



FILED
 DEPARTMENT OF HEALTH
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Rick Scott
 Governor

H. Frank Farmer, Jr., M.D., Ph.D.
 State Surgeon General

DOH Consumer Services

1501-54735

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

OCT 05 2011

Issued to: Estilita Pascual, M.D. Citation Number: 2011-13353
1255 West 46 Street, #8
Hialeah, FL 33012
 License Number: 63839 Date of Violation: 08/16/2011
 Profession: Medical Doctor

10/03/2011 5,122.00
 ID: 54735 Type: F
 BT: 3005505
 VL: 911021015

Pursuant to Section 456.077 F.S., the undersigned hereby believe that on or around August 16, 2011 the above refe provision(s) of law **F.S. 458.331 (1)(g)(nn) and Rule 64B** act(s): Failing audit for biennium period of 02/01/2009 thr completion of two hours in prevention in medical errors a

Pursuant to Rule **64B8-8.017(3)(a)3(c)** Florida Administrative Code, the following penalty for violation of the aforesaid provision: **\$5,000.00** plus costs in the amount of **\$122.00**. **Within 60 days 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 \$5,122.00

On behalf of: H. Frank Farmer, Jr., M.D., Ph.D, State Surgeon General.
 ISSUED this 6th day of September, 2011 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: 9/29/11
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/HMQACS/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:

Estilita Pascual, M.D.
1255 West 46 Street, #F

At:

Hialeah, FL 33012

() By Personal Service () U.S. Certified Mail, Restricted Delivery (x) Regular Mail
this 29th day of September, 2011.

Mailing address verified as: _____

Signature

Ronald J. [Signature]

Department of Health Representative