

Final Order No. DOH-21-1854-⁵-MQA
FILED DATE - DEC 27 2021
Department of Health
By: Amy R. Conway
Deputy Agency Clerk

STATE OF FLORIDA
BOARD OF MEDICINE

DEPARTMENT OF HEALTH,

Petitioner,

vs.

DOH CASE NO.: 2021-19211
LICENSE NO.: ME0038969

GERALD MICHAEL ABRAHAM, M.D.,

Respondent.

_____ /

FINAL ORDER

THIS CAUSE came before the BOARD OF MEDICINE (Board) on December 3, 2021, in Orlando, Florida, for the purpose of considering Respondent's offer to voluntarily relinquish his license to practice medicine in the State of Florida. (Attached hereto as Exhibit A.) Said written offer of relinquishment specifically provides that Respondent agrees never again to apply for licensure as a physician in the State of Florida.

Upon consideration of the written offer of voluntary relinquishment, the charges, and the other documents of record, and being otherwise fully advised in the premises,

IT IS HEREBY ORDERED that Respondent's Voluntary Relinquishment of his license to practice medicine in the State of Florida is hereby ACCEPTED, and shall constitute discipline upon Respondent's license.

This Final Order shall take effect upon being filed with
the Clerk of the Department of Health.

DONE AND ORDERED this 22nd day of December, 2021.

BOARD OF MEDICINE

Paul A. Vazquez

Paul A. Vazquez (Dec 22, 2021 12:06 EST)

Paul A. Vazquez, J.D., Executive Director
For Zachariah P. Zachariah, M.D., Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to: Gerald Michael Abraham, M.D., 719 Reef Point Circle, Naples, FL 34108 and Douglas Molly, Esq., Molly Law, LLC, 1411 Bayview Ct., Fort Myers, FL 33901; by email to: Chad Dunn, Chief Legal Counsel, Department of Health, at Chad.Dunn@flhealth.gov; and Edward A. Tellechea, Chief Assistant Attorney General, at Ed.Tellechea@myfloridalegal.com this 27 day of December, 2021.



Deputy Agency Clerk

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK: *Amanda Morales*
DATE: SEP 17 2021

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,
Petitioner,

v.

DOH Case No. 202119211

GERALD MICHAEL ABRAHAM, MD

Respondent

_____ /

VOLUNTARY RELINQUISHMENT OF LICENSE

Respondent **GERALD MICHAEL ABRAHAM, MD** ., license No. **ME38969**, hereby voluntarily relinquishes Respondent's license to practice MEDICINE in the State of Florida and states as follows:

1. Respondent's purpose in executing this Voluntary Relinquishment is to avoid further administrative action with respect to this cause. Respondent understands that acceptance by the Board of MEDICINE (hereinafter the Board)/Department of Health (hereinafter Department) of this Voluntary Relinquishment shall be construed as disciplinary action against Respondent's license pursuant to Section 456.072(1)(f), Florida Statutes. As with any disciplinary action, this relinquishment will be reported to the National Practitioner Data Bank as disciplinary action. Licensing authorities in other states may impose discipline in their jurisdiction based on discipline taken in Florida.

2. Respondent agrees to never reapply for licensure as a MEDICAL DOCTOR in the State of Florida.

3. Respondent agrees to voluntarily cease practicing MEDICINE immediately upon executing this Voluntary Relinquishment. Respondent further agrees to refrain from the practice of MEDICINE until such time as this Voluntary Relinquishment is presented to the Board/Department and the Board/Department issues a written final order in this matter. If Respondent is a records owner, Respondent agrees to notify the Board specifying the new records owner and where medical records can be found.

4. In Order to expedite consideration and resolution of this action by the Board/Department in a public meeting, Respondent, being fully advised of the consequences of so doing, hereby waives the statutory privilege of confidentiality of Section 456.073(10), Florida Statutes, regarding the complaint, the investigative report of the Department of Health, and all other information obtained pursuant to the Department's investigation in the above-styled action. By signing this waiver, Respondent understands that the record and complaint become public record and remain public record and that information is immediately accessible by the public. Respondent understands that this waiver of confidentiality is a permanent, non-revocable waiver.

5. In order to expedite consideration and resolution of this action by the Board/Department in a public meeting, Respondent, being fully advised of the consequences of so doing hereby waives a determination of probable cause, by the Probable Cause Panel, or the Department when appropriate, pursuant to Section 456.073(4), Florida Statutes.

6. Upon the Board's/Department's acceptance of this Voluntary Relinquishment, Respondent agrees to waive all rights to seek judicial review of, or to otherwise challenge or

contest the validity of, this Voluntary Relinquishment and of the Final Order of the Board/Department incorporating this Voluntary Relinquishment.

7. Petitioner and Respondent hereby agree that upon the Board's/Department's acceptance of this Voluntary Relinquishment, each party shall bear its own attorney's fees and costs related to the prosecution or defense of this matter.

8. Respondent authorizes the Board/Department to review and examine all investigative file materials concerning Respondent in connection with the Board's/Department's consideration of this Voluntary Relinquishment. Respondent agrees that consideration of this Voluntary Relinquishment and other related materials by the Board/Department shall not prejudice or preclude the Board/Department, or any of its members, from further participation, consideration, or resolution of these proceedings if the terms of this Voluntary Relinquishment are not accepted by the Board/Department.

DATED this 1ST day of JULY 2021

Gerald Michael Abraham, MD
GERALD MICHAEL ABRAHAM, MD

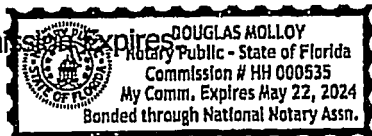
STATE OF FLORIDA
COUNTY OF LEE

Before me, personally appeared GERALD MICHAEL ABRAHAM, whose identity is known to me or who produced _____ (type of identification) and who, under oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 1ST day of JULY 2021.

[Signature]
NOTARY PUBLIC

My Commission Expires



Eff.: 6.29.16



STATE OF FLORIDA

DEPARTMENT OF HEALTHFlorida
HEALTH**INVESTIGATIVE REPORT**

Office: Consumer Services Unit	Date of Complaint: 09/10/2021	Case Number: 202119211
Subject: DR GERALD MICHAEL ABRAHAM, MD* 719 Reef Pointe Circle Naples, FL 34108 239-334-1478	Source: DEPARTMENT OF HEALTH – INVESTIGATIVE SERVICES UNIT	
Profession: Medical Doctor	License Number and Status: 38969/Clear, Active	
Related Case(s):	Period of Investigation and Type of Report: 09/14/2021 THRU 09/16/2021 Final Report	
Alleged Violation: Possible violation of SS. 456.0635(1)(2)(a) F.S., 456.072(1)(c)(k)(x)(dd)(II) F.S., 456.074(1)(a) F.S. and 458.331(1)(c)(g)(nn) F.S.		
Synopsis: This investigation is predicated on the receipt of information from DEPARTMENT OF HEALTH – INVESTIGATIVE SERVICES UNIT indicating ABRAHAM has entered into a plea agreement with the Middle District Court of Florida. ABRAHAM plead guilty to 3 counts of “dispensing a controlled substance not for a legitimate medical purpose and outside the usual course of professional practice” in violation of 21 USC 841(a)(1) and 841(b)(1)(C).		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject Notification Completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Subject responded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Patient Notification Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Above referenced licensure checked in database/LEIDS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board certified? Name of Board: American Board of Psychiatry and Neurology Date: Specialty: Psychiatry		
Law Enforcement <input type="checkbox"/> Notified Date: <input checked="" type="checkbox"/> Involved Agency: Drug Enforcement Agency <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject represented by an attorney? Attorney information: Molloy Law, LLC, 1411 Bayview Ct., Fort Myers, FL 33901		
Investigator/Date: <i>Caroline Anderson</i> Caroline Anderson, 09/16/2021 Government Analyst I	Approved By/Date: <i>Morgan Schulz</i> For: Morgan Schulz Senior Management Analyst II	
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