

APPLICATION NUMBER
21-SE-002



PLANNING & ZONING DIVISION

FEB 01 2021

RECEIVED

SPECIAL EXCEPTION USE APPLICATION FOR

ENTER TYPE OF USE /BUSINESS:

Business Name: OSCAR MENDEZ, M.D., P.A.

Business Address: Current: 2951 NW 49 AVE, STE 306 Proposed: 5950 W OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33313 LAUDERHILL, FL 33313

Business Telephone Number: (954) 717-4066

Business Email: LVARGAS@OSCARMENDEZMD.COM

APPLICANT AND CONTACT INFORMATION

Applicant Name: OSCAR MENDEZ

Applicant Address: 16705 BERKSHIRE COURT
SOUTHWEST RANCHES, FL 33331

Applicant Telephone Number: (954) 980-4707

Applicant Mobile Telephone Number: (954) 980-4707

Applicant Email address: IRIOCA123@HOTMAIL.COM

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

Name: _____

Address: _____

Telephone Number: _____ **Mobile** _____

Email address: _____

APPLICATION NUMBER

Name: _____

Address: _____

Telephone Number: _____ Mobile _____

Email address: _____

INFORMATION ABOUT THE USE/ BUSINESS

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

Founded and operated by Family Practice Board Certified Dr. Oscar Mendez, "Oscar Mendez, M.D., P.A. " is a comprehensive medical practice for patients that are eighteen (18) and older. The practice sees Medicare, Medicaid, commercial and self-pay patients. Many of the patients served at our practice are underserved, elderly, and experiencing barriers to access care. Our practice is designed to help these patients receive specialized medical care and mitigate any applicable barriers. Each patient receives an individualized plan of care that aims to prevent and treat medical diseases.

Date the business opened or is expected to be opened: 08/01/2007, relocating to 5950 facility ASAP

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	Closed to Closed	.....	Less than 6 employees for cleaning
Monday	7 AM to 7 PM	.....	Minimum of 20 with maximum of 70
Tuesday	7 AM to 7 PM	.....	Minimum of 20 with maximum of 70
Wednesday	7 AM to 7 PM	.....	Minimum of 20 with maximum of 70
Thursday	7 AM to 7 PM	.....	Minimum of 20 with maximum of 70
Friday	7 AM to 7 PM	.....	Minimum of 20 with maximum of 70
Saturday	8 AM to 6 PM	.....	Minimum of 5 with maximum of 70

How many persons will the proposed business employ?

The business currently employs forty-one (41) direct employees and will continue hiring based on future business needs up to a maximum of seventy (70) employees at this location.

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

Front desk: \$30k; Medical Assistant: \$35k; Administration: \$50k; Referrals: \$35k; Medical Records: \$30k;
Medical Doctor: \$150k; Nurse Practitioner: \$100k; Patient coordinators: \$35k; future roles as business needs
present.

Square footage of building space to be occupied by the business : 1st floor: 3,800; 3rd floor: 14,500

INFORMATION ABOUT THE SITE

Property Owner Name: MENDEZ REALTY HOLDINGS LLC

Property Owner Street Address: 16705 BERKSHIRE COURT

City, State & Zip Code: SOUTHWEST RANCHES, FL 33331

Telephone #: (954) 980-4707 **Email** IRIOCA123@HOTMAIL.COM

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

Describe how your business will affect the residents who live close by: The Florida State

Surgeon General issued a Determination which identifies this site as a Health Professional Shortage Area, an area of critical need. This site is also in a Medically Underserved Area or Population. The residents of Lauderdale that live close by will benefit tremendously from our business as it will allow them to receive the specialized primary medical care that is needed in this critical and underserved area.

Describe how this business/use will affect neighboring businesses:

Our business will drive incremental commerce and new sources of revenue to neighboring restaurants, markets, and consumer product businesses. Our business will have no adverse impact as our flow of patients is spread out throughout the day (mitigates excess or bottleneck traffic) and our operations do not cause excess noise, light, or vibration.

What site characteristics make this location suitable for your use/ business:

The ample square footage of this location allows us to have adequate space for waiting areas, examination rooms, areas for bloodwork, administrative offices, a dispensary, and room for additional expansion in the future. This space ensures we can deliver exceptional care and service to our patients.

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How will this use/ business affect the community economically?

Our business will drive incremental commerce and new sources of revenue to the community. Our intention is to continue hiring direct employees based on our growing business needs and priority will be given to qualifying residents of Lauderhill.

ADDITIONAL DEMANDS ON UTILITIES, COMMUNITY FACILITIES, AND PUBLIC SERVICES

Describe any fire hazards associated with your business: There are no fire hazards associated with our business. We will be undergoing and passing all applicable fire inspections before opening.

Describe what security measures your business will require: Our business will have internal and external cameras to monitor the business for safety and security. We will not require a security guard or other security services, though will seek any applicable permits to do so based on future business needs.

Describe any chemicals, fluids, gases or potentially hazardous substances that your business will use or store on site: Our business will operate with the biohazard substances that are usual and customary for a primary medical facility, including vaccines, urine samples, and blood samples. They will be governed by OSHA's biohazard and bloodborne pathogen standards.

Describe any activity in your business that will use water other than normal washing and toilet use Our business will use water that is typical and customary for normal washing and toilet use.

Describe any activity in your business that will utilize City park facilities: Our business will not utilize City park facilities.

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

Our business will not engage in any activity that will generate noise or vibration without first seeking any applicable permits to do so based on future business needs. Any light generated will be typical and customary for an office space, including interior lighting during business hours.

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

Traffic within the area will not be greatly impacted as patients arrive spaced out throughout the day.

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

Our business will never involve alcohol. It is not our intention to involve music or live entertainment as a business activity, though will seek any applicable permits in the future based on business needs.

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

know : We have patients that have been with us since we first began our business. We receive positive feedback from so many of our patients, many of whom were sick with multiple comorbidities and are leading healthier lives as a result of our interventions. Providing excellent medical care is our business model and one we hope you will allow us to provide at this site within the city of Lauderhill.

ATTACH THESE DOCUMENTS TO THIS APPLICATION

1. Site Plan
2. Floor Plan
3. Inventory of Fixtures and Equipment
4. Legal Description
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)
7. Copy of Deed or Contract to Purchase (For Applicant who own or intends to own)
8. Letter from property owner authorizing you to apply for a special exception.

NOTE: STAFF MAY REQUIRE ADDITIONAL INFORMATION.

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AFFIDAVIT

I, Oscar Mendez, 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: Oscar Mendez

SIGN YOUR NAME: _____

DATE: 01/28/2021

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 1ST DAY OF FEBRUARY, 20 21, BY OSCAR MENDEZ, WHO IS

PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED PERSONALLY KNOWN

AS IDENTIFICATION AND WHO DID TAKE AN OATH.

NOTARY PUBLIC

SIGN: Andrea P. Garces

PRINT: ANDREA P. GARCES

STATE OF FLORIDA AT LARGE SEAL

MY COMMISSION EXPIRES:



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.

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Fees	
Special Exception Use Application Fee.....	\$800.00
Cost of Mailing (minimum amount or actual cost of mailing, whichever is greater).....	90.00
Criminal Background Check(for child/elder care facility, game room or convenience store) PER PERSON.....	38.50

Should you have any questions concerning this application, please call Planning and Zoning at 954-730-3050.

SIGN SPECIFICATIONS:

Sign will be three (3) feet by three (3) feet in size and of a durable material. The applicant is required to post the sign on the property for which approval is sought at least ten (10) days before the public hearing. No permit shall be required for such sign. The sign shall be posted upon the property so as to face, and be visible from, the street upon which the property is located.

SIGN must be
WHITE background, BLACK letters.

SIGN must be securely attached to two, 2" x 4" posts (with nails or screws), and must be a minimum of 3' above ground level.

POSTS shall be set a minimum of 18" below ground level.

**CITY OF LAUDERHILL
NOTICE
OF
PUBLIC HEARING**

SPECIAL EXCEPTION

DATE:

TIME:

LOCATION:

COMMISSION CHAMBERS

5581 WEST OAKLAND PK BLVD

LAUDERHILL, FLORIDA

**FOR ADDITIONAL INFORMATION
PLEASE CALL 954-730-3050**

REAL ESTATE RESEARCH SERVICES

Alldata Real Estate Systems, Inc.
290 NE 51st Street
Ft. Lauderdale, FL
(954) 772-1800

Cutro & Associates, Inc.
1025 Yale Drive
Hollywood, FL
(954) 920-2205

Florida Real Estate Decisions, Inc.
1500 West Cypress Creek Road
Suite 409
Ft. Lauderdale, FL
(954) 761-9003

Florida Real Estate Decisions, Inc.
12765 W. Forest Hill Boulevard
Suite 1314
Wellington, FL
(561) 798-4423

Florida Real Estate Decisions, Inc.
16375 NE 18th Avenue
Suite 300
Miami, FL
(305) 757-6884

*The above mentioned companies have provided the required certified mailing list for previous applicants.

This is not a recommendation just a list of companies who have provided this service in the past.

Please refer to the yellow pages for additional sources.

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**SPECIAL EXCEPTION USE APPLICATION
ADDITIONAL REQUIREMENTS
FOR**

CHILD CARE/SCHOOLS

THE FOLLOWING REQUIREMENTS ARE IN ADDITION TO THOSE LISTED ON THE SPECIAL EXCEPTION USE APPLICATION. PLEASE SUBMIT THE FOLLOWING WITH YOUR

APPLICATION (1 COPY ONLY):

1. Provide evidence of financial responsibility: Submit monthly profit and loss statements for a 1 year period and a bank statement showing sufficient resources to cover any losses.
2. Provide evidence of ownership of the property or a contract or option to purchase or lease.
3. Provide evidence of a letter submitted to the Department of Public Services, Social Services Division, acknowledging your desire operate a child care facility.
4. Evidence of past job and education experience or both showing that the applicant and employees of the applicant are qualified to operate a child care facility.
5. List of all persons with a financial interest in the facility, along with affidavits from each stating whether or not that person was ever convicted of a crime. Also provide a copy of each person's driver's license and social security number.
6. The owner or operator of any child care facility shall annually provide proof that said facility has obtained and will continue in effect a Comprehensive General Liability Insurance Policy in the minimum amount of three hundred thousand dollars (\$300,000.00) for bodily injury and property damage. Proof of such insurance policy shall be provided to the Finance Department in conjunction with the filing of the Local Business Tax Receipt application. Said owner or director shall also provide the Finance Department thirty (30) days prior notice of the expiration or cancellation of said insurance policy.
7. Demonstrate conformance with the usable indoor floor space, outdoor play area, staff-to-child ratio, and toilet and bath facility requirements in Florida Administrative Code Section 65C-22.002, as may be amended from time-to-time.
 - a. The transportation services are provided, the following requirements shall apply:
 - a. The transportation services requirements specified in the Florida Administrative Code as may be amended from time-to-time.
 - b. Annually provide proof that said facility has obtained and will continue in effect a Comprehensive General Liability Insurance Policy in the minimum amount of one million dollars (\$1,000,000.00) for bodily injury and property damage. Proof of such
8. If transportation services are provided, the following requirements shall apply:
 - a. The transportation services requirements specified in the Florida Administrative Code as may be amended from time-to-time.
 - b. Annually provide proof that said facility has obtained and will continue in effect a Comprehensive General Liability Insurance Policy in the minimum amount of one million dollars (\$1,000,000.00) for bodily injury and property damage. Proof of such

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- insurance policy shall be provided to the Finance Department in conjunction with the filing of the Local Business Tax Receipt application. Said owner or director shall also provide the Finance Department thirty (30) days prior notice of the expiration or cancellation of said insurance policy.
9. Any other documentation that the Planning and Zoning Director deems relevant to the operation of such facility.

Prepared by:
Daphne Tako, Esq.
Biscayne Law Firm, P.A.
1125 NE 125 Street Suite 114
North Miami, FL 33161

Return to:
Real Title Insurance Agency
1400 E. Oakland Park Blvd. #106
Oakland Park, FL 33334

Property Identification No. 4941-26-27-0060

WARRANTY DEED

THIS WARRANTY DEED, made this _____ day of July 2020 between RE STYLE, LLC, a Delaware limited liability company, of 1125 NE 125 Street, Suite 101, North Miami, FL 33161, Grantor, and Mendez Realty Holdings LLC, a Florida limited liability company, of 16705 Berkshire Court, SW Ranches, FL 33331, Grantee.

(Whenever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, trusts, and trustees.)

WITNESSETH that said Grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations to said Grantor in hand paid by said Grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said Grantee, and Grantee's heirs and assigns forever, the following described land, situate, lying and being in Broward County, Florida, to-wit:

The East 178 feet of the West 313 feet of Tract "A", of the Oakland Shoppes, according to the Plat thereof, as recorded in Plat Book 82, Page 37, of the Public Records of Broward County, Florida.

Property Identification No. 4941-26-27-0060

TOGETHER with all of the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD, the same in fee simple forever.

AND the Grantor hereby covenants with the Grantee that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good right and lawful authority to sell and convey this land; that the Grantor hereby fully warrants the title to the land and will defend the same against the lawful claims of all persons whomsoever; and that the land is free of all encumbrances, except taxes accruing subsequent to December 31, 2019, and restrictions, covenants, and easements of record.

IN WITNESS WHEREOF, the said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

Benedetta Scarr

Witness Name: *Benedetta Scarr*

~~RE STYLE, LLC,
a Delaware limited liability company~~

Uri Segev

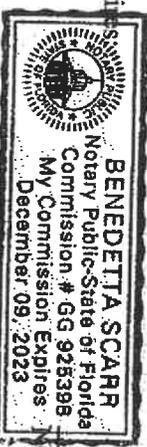
Witness Name: *Uri Segev*

~~By:
Uri Segev, Manager~~

By *Uri Segev*
Uri Segev, Manager
a Florida limited liability company, its Manager

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me by physical presence on this 16 day of July 2020, by Uri Segev, Manager of UV Group LLC, a Florida limited liability company, Manager of RE STYLE LLC, a Delaware limited liability company, who is personally known to me or who has produced FL D, as identification and who did take an oath.



Benedetta Scarr
NOTARY PUBLIC, State of Florida

My Commission Expires

Inventory of Fixtures and Equipment

The figures expressed in this document are approximate values of existing inventory, which may vary based on business needs.

45 desktop/laptop computers

45 cameras

40 VOIP business phones

1 IT server rack with servers

10 multi-functional printers/scanners

2 blood centrifuges



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
MENDEZ REALTY HOLDINGS LLC

Filing Information

Document Number	L20000106092
FEI/EIN Number	NONE
Date Filed	04/17/2020
Effective Date	04/14/2020
State	FL
Status	ACTIVE

Principal Address

16705 BERKSHIRE COURT
SW RANCHES, FL 33331

Mailing Address

16705 BERKSHIRE COURT
SW RANCHES, FL 33331

Registered Agent Name & Address

MENDEZ, OSCAR
16705 BERKSHIRE COURT
SW RANCHES, FL 33331

Authorized Person(s) Detail

Name & Address

Title MGR

MENDEZ, OSCAR
16705 BERKSHIRE COURT
SW RANCHES, FL 33331

Title MGR

VARGAS, MARLEY
16705 BERKSHIRE COURT
SW RANCHES, FL 33331

Annual Reports

No Annual Reports Filed

Document Images

[04/17/2020 -- Florida Limited Liability](#)

[View image in PDF format](#)

Florida Department of State - Division of Corporations



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Profit Corporation
OSCAR MENDEZ, M.D., P.A.

Filing Information

Document Number	P07000086934
FEI/EIN Number	26-0654479
Date Filed	08/01/2007

State FL

Status ACTIVE

Principal Address

2951 NW 49 AVENUE
306
LAUDERDALE LAKES, FL 33313

Mailing Address

2951 NW 49 AVENUE
306
LAUDERDALE LAKES, FL 33313

Registered Agent Name & Address

MENDEZ, OSCAR
2951 NW 49 AVE
306
LAUDERDALE LAKES, FL 33313

Officer/Director Detail

Name & Address

Title P
MENDEZ, OSCAR
2951 NW 49 AVE, SUITE 306
LAUDERDALE LAKES, FL 33313

Title VP

VARGAS, MARLY P
2951 NW 49 AVE, SUITE 306
LAUDERDALE LAKES, FL 33313

Annual Reports

Report Year	Filed Date
2019	02/06/2019
2020	03/19/2020
2021	01/12/2021

Document Images

01/12/2021 -- ANNUAL REPORT	View image in PDF format
03/19/2020 -- ANNUAL REPORT	View image in PDF format
02/06/2019 -- ANNUAL REPORT	View image in PDF format
01/11/2018 -- ANNUAL REPORT	View image in PDF format
03/16/2017 -- ANNUAL REPORT	View image in PDF format
03/31/2016 -- ANNUAL REPORT	View image in PDF format
07/31/2015 -- ANNUAL REPORT	View image in PDF format
04/24/2014 -- ANNUAL REPORT	View image in PDF format
02/15/2013 -- ANNUAL REPORT	View image in PDF format
01/31/2012 -- ANNUAL REPORT	View image in PDF format
03/03/2011 -- ANNUAL REPORT	View image in PDF format
03/23/2010 -- ANNUAL REPORT	View image in PDF format
03/06/2009 -- ANNUAL REPORT	View image in PDF format
02/19/2008 -- ANNUAL REPORT	View image in PDF format
08/01/2007 -- Domestic Profit	View image in PDF format



It's a New Day in Public Health.

The Florida Department of Health works to protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Search

About Us (<http://www.floridhealth.gov/about/index.html>) | Contact Us (<https://wa-01-contact-us-prd.azurewebsites.net/>) | Newsroom (<http://www.floridhealth.gov/newsroom/index.html>)

Programs & Services
(/programs-and-services/index.html)

Licensing & Regulation
(/licensing-and-regulation/index.html)

Statistics & Data
(/statistics-and-data/index.html)

Certificates
(/certificates/index.html)

Diseases & Conditions
(/diseases-and-conditions/index.html)

Environmental Health
(/environmental-health/index.html)

Community Health Workers
(/provider-and-partner-resources/community-health-workers/index.html)

[Home \(. / /index.html\)](#) » [Provider and Partner Resources \(. / /index.html\)](#) » [Community Health Workers \(index.html\)](#) » [Area of Critical Need Facility Designations](#)

Area of Critical Need Facility Designations

Areas of Critical Need

Contact the Florida Department of Health
850-246-4446 (toll-free)
4446
Mailing Location

Health Professional Shortage Designations (/provider-and-partner-resources/community-health-workers/health-professional-shortage-designations/index.html)

The list of approved areas of critical need within Florida previously displayed on the Department's website is no longer applicable, as the Department has streamlined the process in determining if a practice is in an area of critical need. On November 30, 2020, the State Surgeon General issued a Determination (DOH-Determination of Areas of Critical Need Pursuant to Section 438.315, Florida Statutes, pdf), which identifies the areas of critical need in Florida to be Health Professional Shortage Areas (HPSA), designated by the United States Department of Health and Human Services, Health Resources and Services Administration, as displayed at: <https://data.hrsa.gov/tools/shortage-area/hpsa-find> (<https://data.hrsa.gov/tools/shortage-area/hpsa-find>).

National Health Service Corps (/provider-and-partner-resources/community-health-workers/national-health-service-corp/index.html)

To determine if an address is in a HPSA go to : [Find Shortage Areas: HPSA by Address](https://data.hrsa.gov/tools/shortage-area/hpsa-find) (<https://data.hrsa.gov/tools/shortage-area/hpsa-find>)

Physician Workforce Development (/provider-and-partner-resources/community-health-workers/physician-workforce-development-and-recruitment/index.html)

Applicants of temporary certificates to practice will apply through the Division of Medical Quality Assurance (MQA) website located at: <https://boardofmedicine.gov/licensing/temporary-certificate-for-practice-in-areas-of-critical-need/> (<https://boardofmedicine.gov/licensing/temporary-certificate-for-practice-in-areas-of-critical-need/>)

Area of Critical Need Facility Designations (/provider-and-partner-resources/community-health-workers/area-of-critical-need.html)

Florida CHW Coalition (/provider-and-partner-resources/community-health-workers/chw-coalition/index.html)

Public Health Residency Information (/provider-and-partner-resources/community-health-workers/public-health-residency-information/index.html)

Last Modified Date: Dec 3, 2020, 10:28:58 AM
Last Reviewed Date: Dec 3, 2020, 10:28:58 AM

<https://www.floridhealth.gov/newsroom/index.html>
<https://www.floridhealth.gov/newsroom/index.html>

FEATURED PROGRAMS

Florida Health Across the State

- Healthiest Weight**
(<https://www.healthiestweightflorida.com/>)
State Surgeon General (/about/ssg/index.html)
State Leadership (/about/ssg/leadership/index.html)
(/about/ssg/cfd/leadership/index.html)
- Tobacco Free Florida**
(<https://www.tobaccofreeflorida.com/>)
Boards, Councils & Committees (/provider-and-partner-resources/advisory-councils-stakeholder-groups/index.html)

[About Florida Health \(/about/index.html\)](#)

[Accreditation \(/about/accreditation/index.html\)](#)

[Careers \(/about/careers/index.html\)](#)

[Public Meeting Notices \(/about/sunshine-info/public-meeting-notices/index.html\)](#)

[Public Notices \(/about/sunshine-info/public-notices/index.html\)](#)

[Public Records Requests \(/about/sunshine-info/public-records-requests/index.html\)](#)

[State Health Improvement Plan \(/about/state-and-community-health-improvement-plan/process/index.html\)](#)

[Annual Regulatory Plans—Florida Department of Health \(pdf\) \(/documents/annual-regulatory-plan-toh1.pdf\)](#)

[Annual Regulatory Plans—Boards \(pdf\) \(/documents/annual-regulatory-plan-boards.pdf\)](#)

[Certificates \(/certificates/index.html\)](#)

[Birth Certificates \(/certificates/birth/index.html\)](#)

[Death Certificates \(/certificates/death/index.html\)](#)

[Divorce Certificates \(/certificates/divorce/index.html\)](#)



Home (/) › Tools › Find Shortage Areas (/tools/shortage-area) › **Find Shortage Areas by Address**



Find Shortage Areas by Address

Enter an address to determine whether it is located in a shortage area: HPSA Geographic, HPSA Geographic High Needs, or Population Group HPSA or an MUA/P.

Note: This search will not identify facility HPSAs. To find these HPSAs, use the [HPSA Find \(/tools/shortage-area/hpsa-find\)](/tools/shortage-area/hpsa-find) tool.

Start Over

Print

HPSA Data as of 01/28/2021

MUA Data as of 01/28/2021

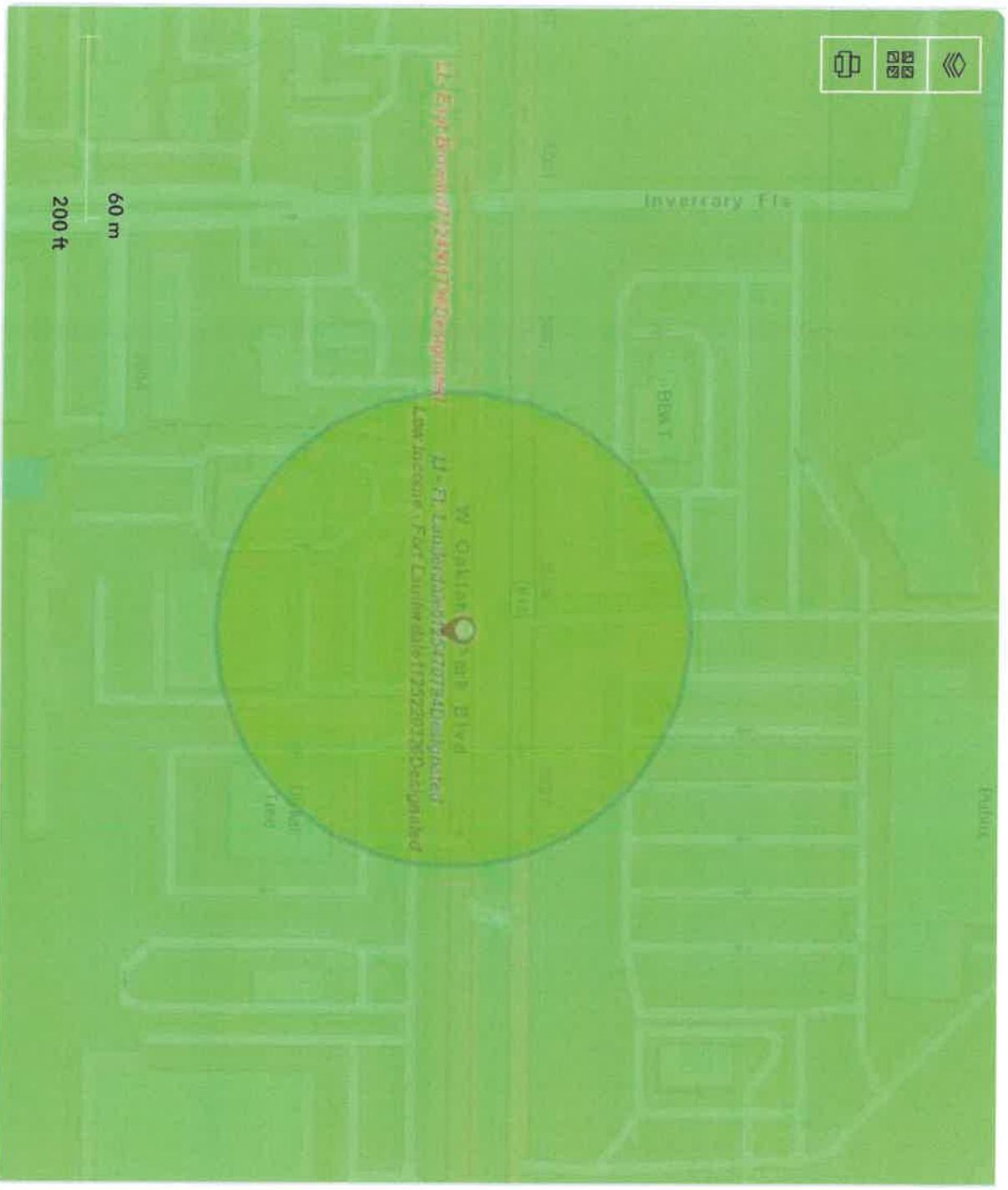
Address

5950 W Oakland Park Blvd, Lauderdale, FL, 33319

Standardized address

5950 W Oakland Park Blvd, Fort Lauderdale, Florida, 33313





Note: The address you entered is geocoded and then compared against the HPSA and MUA/P data in data.HRSA.gov. Due to geoprocessing limitations, the designation cannot be guaranteed to be 100% accurate and does not constitute an official determination.

[+] More about this address

In a Dental Health HPSA: ✓ **Yes**

HPSA Name: LI - Ft. Lauderdale

ID: 6125470794

Designation Type: HPSA Population

Status: Designated

Score: 19

Designation Date: 01/12/2011

Last Update Date: 09/12/2017



In a Mental Health HPSA: ✓ Yes**HPSA Name:** LI - East Broward**ID:** 7124501796**Designation Type:** HPSA Population**Status:** Designated**Score:** 15**Designation Date:** 06/05/2017**Last Update Date:** 06/05/2017**In a Primary Care HPSA: ✓ Yes****HPSA Name:** Low Income - Fort Lauderdale**ID:** 1125220326**Designation Type:** HPSA Population**Status:** Designated**Score:** 14**Designation Date:** 08/22/1997**Last Update Date:** 10/28/2017**In a MUA/P: ✓ Yes****Service Area Name:** Low Income - Sunrise**ID:** 07163**Designation Type:** Medically Underserved Population**Designation Date:** 03/08/2002**Last Update Date:** 03/08/2002

About HRSA

HRSA programs provide health care to people who are geographically isolated, economically or medically vulnerable. This includes people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access high quality health care. HRSA also supports access to health care in rural areas, the training of health professionals, the distribution of providers to areas where they are needed most, and improvements in health care delivery. Learn more about HRSA »

(<https://www.hrsa.gov>)

About Us (<https://data.hrsa.gov/about>)



[About the Data \(https://data.hrsa.gov/data/about\)](https://data.hrsa.gov/data/about)

[A to Z Index \(https://data.hrsa.gov/a-to-z\)](https://data.hrsa.gov/a-to-z)

[Site Map \(https://data.hrsa.gov/site-map\)](https://data.hrsa.gov/site-map)

[What's New \(https://data.hrsa.gov/whats-new\)](https://data.hrsa.gov/whats-new)

HRSA
Data Warehouse [\(https://data.hrsa.gov/\)](https://data.hrsa.gov/)

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