

Date 03/30/2023Application # 23-SE-003

City of Lauderhill
Planning and Zoning Division
5581 West Oakland Park Blvd.
Phone (954) 730-3050 / Fax (954) 730-2991

CITY OF LAUDERHILL
 RECVD BY: CLAIRE 01000470742
 PAYOR: MED-PED ASSOCIATES
 TODAY'S DATE: 03/30/23
 REGISTER DATE: 03/30/23 TIME: 13:08
 DESCRIPTION AMOUNT
 CUST ID: 23-SE-003
 DEVELOPMENT REVENUE FE \$890.00

(CUST ID) / NAME

Application # Med-Ped Associates, P.A.Address 1600 N State Rd 7 # 300Telephone # (954) 581-1977

TOTAL DUE: \$890.00
 TENDERED: \$890.00
 CHANGE: \$.00
 CHECK : \$890.00
 REF NUM: 1027

DEVELOPMENT REVIEW FEES	PERMIT ACCT'S	CODE	AMOUNT
SITE PLAN (\$1000 Minimum or \$250 per acre, to a maximum of \$5000 – whichever is greater)	001-322-061	682	
SITE PLAN MODIFICATION	001-322-061	682	\$500.00
VARIANCE FILING FEE	001-341-065	682	\$1,000.00
SIGN VARIANCE FILING FEE	001-321-032	682	\$350.00
SPECIAL EXCEPTION FEE	001-341-065	682	\$890.00
REZONING FILING FEE	001-341-065	682	\$2000.00
ZONING CONFIRMATION (\$100 Minimum plus \$89 per each additional staff hour)	001-341-065	682	
ZONING VERIFICATION REQUEST (Commercial Certificate of Use (COU))	001-341-065	682	
PLATTING (\$800 Minimum or \$150 per acre, to a maximum of \$3000 – whichever is greater)	001-322-061	682	
LAND-USE AMENDMENT (\$3000 Minimum or \$500 per acre, to a max. of \$10,000 – whichever is greater)	001-322-061	682	
MODIFICATION / LANDSCAPE PLAN	001-322-061	682	\$200.00
SIGN PERMIT	001-321-032	682	
CAC REVIEW (SINGLE-FAMILY & DUPLEX)	001-322-061	682	\$20.00
CAC REVIEW (MULTI-FAMILY & NON-RESIDENTIAL)	001-222-3110	222	\$700.00
ALCOHOLIC BEVERAGE REVIEW	001-322-061	682	\$100.00
PROF. SERVICES / DESIGN REVIEW	001-222-3110	222	
TREE PRESERVATION	001-247-116	655	
TREE REMOVAL PROCESSING FEE ONLY – ADDITIONAL FEES MAYBE CHARGED BASED ON CANOPY COVERAGE.	001-247-116	655	\$50.00
NOTARY SERVICE	001-349-076	135	
TOTAL			\$890.00

APPLICATION NUMBER



SPECIAL EXCEPTION USE APPLICATION FOR

ENTER TYPE OF USE /BUSINESS:

Business Name: Med-Ped Associates P.A.
Business Address: 1600 N. State Rd 7, #300
Landerhill, FL 33313
Business Telephone Number: 954-581-1977
Business Email: Hctik@hotmail.com

APPLICANT AND CONTACT INFORMATION

Applicant Name: Med-Ped Associates P.A.
Applicant Address: 1600 N. State Rd 7, #300
Landerhill, FL 33313
Applicant Telephone Number: 954-581-1977
Applicant Mobile Telephone Number: 954-240-0700
Applicant Email address: Hctik@hotmail.com

FILL IN BELOW THE CONTACT INFORMATION FOR ANYONE ELSE WHO SHOULD
RECEIVE COPIES OF NOTICES /CORRESPONDENCE

Name: Marcia Joseph
Address: 16120 Saddle Ln
Weston FL 33313
Telephone Number: 954-801-1934 Mobile: 954-801-1934
Email address: bethelKS@gmail.com

APPLICATION NUMBER

Name: Johanne Thurel MD
 Address: 1600 N. State Rd of #300
Lauderhill FL 33308
 Telephone Number: 954-5811977 Mobile 305 610 1443
 Email address: _____

INFORMATION ABOUT THE USE/ BUSINESS

Business Description (Please list all activities conducted at your business):

medical Doctor, seeing pediatric patients
sick & well

Date the business opened or is expected to be opened: _____

The Days and Hours of operation for the business:

LIST NEXT TO EACH DAY, THE HOURS
YOU WILL BE OPEN

LIST NEXT TO EACH DAY THE
OF EMPLOYEES ON DUTY

Sunday	<u> </u> to <u> </u>	.....	<u> </u>
Monday	<u>9</u> to <u>5</u>	.....	<u>6</u>
Tuesday	<u>9</u> to <u>5</u>	.....	<u>6</u>
Wednesday	<u>9</u> to <u>5</u>	.....	<u>6</u>
Thursday	<u>9</u> to <u>5</u>	.....	<u>6</u>
Friday	<u>9</u> to <u>5</u>	.....	<u>6</u>
Saturday	<u>9</u> to <u>12</u>	.....	<u>2</u>

How many persons will the proposed business employ?

we currently have 17 employees
have been here for 30 years

List the job titles and approximate salaries for the proposed employees?

pediatrician (M.D.) about 120/year.
 She will be an employee, - this is not
 a new business for her.

Square footage of building space to be occupied by the business : 2500.

INFORMATION ABOUT THE SITE

Property Owner Name: ~~Dr Rufus Joseph~~ / Marcina Joseph

Property Owner Street Address: 16120 Saddle Lane

City, State & Zip Code: Weston, FL, 33326

Telephone #: 954-8011934 Email bethelks@gmail.com
 954-240-0700

STANDARDS FOR APPROVAL THE EFFECTS OF YOUR USE/BUSINESS ON THE COMMUNITY

Describe how your business will affect the residents who live close by: We have
 been doing this business in Landstuhl since
 the late 1980's. we have a large patient
 following. The children have a doctor in the
 neighborhood.

Describe how this business/use will affect neighboring businesses:
 could only be positive. The mall gets client
 customers. The restaurant get customers. The
 bus is used.

What site characteristics make this location suitable for your use/ business:
 Easy access to business. we have been
 in the same location for over 30 years.

How will this use/business affect the community economically?

patients love coming to us for care
positive

ADDITIONAL DEMANDS ON UTILITIES, COMMUNITY FACILITIES, AND PUBLIC SERVICES

Describe any fire hazards associated with your business:

N/A
business has been existing for
30 years

Describe what security measures your business will require:

we have an alarm system
in office

Describe any chemicals, fluids, gases or potentially hazardous substances that your business will use or store on site:

none

Describe any activity in your business that will use water other than normal washing and toilet use

none

Describe any activity in your business that will utilize City park facilities:

none

Describe any activity in your business that will generate noise, light or vibration:

none - crying kids for vaccine

Describe transit, automobile or pedestrian traffic that your business will create in the area:

Dr. Thurel is only going to be an employee at the business. It is not a new business. All will remain same.

Describe any activity in your business that will involve alcohol, music or live entertainment:

N/A. none

Describe any other aspects of your business about which you feel that the reviewer should know:

Dr. Thurel is not a new physician - he has been working with Dr. Rufus Joseph in Miami for almost 20 years. Same employee - different location - or added location.

ATTACH THESE DOCUMENTS TO THIS APPLICATION

1. Site Plan
2. Floor Plan
3. Inventory of Fixtures and Equipment \$30,000. —
4. Legal Description medical office employee
5. Certified Mailing list with two (2) sets of labels for all property owners within 300 feet of the site.
6. Copy of Lease (For Applicants who are renting) — N/A — she is not renting Employee
7. Copy of Deed or Contract to Purchase (For Applicant who own or intends to own) N/A
8. Letter from property owner authorizing you to apply for a special exception. N/A

NOTE: STAFF MAY REQUIRE ADDITIONAL INFORMATION.

→ 1600 NW 40 ave, Landershill, FL 33313
folio # 494231240022

AFFIDAVIT

I, Marcina Joseph, DO HEREBY SWEAR OR AFFIRM

1. THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION AND THE ATTACHMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
2. CONSISTENT WITH THE LAND DEVELOPMENT REGULATIONS OF THE CITY OF LAUDERHILL, FLORIDA, SPECIFICALLY, SCHEDULE E, SUBSECTION 5.(9), PARAGRAPH (B), I WILL CAUSE A SIGN AT LEAST THREE (3) SQUARE FEET IN SIZE TO BE POSTED ON THE SUBJECT PROPERTY FACING AND VISIBLE FROM THE STREET AT LEAST TEN (10) DAYS PRIOR TO THE PUBLIC. MOREOVER, I CERTIFY THE SIGN WILL REMAIN POSTED FOR THE DURATION OF THE TIME REQUIRED FOR THE POSTING OF THE SUBJECT PROPERTY AND A PHOTOGRAPH OF THE SIGN POSTED ON THE SUBJECT PROPERTY WILL BE PROVIDED TO THE CITY OF LAUDERHILL PLANNING AND ZONING DEPARTMENT AT LEAST SEVEN (7) DAYS PRIOR TO THE PUBLIC HEARING.
3. I WILL CAUSE THIS SAME SIGN TO BE REMOVED WITHIN SEVEN (7) CALENDAR DAYS AFTER THE HEARING.

PRINT YOUR NAME:

Marcina Joseph

SIGN YOUR NAME:

Marcina Joseph

DATE:

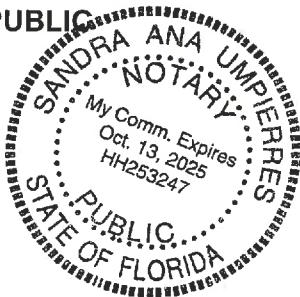
3/3/23THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 3 DAYOF March, 20 23, BY Marcina Joseph, WHO IS

PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED

Pl Dr. Lic

AS IDENTIFICATION AND WHO DID TAKE AN OATH.

NOTARY PUBLIC



SIGN:

PRINT:

Sandra Ana Umperres

STATE OF FLORIDA AT LARGE SEAL

MY COMMISSION EXPIRES:

10/13/2025**YOUR SUBMISSION**

1. The original application with Attachments 1 -8 .
2. A check made payable to the City of Lauderhill for the appropriate fee amount.



CERTIFICATION LETTER

City of Lauderdale

Date: March 6, 2023

Applicant: Med-Ped Associates, P.A.

Subject Property: Portion of Tracts C & D of Industrial 100 Unit 2 Plat as recorded in Plat Book 85 Page 2 of the Public Records of Broward County, Florida.

General Location: 1600 NW 40 Avenue

Application Type: Special Exception

This is to certify that the attached mailing labels are a complete and accurate representation of the property owners within 300 feet of the subject property listed above. This reflects the records on file in the Broward County Property Appraiser's office as of March 2, 2023.

Sincerely,

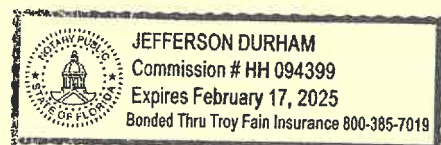
A handwritten signature in blue ink, appearing to read "Christina Mathews", is written over a horizontal line.

Christina Mathews

Sworn and subscribed before me this 2nd day of
March, 2023.

A handwritten signature in blue ink, appearing to read "Jefferson Durham", is written over a horizontal line.

Signature of Notary



AFFIDAVIT

I, Johanne Thurel, MD, DO HEREBY SWEAR OR AFFIRM

1. THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION AND THE ATTACHMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
2. CONSISTENT WITH THE LAND DEVELOPMENT REGULATIONS OF THE CITY OF LAUDERHILL, FLORIDA, SPECIFICALLY, SCHEDULE E, SUBSECTION 5.(9), PARAGRAPH (B), I WILL CAUSE A SIGN AT LEAST THREE (3) SQUARE FEET IN SIZE TO BE POSTED ON THE SUBJECT PROPERTY FACING AND VISIBLE FROM THE STREET AT LEAST TEN (10) DAYS PRIOR TO THE PUBLIC. MOREOVER, I CERTIFY THE SIGN WILL REMAIN POSTED FOR THE DURATION OF THE TIME REQUIRED FOR THE POSTING OF THE SUBJECT PROPERTY AND A PHOTOGRAPH OF THE SIGN POSTED ON THE SUBJECT PROPERTY WILL BE PROVIDED TO THE CITY OF LAUDERHILL PLANNING AND ZONING DEPARTMENT AT LEAST SEVEN (7) DAYS PRIOR TO THE PUBLIC HEARING.
3. I WILL CAUSE THIS SAME SIGN TO BE REMOVED WITHIN SEVEN (7) CALENDAR DAYS AFTER THE HEARING.

PRINT YOUR NAME:

Johanne Thurel, MD

SIGN YOUR NAME:

J Thurel, MD

DATE:

3/3/2023THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 3RD DAYOF MARCH, 20 23, BY JOHANNE LUCIE THUREL WHO ISPERSONALLY KNOWN TO ME OR WHO HAS PRODUCED FL DRIVEN LICENSE

AS IDENTIFICATION AND WHO DID TAKE AN OATH.

NOTARY PUBLIC

SIGN:

JM - Phil

PRINT:

JACQUES M. SAINT-VIL

STATE OF FLORIDA AT LARGE SEAL

MY COMMISSION EXPIRES:

NOV. 14, 2024

Jacques M. Saint-Vil
Comm. #HH023874
Expires: Nov. 14, 2024
Bonded Thru Aaron Notary

YOUR SUBMISSION

1. The original application with Attachments 1 -8 .
2. A check made payable to the City of Lauderhill for the appropriate fee amount.

This document was prepared by:
The Law Offices Brett J Allen
2821 NE 185 Street Suite 402
Aventura, Florida 33180

CORRECTIVE QUIT CLAIM DEED

THIS QUIT CLAIM DEED, executed this 10th day of Oct, 2014, by Rufus Joseph & Marcina Joseph whose mailing address is 4911 SW 205 Ave, Fort Lauderdale, FL 33332 hereinafter called the Grantors to Marcina Joseph whose mailing address is 1600 NW 40th Avenue, Lauderhill, FL 33313 hereinafter called the Grantee.

WITNESSETH: That said Grantors, for and in consideration of the sum of \$10.00 (Ten Dollars and 00/100 dollars) and other good and valuable consideration paid by the Grantee, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said Grantee forever, all the right, title, interest and claim which the said Grantors has in and to the following described lot, piece or parcel of land, situate, lying and being in the county of **Broward** - State of Florida, described as:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

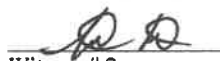
FOLIO NUMBER: 494231240022

TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title interest, lien, equity and claim whatsoever of the said Grantors, either in law or equity, to the only proper use, benefit and behalf of the said Grantee forever.

IN WITNESS WHEREOF, the said GRANTORS have signed and sealed these presents the day and year first above written, sealed and delivered in presence of:

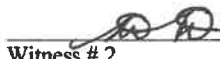

Witness #1
Printed Name: ROSE RENEE ADDISON


Grantor Rufus Joseph


Witness # 2
Printed Name: Lucienne Dampius


Witness #1
Printed Name: ROSE RENEE ADDISON

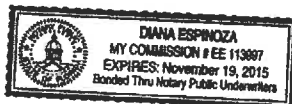

Grantor Marcina Joseph


Witness # 2
Printed Name: Lucienne Dampius

State of Florida
COUNTY OF Broward

The foregoing instrument was acknowledged before me this 10th day of October 2014, by Rufus Joseph who has produced LICENSE as identification and Marcina Joseph who has produced LICENSE as identification.

(Affix Notary Seal)




Notary Public

My Commission Expires 11-19-2015

RECORD TO COLLECT
LEGAL DESCRIPTION
Instr # 112564552

EXHIBIT "A"

LEGAL DESCRIPTION

A portion of Tracts "C" and "D", INDUSTRIAL 100 UNIT TWO, according to the plat thereof, as recorded in Plat Book 85, Page 2, of the public records of Broward County, Florida, being more particularly described as follows:

Commencing at the Southwest corner of Section 31, Township 49 South, Range 42 East, and run on an assumed bearing of North 1°04'50" West, along the West line of said Section 31 for 3765.19 feet measured (3766.06 feet deed) to a point, said point being the centerline intersection of State Road No. 7 and N.W. 16 Street, as shown on that Plat, NORTHWEST 16TH STREET, as recorded in Plat Book 66, Page 1, of the public records of Broward County, Florida; thence run North 88°55'10" East, for 100.00 feet; thence run North 1°04'50" West, along a line parallel to and 100 feet East of as measured at right angles to the West line of said Section 31 for 50.00 feet to the Point of Beginning; thence continue along the last described course North 1°04'50" West, for 145.00 feet; thence run North 88°55'10" East for 300.00 feet; thence run South 1°04'50" East, along a line parallel to and 400 feet East of as measured at right angles to the West line of said Section 31 for 145.00 feet; thence run south 88°55'10" West for 300.00 feet to the Point of Beginning, less the external portion of a 25 foot radius curve lying at the Southwest corner of the above described property.

Said land situate, lying and being in Broward County, Florida.



I hereby certify this document to be a true,
correct and complete copy of the record
filed in my office, dated this 15 day

of October
County Administrator

By

[Signature]
Deputy Clerk

OFFICE INVENTORY

Med-Ped Associates, P.A.

6 exam tables

10 computers

Desk total 5

2 Refrigerators

1 freezer

1 dorm style refrigerator

10 chairs in waiting room

2 benches in waiting room

10 Chairs in exam rooms

10 chairs for employees

1 copy machine

5 scanners

1 Water cooler

Vaccines from the health Dept and private to immunize children

Medical supplies to run office eg:

Table paper

Copy paper

Disinfecting and cleaning supplies (store bought, non- toxic)

Copy paper

Bandages, peroxide, alcohol swabs, needles for vaccines and blood collection, cotton balls, Pregnancy tests, swabs, tubes for blood collection, paper plates, paper cups

AC# 11268493

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE**

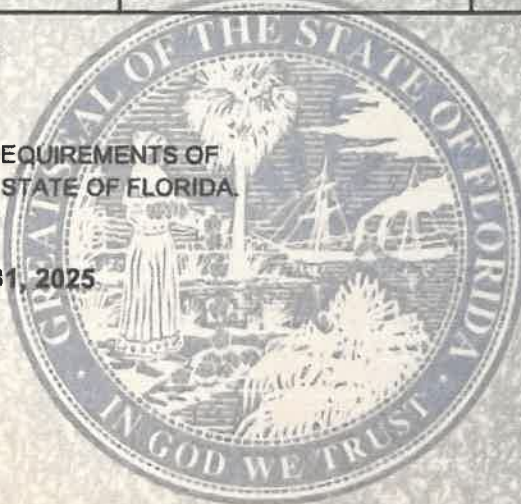
DATE	LICENSE NO.	CONTROL NO.
10/25/2022	ME 98184	810911

THE MEDICAL DOCTOR

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: JANUARY 31, 2025

JOHANNE L THUREL
1600 STATE ROAD 7
SUITE 300
LAUDERHILL
LAUDERHILL, FL - 33313



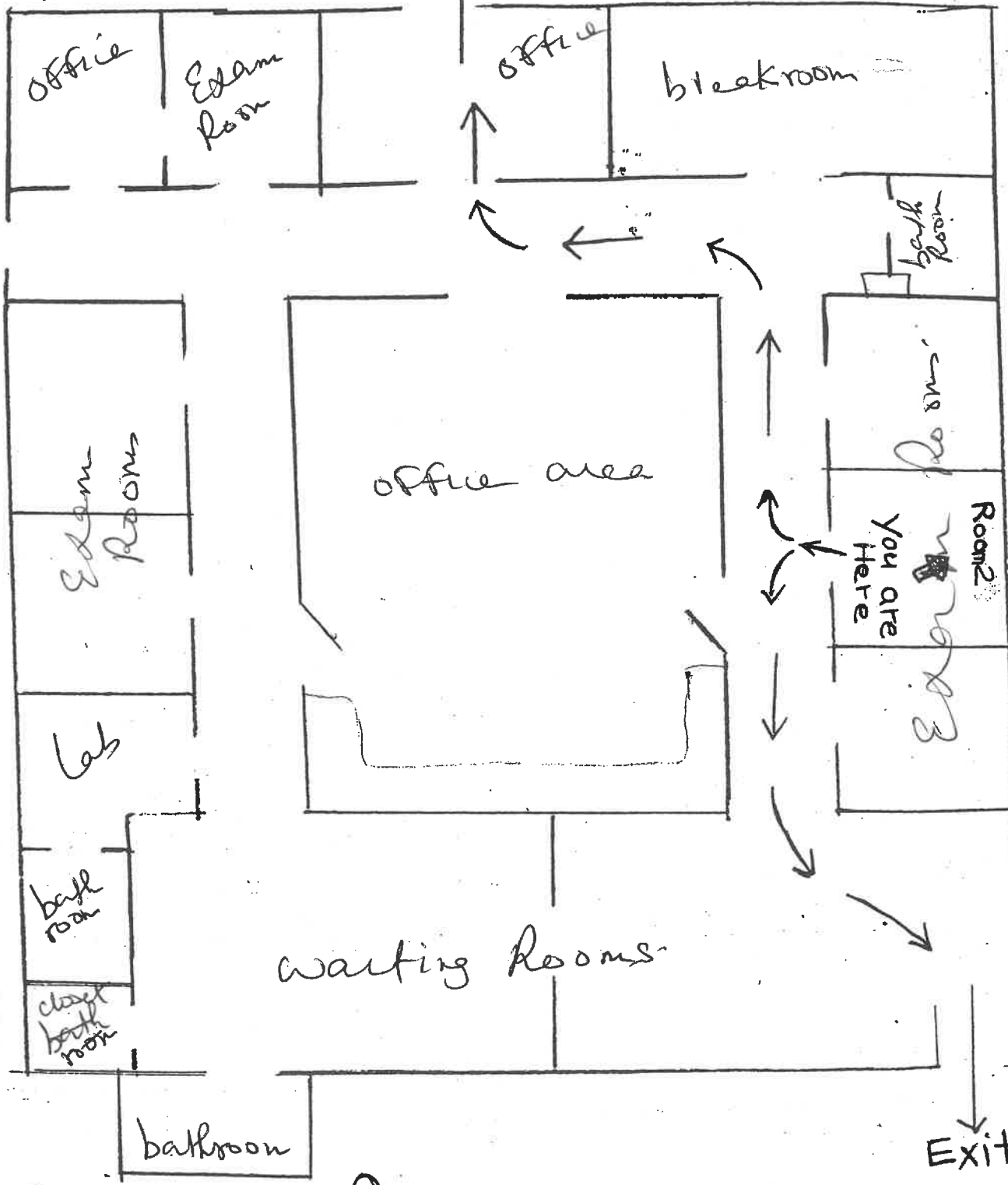
Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

MED-PED ASSOCIATES

S
Exit



Evacuation Route

N

LEASE AGREEMENT

THIS LEASE dated as of the 1 day of Jan 1997, by and between
RUFUS JOSEPH, M.D. having an office for the transaction of business at 1600 N. State Rd 7
Lauderhill FL ("Landlord") and med-Ped Assoc.
at _____, having an office for the transaction of business
at _____ ("Tenant").

WITNESSETH:

Landlord, for and in consideration of the rents hereinafter reserved, and the terms, conditions, covenants and provisions on the part of the Tenant, and the Tenant hereby takes and hires from the Landlord, subject to the terms and conditions contained in this Lease Agreement:

A portion of Tracts "C" and "D", INDUSTRIAL 100 UNIT TWO
according to the plat thereof, as recorded in Plat Book 85, Page 2,
of the Public Records of Broward County, Florida.

A/K/A 1600 State Road 7, Lauderhill, Florida 33313

hereinafter referred to as "Demised Premises" or "Premises".

ARTICLE 1

TERM

The term of this lease shall be 1 years, commencing on the 1 day of Jan 1997.
12 and ending on the 1 day of Jan 1998, unless sooner terminated or
extended as provided herein, subject to the terms and conditions of this Lease.

ARTICLE 2

RENT

*payment for buildout of
office space.*

Section 2.1. Tenant covenants and agrees to pay Landlord for the Demised Premises, without offset or deduction, and without previous demand therefor, Base Minimum Rent of Twenty One Thousand ~~4772~~ 4772 ~~& 00/100 Dollars (\$21,000.00)~~ per annum, payable by Tenant in equal monthly installments of Seventeen Hundred and Fifty & 00/100 Dollars on the first day of each and every calendar month during the term of this Lease together with the sales tax due thereon. The Base Minimum rent shall be payable at the office of the Landlord first above set forth or at such other place of which Landlord shall have given Tenant written notice. In the event the obligation to pay the Base Minimum Rent commences or terminates on a day other than the first day of any calendar month, then the Base Minimum Rent for such month shall be appropriately prorated in order to reflect such event.

\$1,750.00 Base Rent
105.00 Sales Tax

4772 ~~\$1,855.00~~ Total Monthly Payment
partial ~~Not Including~~ Build Out.

*4772. - for buildout
of space in order to
Keep Rent same
lower with less
for additional
buildout at the time
of lease.*

*For Jan 1997
Maure Jref*

At least one **hundred eighty (180) days** prior to the expiration of the initial term, or of any renewal term, Tenant shall **notify Landlord in writing** of its election to exercise the right to renew the term of this Lease for the **renewal term**.

Upon the giving of the notice of exercise of this renewal option, this Lease shall be deemed to be **renewed** and the term thereof renewed for the period and upon the terms provided above without the execution of any further lease or instrument.

ARTICLE 37

CONDITION OF PREMISES

The Tenant hereby **acknowledges** that Tenant has made a thorough inspection of the Demised Premises prior to entering into this Lease and accepts the premises in its existing condition. Tenant further acknowledges that Landlord is leasing the Demised Premises to Tenant in "as is" condition.

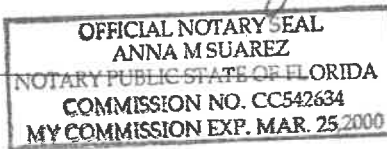
IN WITNESS WHEREOF, the parties hereto have caused the due execution hereof the day and year first above written.

Signed, Sealed and Delivered
in the Presence of:

Roger Joseph

(As to Landlord)

Anna M. Suarez



(As to Tenant)

12 Dec 2001:

Addendum Lease extended to 2030 \$4,772.00

Roger Joseph
Maria Jose