

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL)
REGULATION of the State of Illinois, Complainant)
v.) No. 2006-03902-1
Jose M. Santeiro, MD)
License No. 36-089447, Respondent)

ORDER

To: **Jose M. Santeiro, MD**

[REDACTED]

This matter having come before the Director of the Division of Professional Regulation of the Department of Financial and Professional Regulation of the State of Illinois, pursuant to the Department's Notice of Intent to Refuse to Renew, the Respondent having been served with said notice, and the Respondent having filed no petition to contest within the designated time.

Now, therefore I, Daniel E. Bluthardt, Director of the Department of Professional Regulation of the State of Illinois, do hereby refuse to renew Respondent's Physician and Surgeon License issued by the State of Illinois and adopt the grounds specified therefore in the Department's Notice of Intent to Refuse to Renew.

DATED THIS 6th, DAY OF October, 2006.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL
REGULATION of the State of Illinois

DEAN MARTINEZ
Secretary

[REDACTED]

DANIEL E. BLUTHARDT
Director
Division of Professional Regulation

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STATE OF ILLINOIS

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION,
DIVISION OF PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION)
of the State of Illinois, Complainant)
v.) No. 2006039021
Jose M Santeiro MD)
Registration Number: 36089447, Respondent)

NOTICE OF INTENT TO REFUSE TO RENEW
PHYSICIAN AND SURGEON LICENSE

TO: Jose M Santeiro MD



BE NOTIFIED that the Division of Professional Regulation of the State of Illinois (Department) has received information that your Physician and Surgeon License was disciplined by the State of Florida.

BE NOTIFIED THAT A Sister-State Discipline is a violation of the Medical Practice Act, 225 Illinois Compiled Statutes (2002), Section 60/22 (A) paragraph(S) 12, and the Department has determined that you are unfit for registration as a physician and surgeon in The State of Illinois due to the Sister-State Discipline:

DATE: 06/19/2006
STATE: Florida
ACTION: Reprimand and fine.
BASIS: Professional misconduct.

YOU ARE FURTHER NOTIFIED that you have the right to request a hearing to address the issue(s) that gives rise to placing your Physician and Surgeon License in Refuse to Renew Status. You

shall have 30 days from the date of this notice to make a written request for a hearing. Failure to request a hearing within 30 days will result in the entry of the Order of Refusal to Renew your Physician and Surgeon License. Your request for a hearing should be directed to The Clerk of the Court, Illinois Department of Financial and Professional Regulation, Division of Professional Regulation 100 W. Randolph St., Suite 9-300, Chicago, IL 60601.

Division of Professional Regulation
Of the State of Illinois

BY: 

Sadzi Oliva
CHIEF OF MEDICAL PROSECUTIONS

All other inquiries should be directed to:

The Division of Professional Regulation

Name: Sadzi M. Oliva
Address: 100 W. Randolph St., Suite 9-300
Chicago, IL 60601
Telephone: 312-814-4517
Fax: 312-814-5392

STATE OF ILLINOIS
DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION)
of the State of Illinois, Complainant)
)
v.) 2006-03902
)
JOSE M. SANTEIRO Respondent)

NOTICE

TO: JOSE M. SANTEIRO


PLEASE TAKE NOTICE that the Director of the Department of Professional Regulation did sign the attached Order.

YOU ARE FURTHER NOTIFIED that you have a right to judicial review of all final administrative decisions of this Department, pursuant to the provisions of the "ADMINISTRATIVE REVIEW ACT," approved May 8, 1945, and all amendments and modifications thereof, and the rules adopted pursuant thereto.

The order of the Director of the Department of Professional Regulation will be implemented as of the date of the Order unless the Order states otherwise.

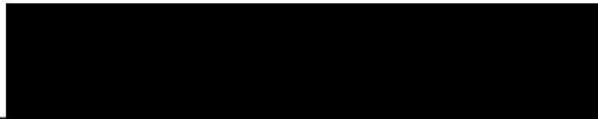
DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

BY: 
Clerk for the Department

All inquiries should
be directed to:
Chicago Office - 312-814-4504
Springfield Office - 217-785-0820

STATE OF ILLINOIS)
)
COUNTY OF SANGAMON) ss:

UNDER PENALTY of perjury, as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that I caused copies of the attached NOTICE AND ORDER, to be deposited in the United States mail, by CERTIFIED mail at 320 W. Washington, Springfield, Illinois 62786, before 5:00 p.m. with proper postage prepaid on the 6th day of October, 2006 to all parties at the addresses listed on the attached documents.



AFFIANT