DRIVE
LAKELAND, FL. 33813 Date of Violation: 7/14/2009
License Number: 36598 Profession: 1501

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on July 14, 2009 the above referenced Subject did violate the following provision(s) of law s. **458.331(1)(g)(nn) F.S.**, by committing the following act(s): **During the audit period of February 1, 2007- January 31, 2009, Subject failed to complete and/or submit 2 hours in the Prevention of Medical Errors continuing education within the allotted time frame as required.**

Pursuant to Rule **64B8-8.017** 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**. **Subject shall complete 2 hours of Prevention of Medical Errors within one (1) year from the date the citation was issued. Subject's continuing education courses will be audited for the next two biennia to ensure compliance with renewal requirements.**
Total Amount Due: \$325.00

On behalf of: Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General.
ISSUED this 26 day of Oct., 2009 by: Lisa A. Luggi
Lisa A. Luggi, Government Analyst

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: Charles Dack Date: 11-5-2009

PLEASE READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM

RECEIVED
CONSUMER SERVICES UNIT
NOV 23 PM 4:31

**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/MQAMS/Compliance Management Unit Bin C76
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 C76
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:

At: CHARLES DACK
5147 SOUTH LAKELAND DRIVE
STE 3
LAKELAND, FL. 33513

() By Personal Service () U.S. Certified Mail, Restricted Delivery (X) Regular Mail
this 5 day of NOVEMBER, 2009.

Mailing address verified as: SAME

Signature [Signature]
Department of Health Representative