



FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK: *Angela Barton*
DATE: *11/12/10*

Charlie Crist
Governor

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

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

Issued to: Adly Thebaud, M.D. Citation Number: 2010-17383
1636 Bridgewater Dr.
Lake Mary, FL 32746
License Number: 60436 Date of Violation: 08/24/2010
Profession: Medical Doctor

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on or around August 24, 2010 the above referenced subject did violate the following provision(s) of law **F.S. 458.331 (1)(g)(nn) and Rule 64B8-13.005(1)(c)(4)**, by committing the following act(s): Failing audit for biennium period of 02/01/2008 through 01/31/2010 by failing to provide proof of completion of two hours in prevention in medical errors.
Pursuant to Rule **64B8-8.017(3)(a)** 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 **\$122.00**, and provide proof of completion in two hours prevention of medical errors within 60 days.
Total amount due \$372.00

On behalf of: Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General.
ISSUED this 6th day of October, 2010 by: *Ronnie Shipp*
Ronnie Shipp, 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: *[Signature]* Date: *10-*
PLEASE READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM

**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
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
Compliance Management Unit- 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 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:

Adly Thebaud, M.D.

1636 Bridgewater Dr.

At:

Lake Mary, FL 32746

() By Personal Service () U.S. Certified Mail, Restricted Delivery (x) Regular Mail,
this 2nd day of November, 2010.

Signature

Ronald J. [Signature]
Department of Health Representative