

City of Lauderhill

Special Exception Application No. 24-SE-007

Alive and Well Community Partners, LLC

I. APPLICANT INFORMATION

PETITIONER

Alive and Well Community Partners, on behalf of Lauderhill Mall Investments, LLC

STATUS OF PETITIONER

Business Representative/Tenant

II. BACKGROUND INFORMATION

Requested Action

The petitioner requests approval of a Special Exception Use Application to allow an Office, Medical, with Controlled Substance Provider Use within the Community Commercial (CC) zoning districts for the property located at 1229 NW 40 Avenue, Lauderhill, Florida.

Applicable Land Development Regulations & City Codes:

Article III. Section 2.3 Allowable Uses

Article III Section 5.28 Offices

Article IV. Section 4.3 B. Existing zoning provisions and uses

Article IV, Section 4.4 Approval for Special Exception Uses

III. SITE INFORMATION

Legal Description

AN UNPLATTED PARCEL OF LAND WITHIN SECTION 36, TOWNSHIP 49 SOUTH, RANGE 41 EAST, FOLIO NUMBER 4941-36-00-0012, MORE COMMONLY KNOWN AS THE LAUDERHILL MALL AND MORE PARTICULARLY DESCRIBED AS 1229 N.W. 40TH AVENUE, LAUDERHILL, FLORIDA

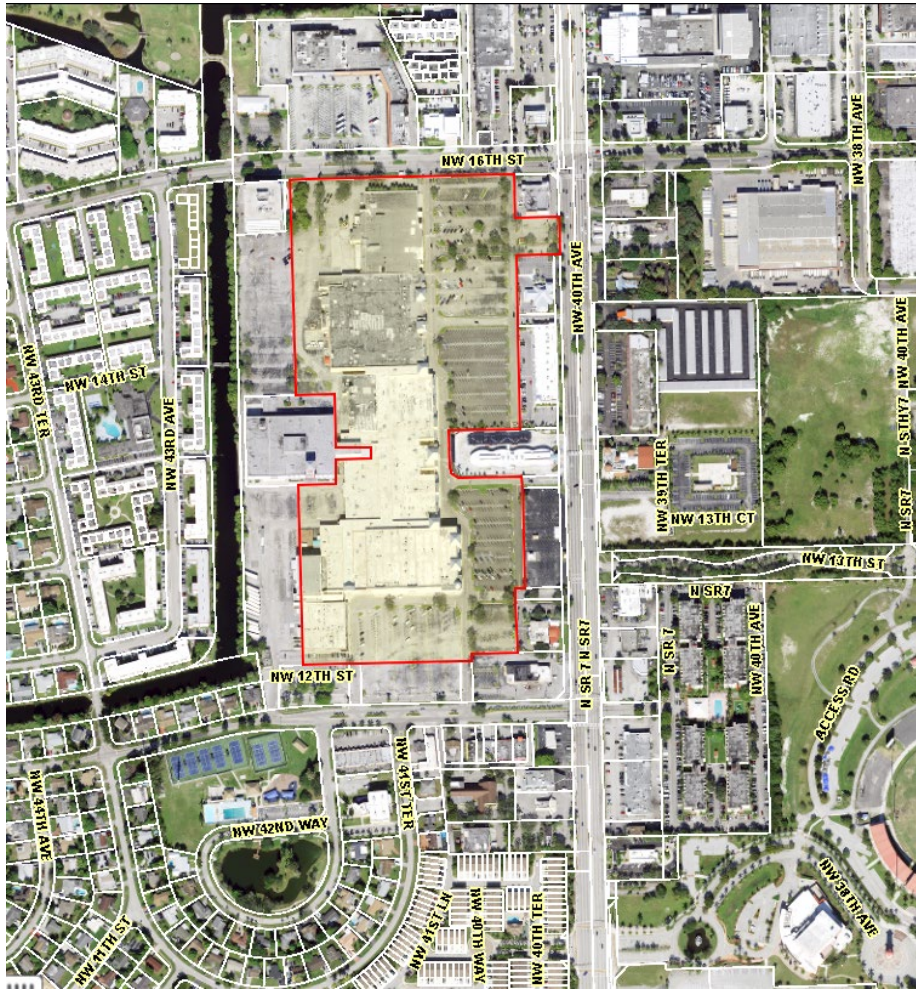


Figure 1: Lauderhill Mall (1267 – 1531 NW 40 Avenue)

The 27.5 ± acres site includes the Lauderhill Mall, which is a multi-tenant building consisting of several retail and office spaces, as well as a Broward County Transit Center. Figure 1 is an aerial photograph highlighting in red the subject property and showing the general location of the property in relation to the surrounding roadways.

Land Use/Zoning

Future Land Use Designation: Transit Oriented Corridor (TOC)

Zoning Designation: Community Commercial (CC)

Adjacent Designations:

	Existing Use	Future Land Use Designation	Zoning
North	Commercial	Transit Oriented Corridor (TOC)	CG, CO & CF
South	Commercial	Transit Oriented Corridor (TOC)	CG
East	Commercial	Transit Oriented Corridor (TOC)	CG & CE
West	Multi-Family Condominiums	Multi-Family Residential (25)	RM-22

IV. ZONING HISTORY

Existing Special Exceptions

Broward Community & Family Health Centers (BCOM) was granted a special exception by the City Commission via Resolution (21R-11-254) on November 8, 2021, in order to allow a medical office with a controlled substance practitioner located at the Lauderhill Mall at 1295 NW 40 Avenue.

Broward Community & Family Health Centers (BCOM) was granted a special exception by the City Commission via Resolution (13R-11-248) on December 9, 2031, in order to allow a medical office with a controlled substance practitioner located at the Lauderhill Mall at 1229 North State Road 7.

Violations

None.

Existing Variances

None

V. PLANNING ANALYSIS

As stipulated in the Land Development Regulations, Article IV, Section 4.6 Standards for Approval, the Planning and Development Department has reviewed the proposed request pursuant to the following special exception considerations:

1. The effect of such use on surrounding properties.
2. The suitability of the use in regard to its location, site characteristics, and intended purpose.
3. Access, traffic generation and road capacities.
4. Economic benefits or liabilities.
5. Demands on utilities, community facilities, and public services.
6. Compliance with the Comprehensive Land Use Plans for Broward County and/or the City of Lauderhill.
7. Factors relating to safety, health, and general public welfare.

The Applicant is seeking approval for a medical office that will be providing services for the community, which include: primary care, gynecologist exams, lab testing, electrocardiograms, nebulizer treatments, urgent care, IV infusions and basic X-rays. Dr. Alicia Chilito will be the only doctor on staff that holds a DEA license to prescribe controlled substances to patients. Dr Chilito (the licensed practitioner) is clear to practice their profession in the state of Florida.

The Land Development Regulations provide two factors for consideration when approving a Special Exception for this use: (1) whether the practitioner has been disciplined within the last ten (10) years, and whether the practitioner has owned, operated or been employed in a pain management clinic within the last ten (10) years. Staff confirms that there are no outstanding discipline cases against this doctor, nor are there any disciplinary actions within 10 years. While performing this query on the Department of Health's public portal, Staff found the doctor's profile case was considered by the Board of Medicine and a final order was issued on December 2, 2011 related to a case (Case #: 2010-09208). A copy of the Administrative Complaint & Final Order are attached to this report for reference.

The proposed general days and hours of operation are six (6) days a week, Monday through Friday 8:00 AM to 5:00 PM, Saturday 9:00 AM – 5:00 PM and closed on Sundays.

VI. RECOMMENDATION/ACTION

The Planning and Zoning Department recommends the City Commission adopt a resolution granting to Alive and Well Community Partners, LLC to allow an Office, Medical, with Controlled Substance Provider use within a 3,840 square feet unit within the Lauderhill Mall subject to the following conditions:

1. This Special Exception Use Development Order allows for no controlled substance prescriptions to anyone other than a patient in connection with a medical procedure performed or to be performed.
2. The Office, Medical, with Controlled Substance Provider use is restricted to a total of 3,840 square feet as indicated in the lease agreement. The expansion, alteration, enlargement or removal to another location of this use is prohibited and shall be unlawful unless the City Commission amends this development order to allow such expansion, alteration, enlargement or removal to another location. Notwithstanding the above, through the site plan modification process, the City Commission delegates to the Development Review Committee (DRC) the authority to allow the floor plan to be altered; however, the DRC is without authority to allow the expansion, enlargement, reduction or removal of the use to another location.
3. This Special Exception Use Development Order for Office, Medical with Controlled Substance Provider shall be specifically granted to Alive and Well Community Partners LLC and shall cover the licensed practitioners of Alive and Well Community Partners, LLC. Any change of corporate ownership affecting 51% percent or more of the interest of the business or any of its assets in any manner shall trigger this provision. Further, this special exception use development order shall automatically expire and become null and void if any entity other than Alive and Well Community Partners, LLC operates the medical space. All practitioners, employees, agents and independent contractors are subject to and covered by the express terms and conditions of the Special Exception Use Development Order.
4. The general days and hours of operation are six (6) days a week, Monday through Friday 8:00 a.m. to 5:00 p.m., Saturdays 9:00 AM - 5:00 PM and closed

on Sundays. Any increase in hours of operation is prohibited and shall be unlawful unless the City Commission amends this development order to allow such increase.

5. Alive and Well Community Partners, LLC shall be required to comply with, and operate in accordance with, all standards and requirements by the State of Florida, the Florida Board of Medicine, and the City when operating a Medical Office with Controlled Substance Practitioner.

6. Complaints to Code Enforcement, Police or the Florida Board of Medicine may cause the SEU approval to be reviewed by the City Commission for possible revocation.

7. Any violation of these conditions of approval may result in a public hearing before the City Commission and may result in the modification, suspension or revocation of this special exception use development order or its conditions or both.

8. If there are any code enforcement violations or liens, this Special Exception Use Development Order may be brought before the City Commission to be reconsidered, at which time the development order, or the conditions of approval, may be subject to modification, suspension and/or revocation.

9. Any special exception approval granted by the City Commission shall expire one hundred eighty (180) days after the date of approval, unless a development permit or site plan approval is applied for within the one hundred eighty-day period.

10. If a use which has been granted a special exception shall cease to operate for a continuous period of one (1) year, the special exception approval shall expire.

11. The owner shall execute a trespass agreement for the police department to keep on file for enforcement.

Any violation of these conditions may result in a public hearing before the City Commission in order to determine whether this special exception use development order should be revoked, suspended or modified.

VII. ATTACHMENTS

Attachment A: SEU Application

Attachment B: Public Notice Affidavit

Attachment C: SEU Conditions Affidavit

Attachment D: Final Order from Board of Medicine



City of Lauderhill
 Planning & Zoning Department
 5581 W. Oakland Park Blvd., Lauderhill, FL 33313
 Phone: 954.730.3050

Special Exception – Application

DEADLINE: Initial paper submission and fee must be received by 5:00 PM on the day of the deadline. *Electronic file submission must be provided on a USB with the submittal.* Refer to the Department Meeting Schedule & Submittal Deadline" document provided on the City's website for submission deadlines. **To ensure quality submittal, this project will only be added to the agenda when a complete submission has been provided. If a complete submission is not uploaded by the deadline, the application will be notified via email with an itemized list of outstanding items and/or corrections.**

Application Review Process:

Application Type	Step 1	Step 2	Step 3	Step 4	Step 5
Special Exception	Pre-Application Meeting with Staff	Staff Review	City Commission Review	Resolution from the City Commission	Applicant addresses any conditions & proceeds with the Certificate of Use (COU) application / process

APPLICATION SUBMISSION PROCESS: Upon reception of the **PAPER SUBMISSION** (see below) by Staff. Staff will review to ensure a complete submittal with 5 business days.

SUBMISSION: The following paper documents must be submitted:

PAPER	✓	One (1) completed application with original signatures (All Owners of Record must sign)
	✓	One (1) Affidavit (must be completed by the Landowner)
	✓	One (1) Letter of Authorization (signed by the Landowner), <i>if the Applicant is not the Landowner</i>
	NA	One (1) Letter of Authorization from the Condominium Association, <i>if the property is a condominium</i>
		Application Fee as established by the City Commission. Refer to Chapter 6 – Section. 6-10 – Enumeration of permit fees, regulations and inspection fees. Checks must be made payable to the "City of Lauderhill." \$800
	✓	A certified copy of the Mailing list of all property owners within 500 feet of the site
	✓	Copy of Deed or Contract to Purchase
	✓	Copy of Lease (for Applicants who are renting)
USB		Written Narrative addressing each review standard & description of the proposed business/use operation
		Legal description of the property (i.e. the subdivision, block & lot; or metes & bounds description) <i>Survey</i>
		One (1) electronic version of the special exception package

Is the property for this application subject to unpaid city liens, fines or fees?
If so, the Landowner must resolve all fees prior to placement on the City Commission agenda.

☐ Yes

☒ No



City of Lauderhill
Planning & Zoning Department
5581 W. Oakland Park Blvd., Lauderhill, FL 33313
Phone: 954.730.3050

Special Exception – Application

Property Description		
Street Address: 1229 NW 40 Ave, Lauderhill ³³³¹³		Folio Number(s): 19136 00 00 120
Nearest Cross Street:		
Subdivision:	Block:	Lot:

Business Information	
Business Name (if applicable): Alive and Well Community Partners	Business Owner:
Mailing Address: 18425 NW 2nd Ave PH5 Miami Gardens ³³¹⁴⁶	City, State & Zip Code: Miami Gardens, FL 33169
Phone Number: 800 434 1366	Email: jchuckaree@aliveandwellprogram.com

Applicant, Owner's Representative or Agent	Landowner (Owner of Record)
Business Name (if applicable): Alive and Well Community Partners	Business Name (if applicable): LAUDERHILL MALL INVESTMENTS LLC.
Name and Title: Frankie Taylor	Name and Title: Yoram Azrak
Signature: 	Signature:
Date: 5-13-2024	Date: 05/13/24
Mailing Address: 18425 NW 2nd Ave PH5	Mailing Address: 696 N.E 125 street
City, State & Zip: Miami Gardens, FL 33169	City, State & Zip Code: North Miami
Phone Number: 954 505 1501	Phone Number: 954-581-5186
Email: jchuckaree@aliveandwellprogram.com	Email: INFO@LAUDERHILLMALL.NET
All communication will be sent to the Landowner (Owner of Record) and Applicant.	



City of Lauderhill
Planning & Zoning Department
5581 W. Oakland Park Blvd., Lauderhill, FL 33313
Phone: 954.730.3050

Special Exception – Application

AFFIDAVIT

I AM THE LANDOWNER OF RECORD (OR I HAVE FURNISHED THE CITY OF LAUDERHILL WITH A NOTARIZED LETTER FROM THE LANDOWNER AUTHORIZING ME TO SUBMIT THIS APPLICATION ON THEIR BEHALF), AND DO HEREBY SWEAR OR AFFIRM THE FOLLOWING:

1. THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION AND THE ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
2. CONSISTENT WITH THE LAND DEVELOPMENT REGULATIONS OF THE CITY OF LAUDERHILL, FLORIDA, 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 (15) DAYS PRIOR TO THE PUBLIC HEARING. 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. I WILL CAUSE THIS SAME SIGN TO BE REMOVED WITHIN SEVEN (7) CALENDAR DAYS AFTER THE HEARING.
3. CONSISTENT WITH THE LAND DEVELOPMENT REGULATIONS, I WILL PROVIDE WRITTEN NOTICE TO ALL PROPERTY OWNERS WITHIN 500 FEET OF THE SUBJECT PROPERTY POSTMARKED NO FEWER THAN 15 CALENDAR DAYS BEFORE THE HEARING DATE. THE SAME WRITTEN NOTICE WILL BE PROVIDED TO ALL LARGE ASSOCIATIONS, BASED ON THE E-MAIL DISTRIBUTION LIST FURNISHED BY THE CITY.

Landowner's Name: LAUDERHILL MALL INVESTMENT, LLC
(or Authorized Official – Owner's Authorization Letter required if not the Owner of Record)

Address: 696 N.E 125 Street
North Miami FL 33161
(City) (State) (Zip Code)

Yoram IZHAK
Signature of Owner or Authorized Representative

SWORN AND SUBSCRIBED before me this 13 day of May, 2024 by means of
☒ physical presence or ☐ online notarization.

Vanessa Leal Fernandes
NOTARY PUBLIC, STATE OF FLORIDA

VANESSA LEAL FERNANDES

(Name of Notary Public: Print, stamp, or Type as Commissioned.)



☒ Personally know to me, or

☐ Produced Identification: _____

(Type of Identification Produced)



City of Lauderhill
 Planning & Zoning Department
 5581 W. Oakland Park Blvd., Lauderhill, FL 33313
 Phone: 954.730.3050

Special Exception – Application

Applicability

Article IV – Development Review Requirements

Section 4.6. – Standards for approval:

The City Commission, in reviewing any application for approval of a special exception use, shall consider the following:

- A. The effect of such use on surrounding properties.
- B. The suitability of the use in regard to its location, site characteristics, and intended purpose.
- C. Access, traffic generation and road capacities.
- D. Economic benefits or liabilities.
- E. Demands on utilities, community facilities, and public services.
- F. Compliance with the Comprehensive Land Use Plans for Broward County and/or the City of Lauderhill.
- G. Factors relating to safety, health, and general public welfare.

Information about the Business / Use (to be included in the Narrative)

- Business Description (list all activities conducted at your business)
- Date the business is expected to open.
- Days and Hours of Operation for the Business (include the estimated number of employees on duty per day)
- Estimated number of persons that the business will employ
- List the job titles and approximate salaries for the proposed employees
- Size of the building area that the business will occupy
- Describe how your business will affect the residents who live close by.
- Describe how this business/ use will affect neighboring businesses.
- Explain what site characteristics make this location suitable for your business/ use.
- Explain how this business/ use will affect the community economically.
- Describe any fire hazards associated with the business/ use.
- Describe what security measures the business/ use will require.
- Describe any chemicals, fluids, gases or potentially hazardous substances that the business/ use requires or stores on-site.
- Describe the water demand that the business/ use may require (above "normal" bathroom needs for employees and customers to use toilets and washing).
- Describe any activity the proposed business/ use will utilize city park facilities.
- Describe any activity the proposed business/ use will generate noise, light or vibrations.
- Describe transit, automobile or pedestrian traffic that the proposed business/ use will create in the area.
- Describe any activity of the proposed business/ use may engage in related to alcohol, music or live entertainment.
- Describe any other aspects of the business/ use that may be relevant to the City's review not requested.



City of Lauderhill
Planning & Zoning Department
5581 W. Oakland Park Blvd., Lauderhill, FL 33313
Phone: 954.730.3050

Special Exception – Application

Additional Information about the Business / Use for Childcare / Schools

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.
8. If transportation services are provided, the following requirements shall apply:
9. The transportation services requirements specified in the Florida Administrative Code as may be amended from time-to-time.
10. 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 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.
11. Any other documentation that the Planning and Zoning Director deems relevant to the operation of such facility.



City of Lauderhill
 Planning & Zoning Department
 5581 W. Oakland Park Blvd., Lauderhill, FL 33313
 Phone: 954.730.3050

Special Exception – Application

Architect	Engineer
Business Name (if applicable):	Business Name (if applicable):
Name and Title:	Name and Title:
Signature:	Signature:
Date:	Date:
Mailing Address:	Mailing Address:
City, State & Zip:	City, State & Zip Code:
Phone Number:	Phone Number:
Email:	Email:

Attorney	Other
Business Name (if applicable):	Business Name (if applicable):
Name and Title:	Name and Title:
Signature:	Signature:
Date:	Date:
Mailing Address:	Mailing Address:
City, State & Zip:	City, State & Zip Code:
Phone Number:	Phone Number:
Email:	Email:



City of Lauderhill
Planning & Zoning Department
5581 W. Oakland Park Blvd., Lauderhill, FL 33313
Phone: 954.730.3050

Special Exception – Application

Site Data
Development / Project Name:
Briefly describe the special exception requested (a project narrative must be submitted separately that explains in greater detail the request & address each review standard 4.6. Standards for approval):
See attached

Additional Information	
Have any other applications been submitted for this site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If so, list the other applications & provide reference to the Meeting Date/ Results:	
Pre-Application Conference Date:	



City of Lauderhill
Planning & Zoning Department
5581 W. Oakland Park Blvd., Lauderhill, FL 33313
Phone: 954.730.3050

Special Exception – Application

ADDITIONAL RESOURCES:
REAL ESTATE RESEARCH SERVICES

The following companies have provided the required certified mailing list for previous applicants. This is not a comprehensive list of companies that provide this service, nor shall this be construed as a list of companies the City endorses. This is merely a list of businesses who have provided this service in the past.

Please refer to the yellow pages or internet search engine for additional sources.

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

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 fifteen (15) 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 feet 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 PARK
BLVD**

LAUDERHILL, FLORIDA

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

Alive and Well Community Partners
1229 NW 40 Ave
Lauderhill, FL 33313

Total sq feet: 3,840

Business description

Provide medical care for the community. The services that will be provided are: primary care, gynecologist exams, lab testing, electrocardiograms, nebulizer treatments, urgent care, IV infusions and basic x rays.

Hours: Monday -Friday 8-5 Saturday 9-5

Licenses required:

Medical Doctor and ARNP licenses.

Biohazards licenses

CLIA Licenses

ACHA certification

Project Name: Alive and Well Community Partners

Address: 1229 NW 40 Ave
Lauderhill, FL 3313

To request to open a community-based medical center. We will provide prevention wellness and treatment for common illnesses and infectious diseases, we service insured and non-insured by providing assistance programs.

- **Business Description:**

Alive & Well Community Partners provides healthcare services to the community. As part of Alive & Well's efforts to maintain a strong patient-provider relationship, the company has created loyalty programs.

The mission of Alive & Well Community Partners is to provide excellent patient care, patient engagement, and community outreach to strengthen and improve communities.

The following are some key highlights:

We have developed specialized programs and services aimed at educating and empowering individuals to manage their sexual health proactively, reducing the prevalence of sexually transmitted diseases (STDs).

Our practice offers a variety of primary care services, ensuring that our patients receive comprehensive and personalized healthcare.

We also provide IV infusion therapy, Women's services, Weight Loss, and concierge services to all of our patient.

- **Date the business is expected to open:** June 1, 2024
- **Days and hours of operation of the business:** The operation hours are: Monday through Friday 9-4, and Saturday 9-2. There will be a total of 8-10 employees working daily.
- **Estimated number of persons that the business will employ:** There will be an approximate total of 10 employees
- **List of job titles and estimated salary**
 - Providers: 104,000/year
 - Phlebotomists: 34,320/year
 - Patient services: 29,120/year
 - Managers: 52,000/year
- **Size of the building size area that the business will occupy:** A total of 3,840 sq feet
- **Describe how your business will affect the residents who live close by:** Our business will be able to provide job opportunities and healthcare for the community.
- **Describe how your business will affect neighboring business:**

This will attract customers for the neighboring business since the clinic is located in a mall. That will help increase their revenue as well.
- **Explain what site characteristics make this location suitable for your business/use:** Our business will service the uninsured and insured population We will attract all types of populations between the age of 18 and over. We are a community base that assists all walks of life.
- **Explain how this business/use will affect the community economics:** Our center will provide jobs, income generation, and community development.

- **Describe any fire hazards:** There are no fire hazards associated with the business
- **Describe what security measures:** The security measures the business will require is a security lock release doors and cameras
- **Describe any chemicals, fluids, gasses, or potentially hazardous substances that the business/use requires or store on site.** There are no chemicals, fluids, gasses, or potentially hazardous `
- **Describe the water demands:** Normal bathroom needs for employees and patients to use the toilet and washing
- **Describe any activity the proposed business/use will utilize city park facilities:** There will be no utilizing of the city park
- **Describe any activity the proposed business/use will generate noise, light, or vibrations:** There will be no requirements to generate any type of noise, light, or vibrations.
- **Describing the transit, automobile, or pedestrian traffic that a proposed business or use will generate:** The location of Alive and Well Community is located close to the entrance of the South Side of the mall. The medical center will attract numerous pedestrians walking in and out of the mall. Surrounding the infrastructure is public transportation in front of the mall. There is a high volume of traffic usually between Tuesdays thru Saturdays during the hours of 11-8.
- **Describing any activity of the proposed business/use may engage in related to alcohol, music, or live entertainment:** There will be no alcohol, music, or live entertainment for Alive and Well Community Partners.
- **Describe any other aspects of the business/us that may be relevant to the City's review not requested:** None



City of Lauderhill
Planning & Zoning Department
5581 W. Oakland Park Blvd., Lauderhill, FL 33313
Phone: 954.730.3050

Public Notification - Affidavit

AFFIDAVIT

I DO HEREBY SWEAR OR AFFIRM THE FOLLOWING (INITIAL EACH STATEMENT THAT IS APPLICABLE):

- ll* 1. CONSISTENT WITH THE LAND DEVELOPMENT REGULATIONS OF THE CITY OF LAUDERHILL, FLORIDA, 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 (15) DAYS PRIOR TO THE PUBLIC HEARING. 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. I WILL CAUSE THIS SAME SIGN TO BE REMOVED WITHIN SEVEN (7) CALENDAR DAYS AFTER THE HEARING.
- ref* 2. CONSISTENT WITH THE LAND DEVELOPMENT REGULATIONS, I HAVE PROVIDED WRITTEN NOTICE TO ALL PROPERTY OWNERS WITHIN 500 FEET OF THE SUBJECT PROPERTY POSTMARKED NO FEWER THAN 15 CALENDAR DAYS BEFORE THE HEARING DATE.

PROJECT NAME:	DATE OF PUBLIC HEARING:
ALIVE AND WELL COMMUNITY PARTNERS/ LAUDERHILL MALL INVESTMENT LLC	MONDAY, JUNE 10, 2024 AT 6 PM
PROJECT LOCATION:	DATE OF POST MARK:
1267-1531 NW 40 AVE LAUDERHILL FL 33313 (1229 NW 40 AVENUE)	05/24/24

Name & Title: Alldata Real Estate Systems, Inc. Donald Lampasone, Pres.

(Name of the Individual Swearing/ Affirming the statement above as true and correct)

Address: 290 NE 51 Street

Fort Lauderdale

Florida

33334

(City)

(State)

(Zip Code)

Signature of Individual Swearing/ Affirming the statement above

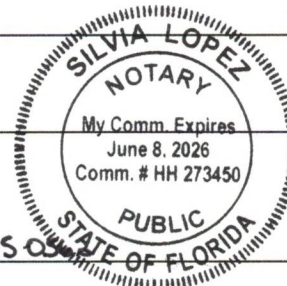
SWORN AND SUBSCRIBED before me this 24 day of May, 2024 by means of
☒ physical presence or ☐ online notarization.

NOTARY PUBLIC, STATE OF FLORIDA

(Name of Notary Public: Print, stamp, or Type as Commissioned.)

☐ Personally know to me, or

☒ Produced identification: FL Driver licence L512-190-450
 (Type of Identification Produced)



SPECIAL EXCEPTION USE AFFIDAVIT OF COMPLIANCE WITH CONDITIONS OF APPROVAL

[Alive and Well Community Partners, LLC] (24-SE-007)

I, _____, being sworn, do hereby certify and affirm that the following statements are true:

I have read in its entirety the [Alive and Well Community Partners, LLC & 24-SE-007] Development Review Report, any Supplemental Development Review Reports, and all attachments and exhibits associated with the special exception use application filed with the City of Lauderdale, Florida Planning and Zoning Division and understand its contents. *I further acknowledge that Special Exception Use applications are reviewed and will be subject to approval by the Lauderdale City Commission in a quasi-judicial hearing and my attendance at the hearing, or the attendance of my representative or designee, is required to ensure all facts pertaining to the matter are put on record.*

I have read and understand the below described conditions of approval and voluntarily agree to comply with all said conditions. I understand that no Special Exception will be executed or approved in final until and unless this signed Affidavit is submitted to the City:

1. This Special Exception Use Development Order allows for no controlled substance prescriptions to anyone other than a patient in connection with a medical procedure performed or to be performed.
2. The Office, Medical, with Controlled Substance Provider use is restricted to a total of 3,840 square feet as indicated in the lease agreement. The expansion, alteration, enlargement or removal to another location of this use is prohibited and shall be unlawful unless the City Commission amends this development order to allow such expansion, alteration, enlargement or removal to another location. Notwithstanding the above, through the site plan modification process, the City Commission delegates to the Development Review Committee (DRC) the authority to allow the floor plan to be altered; however, the DRC is without authority to allow the expansion, enlargement, reduction or removal of the use to another location.
3. This Special Exception Use Development Order for Office, Medical with Controlled Substance Provider shall be specifically granted to Alive and Well Community Partners LLC and shall cover the licensed practitioners of Alive and Well Community Partners, LLC. Any change of corporate ownership affecting 51% percent or more of the interest of the business or any of its assets in any manner shall trigger this provision. Further, this special exception use development order shall automatically expire and become null and void if any entity other than Alive and Well Community Partners, LLC operates the medical space. All practitioners, employees, agents and independent contractors are subject to and covered by the express terms and conditions of the Special Exception Use Development Order.

SPECIAL EXCEPTION USE AFFIDAVIT OF COMPLIANCE WITH CONDITIONS OF APPROVAL

[Alive and Well Community Partners, LLC] (24-SE-007)

4. The general days and hours of operation are six (6) days a week, Monday through Friday 8:00 a.m. to 5:00 p.m., Saturdays 9:00 AM - 5:00 PM and closed on Sundays. Any increase in hours of operation is prohibited and shall be unlawful unless the City Commission amends this development order to allow such increase.

5. Alive and Well Community Partners, LLC shall be required to comply with, and operate in accordance with, all standards and requirements by the State of Florida, the Florida Board of Medicine, and the City when operating a Medical Office with Controlled Substance Practitioner.

6. Complaints to Code Enforcement, Police or the Florida Board of Medicine may cause the SEU approval to be reviewed by the City Commission for possible revocation.

7. Any violation of these conditions of approval may result in a public hearing before the City Commission and may result in the modification, suspension or revocation of this special exception use development order or its conditions or both.

8. If there are any code enforcement violations or liens, this Special Exception Use Development Order may be brought before the City Commission to be reconsidered, at which time the development order, or the conditions of approval, may be subject to modification, suspension and/or revocation.

9. Any special exception approval granted by the City Commission shall expire one hundred eighty (180) days after the date of approval, unless a development permit or site plan approval is applied for within the one hundred eighty-day period.

10. If a use which has been granted a special exception shall cease to operate for a continuous period of one (1) year, the special exception approval shall expire.

11. The owner shall execute a trespass agreement for the police department to keep on file for enforcement.

[Remainder of page intentionally left blank]

**SPECIAL EXCEPTION USE AFFIDAVIT OF
COMPLIANCE WITH CONDITIONS OF APPROVAL**

[Alive and Well Community Partners, LLC] (24-SE-007)

Any violation of these conditions may result in a public hearing before the City Commission in order to determine whether this special exception use development order should be revoked, suspended or modified.

I understand that I am swearing or affirming under oath the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement may include the modification, suspension or revocation of any resolution adopting the special exception use application and any certificate of use associated with the special exception use approval.

Print your name: _____

Sign your name: _____

Date signed: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 202_____, by _____, who is personally known to me or who has produced _____ as identification and who did take an oath.

Notary public

Print your name: _____

Sign your name: _____

State of Florida at Large Seal

My Commission Expires: _____

Attachment "D"

Final Order No. DOH-11-3032-*S*-MOA
FILED DATE - *12-13-11*
Department of Health

By: *Angela Barton*
Deputy Agency Clerk

STATE OF FLORIDA BOARD OF MEDICINE

DEPARTMENT OF HEALTH,

Petitioner,

vs.

DOH CASE NO.: 2010-09208
LICENSE NO.: ME0074131

ALICIA CHILITO, M.D.,

Respondent.

FINAL ORDER

THIS CAUSE came before the BOARD OF MEDICINE (Board) pursuant to Sections 120.569 and 120.57(4), Florida Statutes, on December 2, 2011, in Orlando, Florida, for the purpose of considering a Settlement Agreement (attached hereto as Exhibit A) entered into between the parties in this cause. Upon consideration of the Settlement Agreement, the documents submitted in support thereof, the arguments of the parties, and being otherwise fully advised in the premises,

IT IS HEREBY ORDERED AND ADJUDGED that the Settlement Agreement as submitted be and is hereby approved and adopted in toto and incorporated herein by reference with the following clarification:

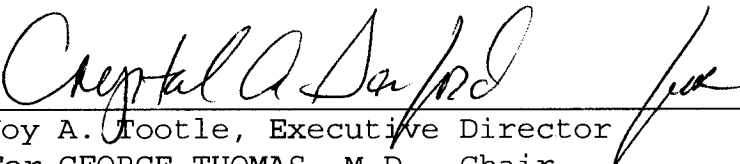
The costs set forth in Paragraph 3 of the Stipulated Disposition shall be set at \$3,415.00.

Accordingly, the parties shall adhere to and abide by all the terms and conditions of the Settlement Agreement as clarified above.

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

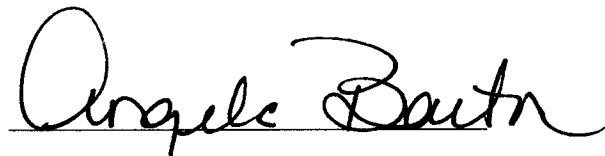
DONE AND ORDERED this 12th day of December, 2011.

BOARD OF MEDICINE


Joy A. Footle, Executive Director
For GEORGE THOMAS, 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 ALICIA CHILITO, M.D., 10220 SW 121st Street, Miami, Florida 33176; to Julia Ingle, Esquire, 200 S. Andrews Avenue, Suite 602, Fort Lauderdale, Florida 33301; and by interoffice delivery to Veronica Donnelly, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3253 this 13 day of December, 2011.



Deputy Agency Clerk




Rick Scott
Governor

H. Frank Farmer, Jr., MD, PhD, FACP
State Surgeon General

INTEROFFICE MEMORANDUM

DATE: December 9, 2011

TO: Cassandra Pasley, BSN, J.D., Bureau Chief
Health Care Practitioner Regulation

FROM: Joy A. Tootle, Executive Director
Board of Medicine 

SUBJECT: Delegation of Authority

This is to advise you that while I am out of the office on Monday December 12, 2011, Crystal Sanford is delegated to serve as acting Executive Director for the Board of Medicine. Ms. Sanford can be reached at (850) 245-4132.

JAT

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

Petitioner,

v.

DOH Case No. 2010-09208

ALICIA CHILITO, M.D.,

Respondent.

_____ /

SETTLEMENT AGREEMENT

Alicia Chillito, M.D., referred to as the "Respondent," and the Department of Health, referred to as "Department" stipulate and agree to the following Agreement and to the entry of a Final Order of the Board of Medicine, referred to as "Board," incorporating the Stipulated Facts and Stipulated Disposition in this matter.

Petitioner is the state agency charged with regulating the practice of medicine pursuant to Section 20.43, Florida Statutes, and Chapter 456, Florida Statutes, and Chapter 458, Florida Statutes.

STIPULATED FACTS

1. At all times material hereto, Respondent was a licensed physician in the State of Florida having been issued license number ME 74131.
2. The Department charged Respondent with an Administrative Complaint that was filed and properly served upon Respondent with violations of

Chapter 458, Florida Statutes, and the rules adopted pursuant thereto. A true and correct copy of the Administrative Complaint is attached hereto as Exhibit A.

3. Respondent neither admits nor denies the allegations of fact contained in the Administrative Complaint for purposes of these proceedings only.

STIPULATED CONCLUSIONS OF LAW

1. Respondent admits that, in her capacity as a licensed physician, she is subject to the provisions of Chapters 456 and 458, Florida Statutes, and the jurisdiction of the Department and the Board.

2. Respondent admits that the facts alleged in the Administrative Complaint, if proven, would constitute violations of Chapter 458, Florida Statutes, as alleged in the Administrative Complaint.

3. Respondent agrees that the Stipulated Disposition in this case is fair, appropriate and acceptable to Respondent.

STIPULATED DISPOSITION

1. **Letter Of Concern** - Respondent shall receive a Letter of Concern from the Board of Medicine.

2. **Fine** - The Board of Medicine shall impose an administrative fine of five thousand dollars and zero cents (\$5,000.00) against the license of Respondent, to be paid by Respondent to Payments, Department of Health, Compliance Management Unit, Bln C-

76, P. O. Box 6320, Tallahassee, FL 32314-6320, within thirty-days (30) from the date of filing of the Final Order accepting this Agreement. All fines shall be paid by cashiers check or money order. The Board office does not have the authority to change the terms of payment of any fine imposed by the Board.

RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE FINE IS HIS/HER LEGAL OBLIGATION AND RESPONSIBILITY AND RESPONDENT AGREES TO CEASE PRACTICING IF THE FINE IS NOT PAID AS AGREED TO IN THIS SETTLEMENT AGREEMENT, SPECIFICALLY: IF WITHIN 45 DAYS OF THE DATE OF FILING OF THE FINAL ORDER, RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION THAT THE FULL AMOUNT OF THE FINE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL SUCH WRITTEN CONFIRMATION IS RECEIVED BY RESPONDENT FROM THE BOARD.

3. Reimbursement Of Costs - Pursuant to Section 456.072, Florida Statutes, Respondent agrees to pay the Department for any costs incurred in the investigation and prosecution of this case. Such costs exclude the costs of obtaining supervision or monitoring of the practice, the cost of quality assurance reviews, and the Board's administrative cost directly associated with Respondent's probation, if any. The agreed upon amount of Department costs to be paid in this case is currently one thousand nine hundred thirteen dollars and thirty-seven cents (\$1,913.37), but shall not exceed three thousand four hundred fifteen dollars (\$3,415.00). Respondent will pay costs to Payments, Department of Health,

Compliance Management Unit, Bln C-76, P. O. Box 6320, Tallahassee, FL 32314-6320, within thirty-days (30) from the date of filing of the Final Order in this cause. **All costs shall be paid by cashiers check or money order.** Any post-Board costs, such as the costs associated with probation, are not included in this agreement.

RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE COSTS IS HIS/HER LEGAL OBLIGATION AND RESPONSIBILITY AND RESPONDENT AGREES TO CEASE PRACTICING IF THE COSTS ARE NOT PAID AS AGREED TO IN THIS SETTLEMENT AGREEMENT, SPECIFICALLY: IF WITHIN 45 DAYS OF THE DATE OF FILING OF THE FINAL ORDER, RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION THAT THE FULL AMOUNT OF THE COSTS NOTED ABOVE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL SUCH WRITTEN CONFIRMATION IS RECEIVED BY RESPONDENT FROM THE BOARD.

4. **Laws And Rules Course** - Respondent shall complete course, "Legal and Ethical Implications in Medicine Physician's Survival Guide-Laws and Rules" administered by the Florida Medical Association, or a Board-approved equivalent, within eighteen (18) months of the date of filing of the Final Order of the Board. In addition, Respondent shall submit documentation in the form of certified copies of the receipts, vouchers, certificates, or other papers, such as physician's recognition awards, documenting completion of this medical education course within eighteen (18) months of the date of filing of the Final Order incorporating this Agreement.

5. **Continuing Medical Education** - Within eighteen (18) months of the date of the filing of a Final Order in this cause, Respondent shall attend twelve (12) hours of Continuing Medical Education (CME) which shall cover the following: lawful dispensing of prescription drugs, legal requirements for the writing of prescriptions, legal prohibitions pertaining to adulterated drugs, and legal requirements for the receipt of wholesale prescription drugs. However, Respondent will be exempted from this requirement if she voluntarily and permanently relinquishes her Dispensing Practitioner registration within ten (10) days of the date of filing of a Final Order in this cause.

6. **Continuing Medical Education - "Risk Management"** - Respondent shall complete five (5) hours of Continuing Medical Education in "Risk Management" within one (1) year of the date of filing of the Final Order. Respondent shall first submit a written request to the Probation Committee for approval prior to performance of said continuing medical education course(s). However, the Board has approved five (5) hours of risk management continuing education for attending the first day of a full Board of Medicine meeting.

STANDARD PROVISIONS

1. **Appearance** - Respondent is required to appear before the Board at the meeting of the Board where this Agreement is considered.
2. **No force or effect until final order** - It is expressly understood that this Agreement is subject to the approval of the Board and the Department. In this regard, the foregoing paragraphs (and only the foregoing paragraphs) shall

have no force and effect unless the Board enters a Final Order incorporating the terms of this Agreement.

3. **Continuing Medical Education** - Unless otherwise provided in this written agreement Respondent shall first submit a written request to the Probation Committee for approval prior to performance of said continuing medical education course(s). Respondent shall submit documentation in the form of certified copies of the receipts, vouchers, certificates, or other papers, such as physician's recognition awards, documenting completion of this medical course within one (1) year of the date of filing of the Final Order in this matter. All such documentation shall be sent to the Board of Medicine, regardless of whether some or any of such documentation was provided previously during the course of any audit or discussion with counsel for the Department. These hours shall be in addition to those hours required for renewal of licensure. Unless otherwise approved by the Board, said continuing medical education course(s) shall consist of a formal, live lecture format.

4. **Addresses** - Respondent must keep current residence and practice addresses on file with the Board. Respondent shall notify the Board within ten (10) days of any changes of said addresses.

5. **Future Conduct** - In the future, Respondent shall not violate Chapter 456, 458 or 893, Florida Statutes, or the rules promulgated pursuant thereto, or any other state or federal law, rule, or regulation relating to the practice or the ability to practice medicine. Prior to signing this agreement, the Respondent shall read

Chapters 456, 458 and 893 and the Rules of the Board of Medicine, at Chapter 64B8, Florida Administrative Code.

6. **Violation of terms considered** - It is expressly understood that a violation of the terms of this Agreement shall be considered a violation of a Final Order of the Board, for which disciplinary action may be initiated pursuant to Chapters 456 and 458, Florida Statutes.

7. **Purpose of Agreement** - Respondent, for the purpose of avoiding further administrative action with respect to this cause, executes this Agreement. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to or in conjunction with consideration of the Agreement. Respondent agrees to support this Agreement at the time it is presented to the Board and shall offer no evidence, testimony or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Agreement not be accepted by the Board, it is agreed that presentation to and consideration of this Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings.

8. **No preclusion of additional proceedings** - Respondent and the Department fully understand that this Agreement and subsequent Final Order incorporating same will in no way preclude additional proceedings by the Board

and/or the Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached as Exhibit A.

9. **Waiver of attorney's fees and costs** - Upon the Board's adoption of this Agreement, the parties hereby agree that with the exception of costs noted above, the parties will bear their own attorney's fees and costs resulting from prosecution or defense of this matter. Respondent waives the right to seek any attorney's fees or costs from the Department and the Board in connection with this matter.

10. **Waiver of further procedural steps** - Upon the Board's adoption of this Agreement, Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of the Agreement and the Final Order of the Board incorporating said Agreement.

(Signatures contained on the following page.)

SIGNED this 21 day of October, 2011.

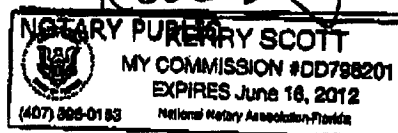
Alicia Chilito
Alicia Chilito, M.D.

STATE OF Florida
COUNTY OF Broward

BEFORE ME, personally appeared ALICIA CHILITO, whose identity is known to me, or by _____ (type of identification), and who, under oath, acknowledges that his signature appears above.

SWORN TO AND SUBSCRIBED before me this 21 day of October, 2011.

My Commission Expires:



APPROVED this 21st day of October, 2011.

H. Frank Farmer, Jr, MD, PhD, FACP
State Surgeon General

By: Laura L. Glenn
Laura L. Glenn
Assistant General Counsel
Department of Health

A-15
PRACTITIONER REGULATION
LEGAL
11 SEP 21 AM 10:12

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2010-09208

ALICIA CHILITO, M.D.,

RESPONDENT.

ADMINISTRATIVE COMPLAINT

Petitioner, Department of Health (Department), by and through its undersigned counsel, hereby files this Administrative Complaint before the Board of Medicine against Respondent, Alicia Chilito, M.D., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 458, Florida Statutes.
2. At all times material to this Complaint, Respondent was a licensed physician within the state of Florida, having been issued license number ME 74131.

3. Respondent's current address of record is 10220 S.W. 121st Street, Miami, Florida 33176.

4. At all times relevant to the Complaint, Respondent was board certified in Family Medicine by the American Board of Family Medicine.

5. At all times relevant to the Complaint, Respondent was registered as a Dispensing Practitioner pursuant to Section 465.0276, Florida Statutes, and was required to comply with and be subject to all laws and rules applicable to pharmacists and pharmacies, including, but not limited to, Chapters 465, 499 and 893, Florida Statutes, and all federal laws and federal regulations.

6. At all times relevant to the Complaint, Respondent was dispensing controlled substances as a part of her practice.

7. On or about April 30, 2010, the Department performed a routine, unannounced dispensing practitioner inspection at Respondent's medical office, 6741 Coral Way, Suite 45, Miami, Dade County, 33155.

8. During the April 30, 2010, inspection, the Department's inspector found that more than 20 bottles of medications, dispensed by other pharmacies to persons who were not Respondent's patients ("non-

patient medications") were intermingled with Respondent's active stock of medications.

9. During the April 30, 2010, inspection, the Department's Inspector found that 10 out of 29 applicable inspection requirements were failed, seven of which related to controlled substances.

10. In particular, during the April 30, 2010, inspection, the Department's inspector found that:

(a) Stock medications, particularly non-patient medications, were not appropriately labeled for dispensing from a licensed manufacturer, in violation of Section 499.007(2), Florida Statutes (2009);

(b) Medications, particularly non-patient medications, were not purchased from a Florida licensed wholesaler/distributor, in violation of Section 499.005(14), Florida Statutes (2009);

(c) Respondent did not provide a written prescription for the non-patient medications to be dispensed, in violation of Section 465.0276(2)(c), Florida Statutes (2009).

(d) Controlled substance prescriptions, particularly for non-patient medications, were not initialed and dated by Respondent, did

not provide patient's name and address, did not provide Respondent's name, address, and DEA number, and controlled substance prescription refills for controlled substances were not signed and dated by Respondent, in violation of Sections 893.04(1)(b), 893.04(1)(c)1, and 893.04(1)(c)2, Florida Statutes (2009);

(e) Controlled substance prescription records, particularly for non-patient medications, were not properly maintained, in violation of Sections 893.04 and 893.07, Florida Statutes (2009);

(f) Controlled substance purchase records, i.e., the biennial inventory, were not available for inspection and were not properly maintained, particularly for non-patient medications, in violation of Section 893.07(1)(a) and (b), Florida Statutes (2009);

(g) Respondent's employees were unable to produce a prescription disposition log for the non-patient medications, in violation of Rule 64B16-28.140(3)(d) and (e), Florida Administrative Code (eff. October 15, 2001);

(h) Respondent's employees were unable to produce any pedigree records for the non-patient medications, in violation of rule

64F-12.012(3)(a)2 and (d), Florida Administrative Code (eff. August 6, 2006).

11. During the April 30, 2010, inspection, Respondent indicated that she is the owner of a "public charity" called Wings of Hope, a tax-exempt organization, and that the un-used non-patient medications were donated to her from her relatives for the purpose of assisting sick persons who were poor.

12. On or about July 15, 2010, the Department performed an unannounced dispensing practitioner re-inspection at Respondent's medical office, at the address indicated above.

13. During the July 15, 2010, inspection, the Department's Inspector found that:

(a) Respondent was not on the premises while the medication room and cabinets were unlocked and accessible to persons not licensed in Florida to practice the profession of pharmacy, in violation of Rule 64B16-28.109, Florida Administrative Code (eff. April 10, 2005);

(b) Items 4 through 29 of the inspection report requirements could not be inspected because Respondent's employee was

unwilling to allow the inspection in Respondent's absence, in violation of Rules 64B16-28.101, Florida Administrative Code (eff. May 4, 2005).

14. In a July 2, 2010, written response, Respondent indicated that she engages in volunteer work in Grenada, Mexico, Honduras, Nicaragua, Ecuador, Ethiopia, and India, and that the un-used non-patient medications were donated to her from her relatives for the purpose of assisting sick persons who were poor.

15. Respondent has not identified any provision which would exempt the donated medications in Respondent's possession from the requirements of all laws and rules applicable to pharmacists and pharmacies, with respect to the allegations contained in this Complaint.

16. Section 458.331(1)(g), Florida Statutes (2009, 2010), provides that failing to perform any statutory or legal obligation placed upon a licensed physician constitutes grounds for disciplinary action.

17. Section 465.0276(2)(b), Florida Statutes (2009, 2010), provides that a practitioner who dispenses medicinal drugs for human consumption for fee or remuneration of any kind, whether direct or indirect, must comply with and be subject to all laws and rules applicable to pharmacists

and pharmacies, including, but not limited to, Chapters 465, 499 and 893, Florida Statutes, and all federal laws and federal regulations.

18. Respondent violated Section 458.331(1)(g), Florida Statutes (2009, 2010), in one or more of the following ways:

(a) By failing to appropriately label stock medications, in violation of Section 499.007(2), Florida Statutes (2009);

(b) By failing to purchase medications from a Florida licensed wholesaler/distributor, in violation of Section 499.005(14), Florida Statutes (2009);

(c) By failing to provide a written prescription for medications to be dispensed, in violation of Section 465.0276(2)(c), Florida Statutes (2009).

(d) By failing to do the following, with regard to controlled substance prescriptions: initial and date them, provide the patient's name and address on them, provide Respondent's name, address, and DEA number on them; and by failing to sign and date controlled substance prescription refills; in violation of Sections 893.04(1)(b), 893.04(1)(c)1, and 893.04(1)(c)2, Florida Statutes (2009);

(e) By failing to properly maintain controlled substance prescription records, in violation of Sections 893.04 and 893.07, Florida Statutes (2009);

(f) By failing to properly maintain and make available for inspection the controlled substance purchase records, in violation of Section 893.07(1)(a) and (b), Florida Statutes (2009);

(g) By failing to produce a prescription disposition log for all medications, in violation of Rule 64B16-28.140(3)(d) and (e), Florida Administrative Code (eff. October 15, 2001);

(h) By failing to produce pedigree records for all medications, in violation of rule 64F-12.012(3)(a)2 and (d), Florida Administrative Code (eff. August 6, 2006); and/or

(i) By failing to be present and on the premises while the medication room and cabinets were unlocked and accessible to persons not licensed in Florida to practice the profession of pharmacy, in violation of Rule 64B16-28.109, Florida Administrative Code (eff. April 10, 2005).

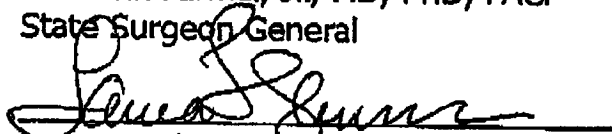
19. Based on the foregoing, Respondent has violated Section 458.331(1)(g), Florida Statutes (2009, 2010), by failing to perform any

legal or statutory obligation placed upon a licensed physician by the Board and/or Department.

WHEREFORE, the Petitioner respectfully requests that the Board of Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 26th day of August 2011.

H. Frank Farmer, Jr., MD, PhD, FACP
State Surgeon General


Laura L. Glenn

Assistant General Counsel
DOH, Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399-3265
Florida Bar No. 0861413
Telephone: (850) 245-4640
Facsimile: (850) 245-4681

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK Angel Sanders
DATE AUG 29 2011

LLG

PCP Date: August 26, 2011

PCP Members: Dr. El-Bahri, Dr. Nuss, Mr. Mullins

DOH VS. ALICIA CHILITO, M.D., Case No. 2010-09208

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.