# ELIZABETH PUBLIC SCHOOLS

*Every Child, Achieving Excellence*

**Olga Hugelmeyer**
Superintendent of Schools

**Harold E. Kennedy, Jr.**
School Business Administrator/Board Secretary

March 8, 2021

Ms. Maria E. Lorenz
opra+request-19522-edb5202f@requests.opramachine.com

Dear Ms. Lorenz:

Retrievable records for your request "1) All bids for chief medical inspector for school year 2019-2020; 2018 - 2019; 2017 – 2018 and 2) Bills from chief medical inspector for school year 2019-2020; 2018 - 2019; 2017 – 2018" are attached.

Sincerely,

Harold E. Kennedy, Jr.
School Business Administrator/Board Secretary

# Francisco Munoz, MD

824 Elizabeth Avenue Elizabeth NJ 07201

**12/20/16**

**Harold E. Kennedy, Jr.**
**School Business Administrator/Board Secretary**
**Office of the School Business Administrator/Board Secretary**
**Elizabeth Board of Education**
**500 North Board Street**
**Elizabeth, New Jersey 07207**

**Dear Mr. Kennedy , Jr.**

I am applying for the position of Chief Medical Inspector for the Elizabeth Board of Education. I remember meeting you briefly earlier this year. By way of re introducing myself I am a Board Certified Physician serving the City of Elizabeth for the past 30 years. Prior to establishing my office in Elizabeth I worked as an Emergency Room Physician and in an Industrial Clinic.

I had the privilege to serve as Chief Medical Inspector this year. I was blessed to work with a team of caring, enthusiastic and kind professionals who welcomed me and helped me in all aspects of this post. Our interaction was always synergistic and resulted in excellence in the care of our students. I would like to extend my heartfelt gratitude to everyone in your team for making this a truly enjoyable experience.

The terms of the current contract will still apply. The monthly stipend of $2,100.00, $240.00 an hour for sports physicals and $120.00 an hour for physicals will remain the same. I am available 24 hours a day to discuss any matters you or any of your team.

Thank you for the opportunity to serve.

Respectfully,

**Francisco Munoz, M.D.**
**Diplomat American Board of Internal Medicine**
**Vice President - Union Square Medical Associates**
**Vice President - USMA Clinical Research LLC**
**Phone (908) 352 9556**
**Fax (908) 352 9134**

# Francisco Munoz, MD

824 Elizabeth Ave Elizabeth, NJ 07201
drfrankmunoz@yahoo.com | 908-352-9556

## Education

**St. Michael's Medical Center**, Newark, NJ
Residency — 1983 - 1986

**Jersey city Medical Center**, Jersey City, NJ
Internship — 1982 - 1983

**Universidad Central del Este**, San Pedro de Macoris, Dominican Republic
Medical School — 1978 - 1982

**Rutgers University**, Newark, NJ
Undergraduate

## Experience

**Elizabeth Board of Education**
Chief Medical Inspector — Jan 2016 to present

**USMA Clinical Research,** LLC, Elizabeth, NJ
Principal Investigator and Vice-President — 2009 - present

**Union Square Medical Associates, PC**, Elizabeth, NJ
Internal Medicine Certified by the American Board of Internal Medicine — 1986 - present

**Trinitas Regional Medical Center**, Elizabeth, NJ
Attending Physician — 1986 - present

**St. Michael Medical Center**, Newark, NJ
Attending Physician — 1986 - 2014
Emergency Room Physician — 1984 - 1985

**St. James Medical Center**, Newark, NJ
Emergency Room Physician — 1985 - 1987

**D'Angostino PA & Associate Industrial Medicine**, Harrison, NJ
Occupational Medicine — 1987 - 1992

## Additional

**Languages:** English, Spanish, French and Portuguese
**Licensure/Certification:** Board of Medical Examiners License, American Board of Internal Medicine and GCP Certification.

# Francisco Munoz, MD

824 Elizabeth Ave Elizabeth, NJ 07201
drfrankmunoz@yahoo.com | 908-352-9556

## Clinical Trials Areas

Trained and knowledgeable to perform duties and conduct clinical research as Principal Investigator under the guidelines of the IRB, GCP, ICH Guidelines, and current SOP(s).
Participates with pharmaceuticals such as Merck, Novo Nordisk, Takeda, GSK, Pfizer, Boehringer Ingelheim, AstraZeneca on a numerical clinical subjects as follow:

**Takeda**: SYR-322MET-302: (2010) Investigator - currently conducting a Phase 3 Clinical trial in subjects with Type 2 Diabetes. Principal Investigator

**Novo Nordisk**: Predictive 303 - (2006), P.I.
**Pfizer**: GI Reasons, Protocol Number: A3191331 Study P5E. (2007), P.I.
**Merck & Co:** Protocol No. 066 / MEDAL, Protocol No. 072 / EDGE II (2005). P.I.

**GSK–SAS115359**, A Safety and Efficacy Study of Inhaled Fluticasone Propionate/Salmeterol Combination versus Inhaled Fluticasone Propionate in the Treatment of Adolescent and Adult Subjects with Asthma

**TAK-875_304,** A Multicenter, Randomized, Double-Blind, Active-Controlled, Phase 3 Study to Evaluate the Efficacy and Safety of TAK-875 25 mg and 50 mg Compared to Glimepiride When Used in Combination with Metformin in Subjects with Type 2 Diabetes

**TAK-875_301,** A Randomized, Double-Blind, Placebo-Controlled, Phase 3 Study to Evaluate the Efficacy and Safety of Daily Oral TAK-875 25 mg and 50 mg Compared with Placebo in Subjects with Type 2 Diabetes

**GSK – HCZ113782,** A CLINICAL AUTCOMES study to compare the effect of Fluticasone furoate/Vilanterol Inhalation Powder with Placebo on Survival in subjects with moderate Chronic Obstructive Pulmonary Disease (COPD) and history of or risk of cardiovascular disease"

**SYR-322MET-302,** A Multicenter, Randomized, double Blind, Placebo-Controlled Study to determine the Efficacy and Safety of Alogliptin plus Metformin, Alogliptin Alone or Metformin Along in subjects with Type 2 Diabetes"

**ASTRA ZENECA - LAS-MD-45 (D-560C00002),** Double-blind, Randomized, Placebo-controlled, Parallel-group, Phase IV study to Evaluate the Effect of Aclidinium Bromide on Long-term Cardiovascular Safety and COPD Exacerbations in Patients with Moderate to Very Severe COPD

**PFIZER - PF-04950615 (RN-316),** Phase 3 multi-center, double blind, randomized, Placebo-controlled, Parallel Group evaluation of the efficacy, safety and tolerability of Bococizumab (PF-04950615), in reducing the occurrence of major cardiovascular events in high risk subjects.

**BOEHRINGER INGELHEIM – 1218-74** (Carolina Trial), A multicenter, international, randomized, parallel group, double blind study to evaluate cardiovascular safety of Linagliptin versus Glimepiride in patient with type 2 Diabetes mellitus at high caradiovascular Risk.

**BOEHRINGER INGELHEIM – UH13-1186-02**
A multicenter, international, randomized, parallel group, double blind, placebo-controlled Cardiovascular Safety & Renal Microvascular outcome study with Linagliptin, 5 mg once daily in patients with type 2 diabetes mellitus at high vascular risk.

**MERK – MK-3102,** A phase III, Multicenter, Double-Blind, Randomized Trial to Evaluate the Safety and Efficacy of MK-3102 Compared with Glimepride in Subject with type 2 diabetes Mellitus for whom Metformin is inappropriate due to intolerance or contraindication.

State Of New Jersey
# New Jersey Office of the Attorney General
## Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Medical Examiners

HAS REGISTERED

Francisco Munoz
Union Square Medical Medical Assn
824 Elizabeth Avenue
Elizabeth NJ 07201-2709

FOR PRACTICE IN NEW JERSEY AS A(N): Medical Doctor

06/17/2015 TO 06/30/2017
VALID

25MA04386700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

Francisco Munoz

EXPIRATION DATE 2017

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 25MA 04386700 . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

**Board of Medical Examiners**
**P.O. Box 183**
**Trenton, NJ 08625**

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

**If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.**

NEWLIC (Rev. 04/30/2014)

900 Route 9 North, Woodbridge NJ 07095

1-877-444-0484 (Office) 732-791-9431 (Fax)

# CERTIFICATE OF INSURANCE

| | |
|---|---|
| **NAMED INSURED:** | **Francisco Munoz, M.D.** |
| **ADDRESS:** | **824 Elizabeth Avenue<br>Elizabeth, NJ 07201** |
| **POLICY #:** | **NJ01159** |
| **SPECIALTY:** | **Internal Medicine - no surgery** |
| **TYPE OF COVERAGE:** | **Medical Professional Liability Insurance – Claims Made Form<br>(Subject in all respects to the terms and conditions of the policy(ies) to be issued).** |
| **POLICY PERIOD:** | **FROM: 09/30/16 TO: 09/30/17<br>12:01 A.M. Standard Time at Named Insured's Address Indicated Above (Subject to payment of premium).** |
| **INSURED SINCE DATE:** | **09/30/06** |
| **RETROACTIVE DATE:** | **09/30/06** |
| **LIMITS OF LIABILITY:** | **$ 1,000,000 each claim<br>$ 3,000,000 annual aggregate** |
| **DEDUCTIBLE:** | **$ 0.00** |
| **INSURER:** | **Conventus Inter-Insurance Exchange** |
| **PRODUCER:** | **Silva, Soule & Fisher Insurance Group, LLC** |
| **DATE ISSUED:** | **09/14/16** |
| **CERTIFICATE HOLDER:** | **Francisco Munoz, M.D.<br>824 Elizabeth Avenue<br>Elizabeth, NJ 07201** |

**AUTHORIZED REPRESENTATIVE:**
**Lyn Winters**

**Guillermo Munoz M.D.**
**Internal Medicine**
**Union Square Medical Associates**
**824 Elizabeth Ave**
**Elizabeth, N.J. 07201**
**908 352-9556**
**Fax 908 352-9134**

Harold E. Kennedy, Jr.
School Business Administrator/Board Secretary
Office of the School Business Administrator/Board Secretary
Elizabeth Board of Education
500 North Broad Street
Elizabeth, New Jersey 07207

December 21, 2016

Mr. Kennedy and Board Members,

My name is Dr. Guillermo Munoz, I am a medical doctor practicing medicine in the city of Elizabeth for the last 24 years and I would like to be reconsidered for the job of **Chief Medical Inspector** for the Elizabeth Board of Education. As Chief Medical Inspector I will meet with school nurses for the district and I will make my self-available to them at any time. I will be available to my supervisors of the district for the purpose of consultations pertaining to medical issues with students and medical policies in general. I will also make my services available to any student that has is hurt during a high school sporting event. In the past I have seen those athletes in my office for free follow up. My office is only blocks from the high school. I will also continue to sideline the home football games.

For the services that I will be providing I am requesting

1. $ 2100.00 a month for the entire scope of the job
2. $ 220.00 per hour for sports physical
3. $ 120.00 per hour for scoliosis screening, school physical and or any other clinical medical intervention needed on my part.

Attached are copies of my N.J. State medical license, as well as fact sheet of my medical malpractice. If you need any other document please call me for it at your convenience.

Thank you for your consideration of my services, and I look forward to work for the Elizabeth Board of Education.

Sincerely,

Dr. Guillermo Muñoz

CONVENTUS

900 Route 9 North, Woodbridge NJ 07095

1-877-444-0484 (Office) 732-791-9431 (Fax)

# CERTIFICATE OF INSURANCE

| | |
|---|---|
| **NAMED INSURED:** | **Guillermo Munoz, DO** |
| **ADDRESS:** | **824 Elizabeth Avenue<br>Elizabeth, NJ 07201** |
| **POLICY #:** | **NJ01157** |
| **SPECIALTY:** | **Internal Medicine - no surgery** |
| **TYPE OF COVERAGE:** | **Medical Professional Liability Insurance – Claims Made Form (Subject in all respects to the terms and conditions of the policy(ies) to be issued).** |
| **POLICY PERIOD:** | **FROM: 09/30/16 TO: 09/30/17<br>12:01 A.M. Standard Time at Named Insured's Address Indicated Above (Subject to payment of premium).** |
| **INSURED SINCE DATE:** | **09/30/06** |
| **RETROACTIVE DATE:** | **09/30/06** |
| **LIMITS OF LIABILITY:** | **$ 1,000,000 each claim<br>$ 3,000,000 annual aggregate** |
| **DEDUCTIBLE:** | **$ 0.00** |
| **INSURER:** | **Conventus Inter-Insurance Exchange** |
| **PRODUCER:** | **Silva, Soule & Fisher Insurance Group, LLC** |
| **DATE ISSUED:** | **09/14/16** |
| **CERTIFICATE HOLDER:** | **Guillermo Munoz, DO<br>824 Elizabeth Avenue<br>Elizabeth, NJ 07201** |

**AUTHORIZED REPRESENTATIVE:**
**Lyn Winters**

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

# State Of New Jersey

## NEW JERSEY OFFICE OF THE ATTORNEY GENERAL
## DIVISION OF CONSUMER AFFAIRS
## CONTROLLED DANGEROUS SUBSTANCES

**CDS REGISTRATION NUMBER**
**D05587700**

Guillermo A. Munoz
Union Square Medical Assoc.
824 Elizabeth Ave
Elizabeth NJ 07202

IS REGISTERED AS: **CDS Physician** FOR SCHEDULES: **2 3 4 5**

| 06/09/2016 TO 10/31/2016 | | 25MB05721200 |
|---|---|---|
| VALID | DEA NO. | LICENSE/REGISTRATION/CERTIFICATION # |

SIGNATURE OF REGISTRANT

ACTING DIRECTOR

The State of New Jersey

# Departments of Education and Health

## Certificate of Completion

***awarded to***

| Guillermo Munoz | 1023071669 | 09-08-2016 |
|---|---|---|
| Name/Signature | NPI # | Date |

***For completion of the Student-Athlete Cardiac Assessment Professional Development Module***

PETER SHULMAN
ASSISTANT COMMISSIONER/CHIEF TALENT OFFICER
DIVISION OF TEACHER AND LEADER EFFECTIVENESS

DAVID C. HESPE
COMMISSIONER
DEPARTMENT OF EDUCATION

MARY O'DOWD
COMMISSIONER
DEPARTMENT OF HEALTH

UCHA
UNION COUNTY HEALTHCARE ASSOCIATES
MD+CARE
URGENT CARE MEDICAL CENTER

2005 St Georges Avenue, Rahway, NJ 07065
P: (732) 381-3740 Fax: (732) 215-4344
300 South Ave, Garwood, NJ 07027
P: (908) 232-2273 Fax (908) 232-1439
689 Inman Ave, Colonia, NJ 07067
P: (732) 381-4575 Fax (732) 381-0070
310 West Jersey Street, Elizabeth, NJ 07202
P: (908) 351-2222 Fax (908) 351-1977
400-406 Westfield Avenue, Elizabeth, NJ 07208
P: (908) 691-3801 Fax (908) 691-3801

December 27, 2016

Harold E Kennedy, Jr.
City of Elizabeth
School Business Administrator/Board Sec.
Office of the Business Administrator/Board Sec.
Elizabeth Board of Education
500 North Broad Street
Elizabeth, NJ 07207
(908) 436-5112

**RE: Response to Request for Proposal (RFP) for Chief Medical Inspector**

Dear Mr. Kennedy:

Per your request, enclosed please find one (1) original RFQ and two (2) copies of the above mentioned RFP.

Should you require additional information and/or have further matters of question, please feel free to call me at (908) 764 -1151 or via m=email at mravello@unioncountyhealthcare.com

Regards,

Marcie Ravello-Arceo
Administrator/Director ACO/PCMH Programs

UCHA
UNION COUNTY HEALTHCARE ASSOCIATES

MD+CARE
URGENT CARE MEDICAL CENTER

**Union County Healthcare Associates, LLC/**
**MD Care Urgent Center LLC**
**Response to Request for Proposal – Chief Medical Inspector**

Elizabeth Board of Education, located in Elizabeth, New Jersey
Presenting and proposing Physician: Kamran Tasharofi, MD

# REQUEST FOR QUALIFICATIONS CHECKLIST

THIS CHECKLIST MUST BE COMPLETED AND SUBMITTED WITH YOUR PROPOSAL:

**Please initial below, indicating that your proposal includes the itemized document.**
**A PROPOSAL SUBMITTED WITHOUT THE FOLLOWING DOCUMENTS IS CAUSE FOR REFUSAL.**

INITIAL BELOW

A. An original and two (2) signed copies of your complete proposal. KT

B. Non-Collusion Affidavit properly notarized KT

C. Authorized signatures on all forms. KT

D. Business Registration Certificate(s) KT

E. Affirmative Action Statement KT

Note: N.J.S.A 52:32-44 provides that the Elizabeth Board of Education shall not enter into a contract for goods or services unless the other party to the contract provides a copy of its business registration certificate and the business registration certificate of any subcontractors at the time that it submits its proposal. The contracting party must also collect the state use tax where applicable.

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE ABOVE LISTED REQUIREMENTS.**

NAME OF PROPOSER: **UNION COUNTY HEALTHCARE ASSOCIATES, LLC**
Person, Firm or Corporation

BY: _____
Kamran Tasharofi Chief Medical Officer/owner

UCHA
UNION COUNTY HEALTHCARE ASSOCIATES

MD+CARE
URGENT CARE MEDICAL CENTER

2005 St Georges Avenue, Rahway, NJ 07065
P: (732) 381-3740 Fax: (732) 215-4344
300 South Ave, Garwood, NJ 07027
P: (908) 232-2273 Fax (908) 232-1439
689 Inman Ave, Colonia, NJ 07067
P: (732) 381-4575 Fax (732) 381-0070
310 West Jersey Street, Elizabeth, NJ 07202
P: (908) 351-2222 Fax (908) 351-1977
400-406 Westfield Avenue, Elizabeth, NJ 07208 P: (908) 691-3801 Fax (908) 691-3801

December 23, 2016

Mr. Harold E. Kennedy, Jr.
School Business Administrator/Board Secretary
Office of the School Business Administrator/Board Secretary
Elizabeth Board of Education
500 North Broad Street
Elizabeth, New Jersey 07207

**RE: Response to Request for Proposal "RFP" for Chief Medical Inspector for the Elizabeth Board of Education, located in Elizabeth, NJ for Contract Year January 1, 2017 to December 31, 2017.**

Dear Mr. Kennedy:

On behalf of Union County Healthcare Associates, LLC/MD Care Urgent Center, LLC, I am pleased to present the Elizabeth Board of Education with our response to the aforementioned Request for Proposal for the 2017 year.

I along with my Administrators we will serve as the contacts for all RFP-related communications, including any requests for clarification or other communications needed between UCHA/MD Care Staff and the City of Linden.

As instructed, we have provided one (1) original with notary stamp and seal as well as two (2) duplicate copies of the proposal.

**Union County Healthcare Associates, LLC/MD Care Urgent Center, LLC makes the following certifications and guarantees regarding this proposal:**

- Union County Healthcare Associates, LLC/MD Care Urgent Center, LLC will comply will all contract terms and conditions as indicated in this RFP.

- No attempt has been made or will be made by Union County Healthcare Associates, LLC/MD Care Urgent Center, LLC to induce any other persons or firm to submit or not to submit to a proposal.

- Union County Healthcare Associates, LLC/MD Care Urgent Center, LLC does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or handicap.

- Union County Healthcare Associates, LLC/MD Care Urgent Center, LLC certifies that the prices contained in this RFP/bid proposal have been arrived at independently, without consultation, communication, or agreement, as to any matter relating such prices with any other bidder or with any competitor for the purpose of restricting competition; and, unless otherwise required by law, the prices quoted have not been knowingly disclosed by Union County Healthcare Associates, LLC/MD Care Urgent Center, LLC prior to award, directly or indirectly, to any other bidder or to any competitor.

- As the President/Owner of both Union County Healthcare Associates, LLC/MD Care Urgent Center, LLC, I am authorized to negotiate on behalf of both corporations and shall be responsible for the management of any potential contract that may result from this procurement process. As an officer for this company, my signature has the authority to bind any contract that may result from the negotiations with the City of Linden concerning this proposal to provide Medical Services. I am responsible for the costs being offered in this proposal and have not, and shall not participate in any action contrary to the requirement of this RFP.

- Union County Healthcare Associates, LLC/MD Care Urgent Center, LLC will not be using any subcontractors in the provision of the services contained in this bid proposal.

- Union County Healthcare Associates, LLC/MD Care Urgent Center, LLC acknowledges and accepts all the terms and conditions stated in the RFP.

As demonstrated in the following pages, Union County Healthcare Associates, LLC/MD Care Urgent Center LLC and its medical staff are well qualified for this project. Our extensive knowledge and experience gives us the ability to handle a vast majority of medical situation that arise. We are confident that we are the best choice for the City of Linden as you pursue this exciting opportunity.

Union County Healthcare Associates, LLC/MD Care Urgent Center, LLC will carry out all contract responsibilities in the same highly professional and successful manner to which all our clients have become accustomed. Please contact me should you have any questions or need additional information.

Thank you in advance for your consideration.

Kamran Tasharofi, M.D.
Chief Medical Officer/Owner

# TABLE OF CONTENTS

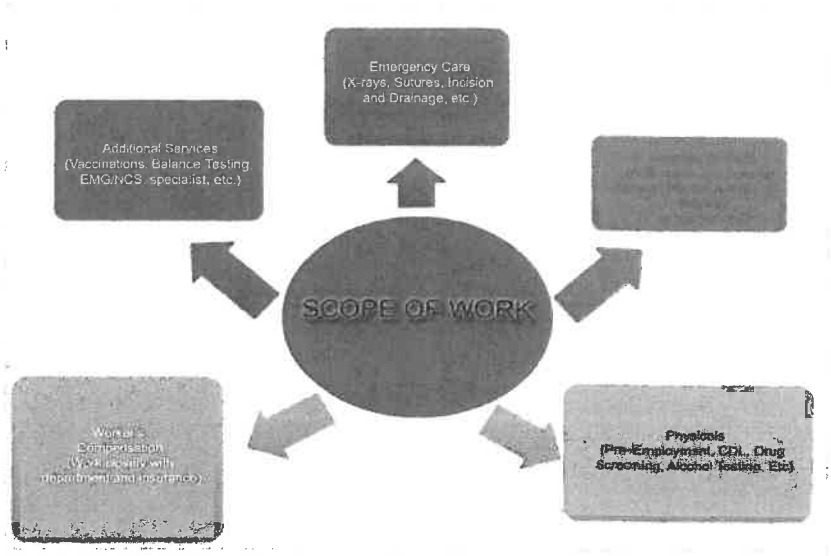
# SCOPE OF SERVICE – FEE SCHEDULE

| SERVICE(S) | Price |
|---|---|
| **BASIC PHYSICAL – PRE EMPLOYMENT: (includes)** | **$85.00** |
| Physical Exam And Medical History | |
| Ekg | |
| Urinalysis | |
| Urine Drug Screen | |
| Vision/ Color Test | |
| **COMPREHENSIVE PRE EMPLOYMENT PHYSICAL: (includes)** | **$125.00** |
| Physical Exam And Medical History | |
| Ekg | |
| Urinalysis | |
| Urine Drug Screen | |
| Vision/ Color Test | |
| Pulmonary Function Test (Pft) | |
| 1 View Chest X-Ray | |
| (Add If Hepatitis B Anitbody Is Needed) | $30.00 |
| **COMPREHENSIVE PRE EMPLOYMENT PHYSICAL W/ AUDIO: (includes):** | **$140.00** |
| Physical Exam And Medical History | |
| Ekg | |
| Urinalysis | |
| Urine Drug Screen | |
| Vision/ Color Test | |
| Pulmonary Function Test (Pft) | |
| 1 View Chest X-Ray | |
| Audio | |
| (Add If Hepatitis B Anitbody Is Needed) | $30.00 |
| **FIT FOR DUTY EXAM** | **$45.00** |
| Physical Exam And Medical History | |
| Review Of Physical Findings Relative To The Position Of Employment | |
| **URINE DOT DRUG SCREENING (5 PANEL DOT WITH MRO REVIEW)** | **$35.00** |
| **EVIDENTIAL BREATHE ALCOHOL TEST DOT** | **$25.00** |
| **ADDITONAL TEST FOR CONFIRMATION IF NECESSARY** | **$5.00** |
| **VISION TEST/SNELLEN** | **$20.00** |
| **CDL – CERTIFICATION** | **$75.00** |
| Physical Examination | |
| Urinalysis | |
| Vison Screen | |
| Medical Exam | |
| Dot Medical Examiner Certificate Card | |
| **JOB INJURY EXAM** | **$70.00** |
| **CHEST X-RAY 1 VIEW** | **$30.00** |
| **EXERCISE STRESS TEST** | **$170.00** |
| **ELECTROCARDIOGRAM (EKG)** | **$35.00** |
| **PULMONARY FUNCTION TEST (PFT)** | **$35.00** |
| **HEPATITIS B ANITBODY TITER** | **$30.00** |
| **HEPATITIS B VACCINE (3 SERIES) PER VACCINE** | **$65.00** |
| **ADACEL (TD AND PERTUSIS)** | **$60.00** |
| **TETANUS** | **$35.00** |
| **TORADOL 60MG** | **$20.00** |
| **URINALYSIS** | **$25.00** |
| **PPD (MANTOUX/TB)** | **$15.00** |

***If Laboratory services are requested in addition to a Urinalysis, please forward components and prices will be supplied accordingly.***

## SCOPE OF WORK

It is the intent of Union County Healthcare Associates/MD Care Urgent Center to provide the necessary medical services for the City of Elizabeth. Physicians shall review medical information, conduct medical examinations, provide emergency medical treatment, provide medical services for injuries, illnesses and disease, and prescribe medicines. In the event that a patient requires hospital care they will be transferred to the nearest hospital (Trinitas Regional Medical Center or Robert Wood Johnson -Rahway) and will be under the care of Union County Healthcare Associates.




Currently, Dr. Tasharofi serves as the Township Physician for the Township of Winfield Park. In regards to his appointment there he works alongside the township officials in developing healthcare protocols and attends meetings in regards to any arising concerns or issues. The township sends to our MD Care Urgent Center employees who are requiring either police or fire pre-employment physicals, fit for duty evaluations, post placement exams, disability evaluations and workers compensation injuries. Our staff and providers have been thoroughly trained in the DOT, OSHA, Fire and Police regulations regarding these examinations to ensure compliance and accuracy on our end. Aside from these physicals we also provide the 3-step Hepatitis B clinic for all of the Township employees as well as administration of the Influenza vaccines for all of the citizens.

In addition, he also performs pre-employment physicals, fit for duty physicals, post placement exams, disability evaluations and workers compensation injuries.

We also provide and handle various accounts for either worker's compensation or physicals for various organizations such as MCO for the Elizabeth Board of Education, Delaire Nursing and Rehabilitation, Elmora Hills Nursing and Rehabilitations, Right at Home, Town Square Adult Day Care, and Merck. We also recently acquired three new accounts with ServPro, Borough of Roselle and Union County Utilities Authority.

We currently use an electrical medical records system to ensure confidentially and scan in all necessary documents to ensure the identifiable health information is not accessible to other patients. All documents and results can be sent via email also at your request. Our staff has been trained by Stericycle in the proper protocol of both hazardous identification systems and personal protective equipment as required by OSHA guidelines.

MD Care Urgent Center is open seven days a week. The hours of operation are as follows:

| | |
|---|---|
| **Monday – Friday** | **8 am to 8 pm** |
| **Saturday-Sunday:** | **9 am to 4 pm** |

Our other Union County Healthcare Associates location is located in Garwood at 300 South Ave which is also open seven days a week. The hours of operation are as follows:

| | |
|---|---|
| **Monday – Saturday** | **8 am to 8 pm** |
| **Sunday** | **8 am to 4 pm** |

During these hours your employees can come in and be evaluated by any one of our medical providers and if necessary have the alcohol and drug screening performed by our staff.

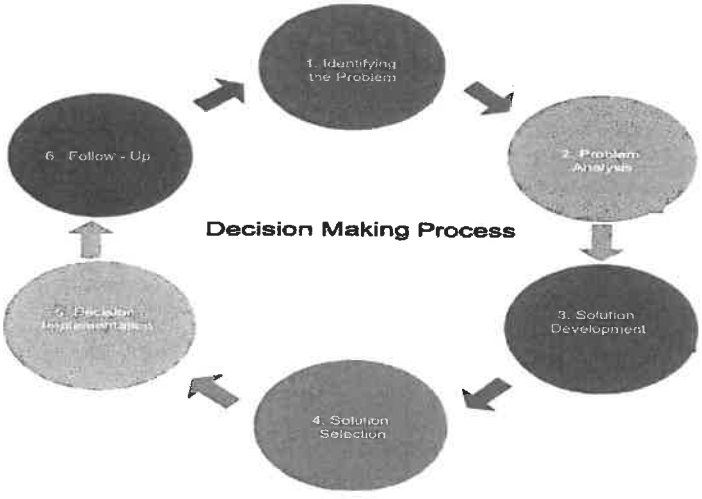
MD Care Urgent Center which will be the place of service has a bathroom which is dedicated to the urine specimen collection process. The bathroom is equipped with an electronic switch water shut off valve and bluing solution to color the toilet water.

Patients are given the necessary privacy for this process. All collection personnel have been adequately trained and certified following the regulations set forth by the Federal Register Part-40. Federal Custody and Control forms are provided by MD Care Urgent Center as well as Split Specimen urine collection kits. Controlled Substance urine collection procedures are followed by all collection personnel as set forth by the Federal Register Part-40. MD Care Urgent Center also utilizes the Alcohol Breath Analyzer Mark V Alcovisor manufactured by Kahntact USA, which is an EBT that has been approved by the National Highway Traffic Safety Administration. All breath alcohol collection personnel have been certified in the use of the Mark V Alcovisor by the manufacturing representative of the company. Federal Alcohol Testing Custody and Control Forms are provided by MD Care Urgent Center, and the breath alcohol collection procedures are followed by all certified technicians as set forth by the Federal Register Part-40.

MD Care Urgent Center is contracted with LabCorp Laboratories to perform the analysis of urine drug screens specimens. LabCorp Laboratories is certified under the Department of Health and Human Services, for the performance of urinary drug screens for DOT regulations.

Kamran Tasharofi, MD, will be the medical review officer responsible for receiving and reviewing all of the urine drug screens. Dr. Tasharofi is a Medical Review Officer with the American Association of Medical Review Officers (AAMRO). He is a Board Certified Internal Medicine Physician and the Medical Director/Owner of both Union County Healthcare Associates and MD Care Urgent Center. As Medical Review Officer, Dr. Tasharofi has trained the staff on the importance of obtaining an accurate specimen collection as well as the completion of the chain of custody forms. Dr. Tasharofi will review all positive results with the affected employee, for verification of acceptable explanations of the positive result, as well as explaining to the employee their right to have the specimen evaluated. He will also notify the City of Linden's officials within 48 hrs. on all verified negative results, and immediate upon verification of positive results. As MRO, Dr. Tasharofi will accept all responsibility for implementing and managing the City of Linden Alcohol and Drug Testing Program.

MD Care Urgent Center has Medical Assistant's who will be responsible for the managing of the paperwork of the Alcohol and Drug Screen Program. This includes securely and confidentially handling all chain of custody forms, and filing such properly and communicating verified results to the designated officials via secure fax or email. All records will be maintained for 7 years.




We use a 6 –Step Process for Decision Making which is detailed below:

1.**Identifying the Problem** - Before anyone is able to confront a problem its existence needs to be identified and brought to the attention of someone who can do anything about them.

2.**Analyzing the problem** - Looking at the problem in terms of goals and barriers offers an effective way of defining many problems and splitting bigger problems into more manageable sub-problems.

3.**Developing Alternative Solutions -** While dealing with problems, there are many different (alternative) ways to solve them. Several solutions can be analyzed for different advantages and disadvantages. By looking at these advantages and disadvantages the administrative team can make an assessment of the most effective solution for the problem.

**4. Selecting the Best Solutions -** Once we have evaluated the alternative solutions, we can begin the process of selecting the best solution. We weigh different solutions by giving them different scores regarding different factors, so that top-ranked solution can be selected. The best solution is the solution that fulfills all or most of our criteria. It is the best feasible solution which is proposed to give us maximum performance by fulfilling all or maximum requirements.

**5.Implementing the Decision into Action** - Once a solution is picked there are three essential actions to implementing a decision. These include creating an implementation plan, informing employees, and finally adjusting the decision to make compromises as necessary. Compromising is another essential component of the implementation process. Through implementing the decision, there may be situations and issues that the decision-maker did not consider initially.

**6.Follow-Up on Action Taken -** After the implementation of the protocol, a system is checked and monitored for its performance. It is critically observed that whether the protocol is performing up to the proposed standards or not. In other words a solution is checked, whether it is achieving its goal or not? If it is not achieving the goals, we go back to previous step and try to implement some alternate solution which may achieve the goals.

## PROFESSIONAL/LIABILITY MALPRACTICE INSURANCE AND WORKER'S COMPENSATION COVERAGE

All of our practice medical providers have up-to-date Professional Liability/Medical Malpractice Insurance with $1,000,000 Occurrence/$3,000,000 Aggregate. (Attached with each medical providers credentials – Exhibits C-J). We also have general liability insurance for in the amount of $1,000,000 Occurrence/$3,000,000 Aggregate as well as Worker's Compensation and Employers Liability Policy.

Upon obtaining this award we will ensure that we have sufficient insurance to protect against all claims under Worker's Compensation, General, Professional and Automobile Liability.

## HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

All Union County Healthcare Associate and MD Care Urgent Center medical providers and staff are in-serviced on the importance of maintaining confidentiality of each patient's medical information. We understand that if this position is awarded to us we will be engaging as the physician for county personnel and still must comply with all of the applicable HIPAA regulatory provisions. We understand that the County reserves the right to receive assurances of compliance, including but not limited to inspections of Physician's HIPPA policies and procedures and practices. The Physician shall inform the County of any breaches or violations of HIPPA regulations that may occur during the course of this Agreement, including breaches or violations made by business associates of the Physician.

## Requirements of Technical Proposal Elements

### (A). General Information and Name of Proposer:

Union County Healthcare Associates, LLC
Mailing Address: 2005 St. Georges Ave, Rahway, NJ 07208

MD Care Urgent Center, LLC
Physical and Mailing Address: 400-406 Westfield Avenue, Elizabeth, NJ 07208

Union County Healthcare Associates:
Physical and Mailing Address: 300 South Avenue, Garwood, NJ 07027

### (B). Names, Titles and Phone Number of Contact Person(s):

Kamran Tasharofi, MD
Chief Medical Officer/Owner
Union County Healthcare Associates/
MD Care Urgent Center
2005 Saint Georges Avenue
Rahway, NJ 07065
P: (732) 381-3740
C: (908) 531-4017
F: (732) 215-4344
E: ktasharofi@usa.net

Marcie Ravello-Arceo
Administrator/Dir. ACO/PCMH Programs
P: (908) 232-2273 ext. 142
C: (908) 764-1151
E: Mravello@unioncountyhealthcare.com

Katy Colon
Administrator/Operations/Provider Relations
P: (908) 232-2273 ext. 120
C: (908) 838-2435
E: kcolon@unioncountyhealthcare.com

Cindy Melendez
Administrator/Human Resources/Payroll
P: (908) 351-2222
C: (732) 685-4360
E: cmelendez@unioncountyhealthcare.com

| | | |
|---|---|---|
| Name of Office (Place of Service): | MD Care Urgent Center | |
| Address: | 400-406 Westfield Avenue, Elizabeth, NJ 07208 | |
| Type of | Entity: Limited Liability Company (LLC) | |
| Federal Employer Identification Number: | 25-1918025 | Union County Healthcare Associates |
| | 27-0855810 | MD Care Urgent Center |
| Year of Establishment: | 2005 | Union County Healthcare Associates |
| | 2011 | MD Care Urgent Center |

| | | |
|---|---|---|
| Name of Office (Place of Service): | Union County Healthcare Associates | |
| Address: | 300 South Avenue, Garwood, NJ 07027 | |
| Federal Employer Identification Number: | 25-1918025 | Union County Healthcare Associates |
| Year of Establishment: | 2011 | Union County Healthcare Associates |

## Requirements of Technical Proposal Elements (continued)

**(B) Medical Providers:**

***CV's attached On Exhibits***

- **Kamran Tasharofi, MD – Medical Director/Owner**
  - Board Certified, American Board of Internal Medicine
  - Medical Director, MD Care Urgent Center — 2011- Present
  - Medical Director, Union County Healthcare Associates — 2005- Present
  - Medical Director, Amber Court of Elizabeth — 2011- Present
  - Medical Director, Cranford Health and Extended Care Center — 2011-Present
  - Medical Director, Ascend Hospice — 2011- Present
  - Civil Surgeon, Department of Homeland Security — 2007-Present
  - Township Physician, Winfield Park Township — 2011- Present
  - Certified Medical Review Officer — MROCC
- **Joseph Ballaro, MD**
  - Board Certified, American Board of Internal Medicine — 1991-Present
  - Physician, Union County Healthcare Associates — 2015 -Present
  - Physician, MD Care — 2015- Present
- **Alexandra Caracitas, D.O.**
  - Board Certified, American Board of Family Practice — 2003- Present
  - Member of the American Optometric Association — 2003 – Present
  - Member of the American College of Osteopathic Family Physicians — 2003-Present
  - Medical Examiner, DOT NRCME — 2014 – Present
  - Physician, Union County Healthcare Associates — 2015 - Present
- **Ali Kahnshab, P.A-C.**
  - Member, American Academy of Physician Assistants — 2005- Present
  - Member, American College of Cardiology — 2005 – Present
  - Member, New Jersey State Society of Physician Assistants — 2012 – Present
  - Provider, MDCARE — Present
  - Provider, Union County Healthcare Associates — Present
- **Janet Downing, RN, MSN, APN**
  - Board Certified, American Nurses Credentialing Center Family Practice
  - Provider, MD Care Urgent Center
  - Provider Union County Healthcare Associates

## URGENT CARE STAFF

### Certified /Medical Assistants:

**Yomaira Alicea, CMA**
Certified, DOT Urine Drug Collection, Breath Alcohol Certified

**Vanessa Burgess, CMA**
Certified, DOT Urine Drug Collection

**Jose Castellano, CMA**
Certified, DOT Urine Drug Collection

**Bianca Irizarry, MA**
Certified, DOT Urine Drug Collection

**Jessenia Garcia, CMA**
Certified, DOT Urine Drug Collection

**Liann Gomez, CMA**
Certified, DOT Urine Drug Collection, Breath Alcohol Certified

### X-Ray Technicians:

**Robert Clark, RT**
Registered, American Registry of Radiological Technicians

**Guillermo Jodar, RT**
Registered, American Registry of Radiological Technicians

**Grecia Zuniga, RT**
Registered, American Registry of Radiological Technicians

**Chanell Jenkins, RT**
Registered, American Registry of Radiological Technicians

# KAMRAN TASHAROFI, M.D.

ktasharofi@usa.net

2005 St. George's Avenue
Rahway, NJ 07065
Phone: 732-381-3740
Fax: 732-215-4344

300 South Avenue
Garwood, New Jersey 07027
Phone: 908-232-2273
Fax: 908-232-1439

689 Inman Avenue
Colonia, New Jersey 07067
Phone: 732-381-4575
Fax : 732-381-3733

310 West Jersey Street
Elizabeth, NJ 07202
Phone: 908-351-2222
Fax: 908-351-1977

400-406 Westfield Avenue
Elizabeth, NJ 07208
Phone: 908-691-3800
Fax: 908-352-0505

## SPEAKER

01/06 to present **Ortho Biotec Pharmaceutical**, Anemia and Chronic Kidney Disease
Procrit

06/03 to present **Pfizer Pharmaceutical**, Cardiovascular and Arthritis, Dementia
Caduet, Celebrex, Aricept

06/03 to present **Novartis Pharmaceutical**, Cardiovascular and Osteoporosis, Dementia
Diovan, Exforge, Tekturna, Reclast, Exelon Patch

## EMPLOYMENT

| | | |
|---|---|---|
| 08/14 to Present | **Alaris Health Services/ Care Connections**<br>Medical Director | Rahway, NJ |
| 03/13 to Present | **Alaris Health Services/ Riverton Nursing & Rehab**<br>Medical Director | Rahway, NJ |
| 01/12 to Present | **Certified Medical Review Officer** | |
| 11/11 to Present | **Cranford Health Extended Care**<br>Medical Director | Cranford, NJ |
| 7/11 to Present | **Winfield Park Township**<br>Township Physician | Winfield Park, NJ |
| 06/11 to Present | **Amber Court of Elizabeth (Assisted Living)**<br>Medical Director | Elizabeth, NJ |
| 02/11 to Present | **MD Care Urgent Care Center**<br>Medical Director and President | Elizabeth, NJ |
| 5/07 to Present | **Civil Surgeon, Department of Homeland Security** | |
| 06/05 to Present | **Union County Health Care Associates**<br>Internal Medicine, Board Certified. Medical Director and President | Elizabeth, NJ |
| 11/06 to 09/07 | **Caring Hospice**<br>Medical Director | Edison, NJ |
| 09/07 to 09/11 | **Grace Healthcare Services**<br>Medical Director | Edison, NJ |
| 2003-2005 | **Central Jersey Health Care Associates**<br>Internal Medicine, Board Certified | Elizabeth, NJ |

## POSTGRADUATE TRAINING

| | | |
|---|---|---|
| 2000-2003 | ***Seton Hall University Internal Medicine Program***<br>**Associate Chief Resident**<br>Trinitas Hospital and St. Michael's Medical Center | South Orange, NJ |

## EDUCATION

| | | | |
|---|---|---|---|
| 1996-2000 | *Ross University School of Medicine*<br>***Doctor of Medicine, Honors*** | | |
| 1994-1995 | *California State University of Northridge*<br>***Bachelor of Arts** Biology, Deans List* | | |
| 1992-1993 | Pierce College | Major: Biology | Woodland Hills, CA |
| 1990-1994 | West Los Angeles College | Major: Biology | West Los Angeles, CA |
| 1988-1991 | Santa Monica College | Major: Biology | Santa Monica, CA |

## RESEARCH AND PUBLICATIONS

2004 *Investigator, MATRIX-Multicenter Assessment of Transdermal therapy In oveRactive bladder wIth oXybutyrin TDS.*

2003 *Sub-Investigator, A 12 month, randomized, open-label, multicenter, study to assess the long term safety of aliskiren 150 mg alone and 300 mg alone or with optional addition of hydrochlorothiazide (12.5 mg or 25 mg) in patients with essential hypertension.*

2002 *Primary Malignant Tumors of the Small Intestine: Uncommon Malignancies of the Digestive System, A Clinical Vignette*

2002 *Esthesioneuroblastoma: A Unique Case Presenting With Nasal Congestion, Cervical Lymphadenopathy, and SIADH, A Clinical Vignette*

2002 *Disseminated Histoplasmosis: A Case Presenting With High Fevers, Bloody Diarrhea, Weight Loss, and Maculopapular Skin Lesions, A Clinical Vignette*

2001 *TTP with Acute Renal Failure as the Initial Presentation of SLE in Pregnancy, A Clinical Vignette*

1994 *Diagnostic Accuracy of Magnetic Resonance Arthrography in the Evaluation of Superior Labral Lesions*

## PROFESSIONAL MEDICAL ASSOCIATION

| | |
|---|---|
| American College of Physicians | *Member since 2001* |
| American Medical Association | *Member since 2000* |

## INTERESTS/SKILLS

Audited Spanish for Medical Personnel, College of St. Elizabeth
Fluent in Farsi. Enjoy reading, tennis and jogging.

## REFERENCES FURNISHED UPON REQUEST

# State Of New Jersey
## New Jersey Office of the Attorney General
## Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Medical Examiners

HAS REGISTERED

Kamran Tasharofi
Union County Healthcare
2005 St. Georges Avenue
Rahway, NJ 07065

FOR PRACTICE IN NEW JERSEY AS A(N) Medical Doctor

05/11/2016 TO 06/30/2017
VALID

25MA07616500
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee, Registrant, or Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Board of Medical Examiners
P.O. Box 183
Trenton, NJ 08625

PLEASE DETACH HERE

Kamran Tasharofi

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 25MA07616500 EXPIRATION DATE 2017
PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Board of Medical Examiners
P.O. Box 183
Trenton, NJ 08625

PRINT YOUR NEW ADDRESS OF RECORD BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW MAILING ADDRESS BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| BT8425349 | 11-30-2018 | $731 |

| SCHEDULES | BUSINESS ACTIVITY | DATE ISSUED |
|---|---|---|
| 2,2N,3 3N,4,5 | PRACTITIONER | 10-02-2015 |

TASHAROFI, KAMRAN
2005 ST. GEORGES AVE
RAHWAY, NJ 07065

U.S. Department of Justice
Drug Enforcement Administration

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacturer, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| BT8425349 | 11-30-2018 | $731 |

| SCHEDULES | BUSINESS ACTIVITY | DATE ISSUED |
|---|---|---|
| 2,2N,3 3N,4,5 | PRACTITIONER | 10-02-2015 |

TASHAROFI, KAMRAN
2005 ST, GEORGES AVE
RAHWAY, NJ 07065

U.S. Department of Justice
Drug Enforcement Administration

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacturer, distribute, dispense, import or export a controlled substance.

Form DEA-223 (05/04)

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

The State of New Jersey

# Departments of Education and Health

## Certificate of Completion

*awarded to*

| Kamran Tasharofi | 1174595466 | 06-23-2015 |
|---|---|---|
| Name/Signature | NPI # | Date |

***For completion of the Student-Athlete Cardiac Assessment Professional Development Module***

PETER SHULMAN
ASSISTANT COMMISSIONER/CHIEF TALENT OFFICER
DIVISION OF TEACHER AND LEADER EFFECTIVENESS

DAVID C. HESPE
COMMISSIONER
DEPARTMENT OF EDUCATION

MARY O'DOWD
COMMISSIONER
DEPARTMENT OF HEALTH

# AAMRO

# American Association of Medical Review Officers

**THIS IS TO CERTIFY THAT**

## Kamran Tasharofi, M.D.

*having presented to the Executive Board of the American Association of Medical Review Officers satisfactory evidence of prescribed qualifications and having passed an approved examination before the*

## American Association of Medical Review Officers

*in accordance with national standards of competency and expertise established for Medical Review Officers, is hereby accredited and designated as a*

## Certified Medical Review Officer

*and by order of the AAMRO Board has been entered as such in the* ***AAMRO Registry of Certified Medical Review Officers***

*Given and dated this* 15th *day of* January 2012

*Chairman*

*Countersigned and sealed with the Seal of the American Association of Medical Review Officers the day and date above written*

Cindy Ferrell *Corporate Secretary*

120115100 *Certificate Number*

# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY): 6/17/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|---|---|
| PRODUCER<br>PRIMED CONSULTING<br>802 W Park Ave Bldg III Ste 302<br>Ocean, NJ 07712 | CONTACT NAME: Dana Vargo<br>PHONE (A/C, No, Ext): (732) 643-8500 FAX (A/C, No): (732) 643-8588<br>E-MAIL ADDRESS: dvargo@primedconsulting.com |
| INSURED<br>Kamran Tasharofi, MD<br>Union County Health Care<br>Associates LLC<br>2005 St. Georges Avenue<br>Rahway, NJ 07067 | INSURER(S) AFFORDING COVERAGE / NAIC#<br>INSURER A:<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|---|---|---|---|---|---|---|---|
| | COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY PRO-JECT LOC<br>OTHER: | | | | | | EACH OCCURRENCE $<br>DAMAGE TO RENTED PREMISES (Ea occurrence) $<br>MED EXP (Any one person) $<br>PERSONAL & ADV INJURY $<br>GENERAL AGGREGATE $<br>PRODUCTS - COMP/OP AGG $ |
| | AUTOMOBILE LIABILITY<br>ANY AUTO<br>ALL OWNED AUTOS<br>SCHEDULED AUTOS<br>HIRED AUTOS<br>NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) $<br>BODILY INJURY (Per person) $<br>BODILY INJURY (Per accident) $<br>PROPERTY DAMAGE (Per accident) $ |
| | UMBRELLA LIAB OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED RETENTION $ | | | | | | EACH OCCURRENCE $<br>AGGREGATE $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT $<br>E.L. DISEASE - EA EMPLOYEE $<br>E.L. DISEASE - POLICY LIMIT $ |
| A | Professional Liability Insurance | | | PS00026119 | 8/1/15 | 8/1/16 | $1,000,000 Each Claim<br>$3,000,000 Aggregate |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Policy Type: Occurrence
Specialty: Internal Medicine - no surgery

CERTIFICATE HOLDER

Kamran Tasharofi, MD
Union County Health Care
Associates LLC
2005 St. Georges Avenue
Rahway, NJ 07067

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

# CURRICULUM VITAE


**NAME:** **JOSEPH BALLARO, MD**
**DIPLOMATE, AMERICAN BOARD OF INTERNAL MEDICINE**

**CONTACT:** CELL: (908) 577-8394 HOME: (908) 350-3954
EMAIL: jballaromd@gmail.com

**HOME ADDRESS:** 24 SMITHFIELD CT.
BASKING RIDGE, NJ 07920-2778


**DOB:** 10/28/1960
**PLACE OF BIRTH:** ELIZABETH, NJ, USA

**WORK EXPERIENCE:**

**ATLANTIC HEALTH SYSTEM**
**MILLBURN MALL PRIMARY CARE, ASSOCIATE PHYSICIAN**
2933 VAUXHALL RD
MILLBURN MALL, STE. 28
VAUXHALL, NJ 07088
(03/15/2014 - 11/06/2015)

**JOSEPH BALLARO, MD, PC**
**ESTABLISHED INTERNAL MEDICINE PRIVATE PRACTICE**
**SOLO-PRACTITIONER, BOARD CERTIFIED INTERNIST**
2933 VAUXHALL RD
MILLBURN MALL, STE. 28
VAUXHALL, NJ 07088
(EST. 05/01/1993 - 03/15/2014)

**UNION HOSPITAL**
**EMERGENCY DEPARTMENT, STAFF PHYSICIAN**
1,000 GALLOPING HILL RD
UNION, NJ 07083
(12/01/1992 - 06/30/1997)

**TRINITAS HOSPITAL**
**EMERGENCY DEPARTMENT, STAFF PHYSICIAN**
225 WILLIAMSON ST
ELIZABETH, NJ 07201
(08/08/1991 - 06/30/1997)

**ANTHONY F. COPPOLA, MD**
**INTERNAL MEDICINE, ASSOCIATE PHYSICIAN**
425 ESSEX ST
MILLBURN, NJ 07041
(10/07/1993 - 11/27/1995)

**PAUL VAIANA, MD**
**INTERNAL MEDICINE, ASSOCIATE PHYSICIAN**
216 PALMER ST
ELIZABETH, NJ 07202
(10/01/1991 - 07/01/1992)

| | |
|---|---|
| **EDUCATION:** | **BACHELOR OF ARTS, BIOLOGY 1984**<br>RUTGERS UNIVERSITY<br>249 UNIVERSITY AVE<br>NEWARK, NJ 07102<br>(07/01/1981 - 05/01/1984) |
| | **ASSOCIATE OF SCIENCE, RESPIRATORY THERAPY 1981**<br>UNION COUNTY COLLEGE<br>1776 RARITAN RD<br>SCOTCH PLAINS, NJ 07076<br>(09/01/1979 - 05/30/1981) |
| **MEDICAL DEGREE:** | **DOCTOR OF MEDICINE 1988**<br>ROSS UNIVERSITY SCHOOL OF MEDICINE<br>ROSEAU<br>COMMONWEALTH OF DOMINICA, WEST INDIES<br>(07/01/1984 - 01/31/1988 M.D. Degree) |
| **RESIDENCY TRAINING:** | **INTERNAL MEDICINE 1988 – 1991**<br>**ASSOCIATE CHIEF RESIDENT, INTERNAL MEDICINE 1990 - 1991**<br>SETON HALL UNIVERSITY,<br>SCHOOL OF POST GRADUATE MEDICAL EDUCATION<br>ST ELIZABETH / TRINITAS HOSPITAL<br>225 WILLIAMSON ST<br>ELIZABETH, NJ 07202<br>(07/01/1988 - 06/30/1991) |
| **ECFMG:** | **403-533-3** 10/31/1998 |
| **FLEX EXAM:** | **601028500** 06/01/1988 |
| **MEDICAL LICENSE:** | **NJ 25MA05662500** 07/26/1991 Issued<br>(06/26/2015 - 06/30/2017 Active) |
| **DEA:** | **BB2884054** (06/25/2015 - 07/31/2018 Active) |
| **CDS:** | **D05505000** (10/15/2015 - 10/31/2016 Active) |
| **NPI:**<br>NPI, TYPE-2: | **1700971041** (INDIVIDUAL, TYPE-1)<br>**1174866065** (ORGANIZATION, TYPE-2) |
| **BOARD CERTIFICATION:** | **DIPLOMATE, AMERICAN BOARD OF INTERNAL MEDICINE**<br>**ABIM ID #138639**<br>(09/25/1991 - 12/31/2001)<br>(11/06/2002 - 12/31/2012)<br>(10/02/2013 - 12/31/2023 Active) |
| **HOSPITAL APPOINTMENTS:** | **OVERLOOK HOSPITAL**<br>99 BEAUVOIR AVE<br>SUMMIT, NJ 07902<br>DEPARTMENT OF MEDICINE / INTERNAL MEDICINE / PROVISIONAL<br>(12/2013 - 2015 Active) |
| | **OVERLOOK HOSPITAL**<br>99 BEAUVOIR AVE<br>SUMMIT, NJ 07902<br>DEPARTMENT OF MEDICINE / INTERNAL MEDICINE / ATTENDING<br>(07/01/1993 - 06/23/2010 voluntary non-renewal of privileges, in good standing) |

**SAINT BARNABAS MEDICAL CENTER**
94 OLD SHORT HILL RD
LIVINGSTON, NJ 07039
DEPARTMENT OF MEDICINE / INTERNAL MEDICINE / ATTENDING
(10/12/1993 - 10/07/2010 voluntary non-renewal of privileges, in good standing)

**UNION HOSPITAL**
1000 GALLOPING HILL RD
UNION, NJ 07083
DEPARTMENT OF MEDICINE / INTERNAL MEDICINE / ATTENDING
(07/01/1993 - 09/30/2007 hospital closure)

1 of 4 1896/656

BALLARO, JOSEPH MD
300 SOUTH AVE
GARWOOD, NJ 07027-0000

100170S8 2/000201

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| BB2884054 | 07-31-2018 | $731 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N, 3,3N,4,5, | PRACTITIONER | 06-26-2015 |

*BALLARO, JOSEPH MD*
*UNION COUNTY HEALTHCARE ASSOCIATES, LLC*
*300 SOUTH AVE*
*GARWOOD, NJ 07027-0000*

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
**UNITED STATES DEPARTMENT OF JUSTICE**
**DRUG ENFORCEMENT ADMINISTRATION**
**WASHINGTON D.C. 20537**

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**


**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
**UNITED STATES DEPARTMENT OF JUSTICE**
**DRUG ENFORCEMENT ADMINISTRATION**
**WASHINGTON D.C. 20537**


| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| BB2884054 | 07-31-2018 | $731 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N, 3,3N,4,5, | PRACTITIONER | 06-26-2015 |

BALLARO, JOSEPH MD
UNION COUNTY HEALTHCARE ASSOCIATES, LLC
300 SOUTH AVE
GARWOOD, NJ 07027-0000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Form DEA-223 (4/07)

# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 7/7/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER | CONTACT NAME: Gabrielle Lamb | |
|---|---|---|
| PRIMED CONSULTING<br>802 W Park Ave Bldg III Ste 302<br>Ocean, NJ 07712 | PHONE (A/C, No, Ext): (732) 643-8500 | FAX (A/C, No): (732) 643-8588 |
| | E-MAIL ADDRESS: glamb@primedconsulting.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC# |
| | INSURER A: Princeton Insurance Company | |
| INSURED Joseph Ballaro, MD<br>Union County Healthcare<br>Associates LLC<br>2005 St. Georges Avenue<br>Rahway, NJ 07067 | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | $ |
| | ☐ CLAIMS-MADE ☐ OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ |
| | | | | | | | MED EXP (Any one person) | $ |
| | | | | | | | PERSONAL & ADV INJURY | $ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ |
| | ☐ POLICY ☐ PRO-JECT ☐ LOC | | | | | | PRODUCTS - COMP/OP AGG | $ |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ☐ ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | ☐ UMBRELLA LIAB ☐ OCCUR | | | | | | EACH OCCURRENCE | $ |
| | ☐ EXCESS LIAB ☐ CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | ☐ DED ☐ RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | ☐ PER STATUTE ☐ OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N ☐ (Mandatory in NH) | N/A | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| A | Professional Liability Insurance | | | PS00026119 | 8/1/16 | 8/1/17 | Each Claim | $1,000,000 |
| | | | | | | | Aggregate | $3,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Policy Type: Occurrence
Specialty: Internal Medicine - No Surgery

CERTIFICATE HOLDER

Joseph Ballaro, MD
Union County Healthcare
Associates LLC
2005 St. Georges Avenue
Rahway, NJ 07067

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

**ALEXANDRA C. CARACITAS**
**14 Michalak Drive**
**Sayreville, NJ 08872**
**Cell 908 698-3182**
Acaracitas@gmail.com

**Objective:** To work in an outpatient/urgent care setting.

**Citizenship:** United States of America

**Licensures:** Board Certified in Family Practice and OMT
New Jersey State Medical License
New Jersey CDS
New Jersey DEA

**Employment History:**

Raritan Bay Physicians Group
530 New Brunswick Avenue
Perth Amboy, NJ 08861
Feb 2013- Present

South River Medical Associates
123 Main Street
South River, NJ 08882
March 2007- Feb 2013

Internet Medical Group
66 Somme Street
Newark, NJ 07105
July 2003- March 2007

**Internship/Residency:** AOA Approved Family Practice Track
UMDNJ- Kennedy Health System/
Our Lady of Lourdes Medical Center
Camden NJ
June 2000- June 2003

**Education:** Doctor of Osteopathic Medicine, DO
UMDNJ- School of Osteopathic Medicine
Stratford, NJ 08084 (now Rowan University School of Osteopathic Medicine)
August 1996- May 2000

Bachelor of Arts, BA, with Specialized Honors in Biology
Drew University Madison, NJ
Major: Biology Minor: Biochemistry *Summa cum laude*

**ALEXANDRA C. CARACITAS**
**14 Michalak Drive**
**Sayreville, NJ 08872**
**Cell 908 698- 3182**
Acaracitas@gmail.com

**Languages:** Fluent in Portuguese; Spanish

**Hospital Affiliations:** Raritan Bay Hospital Center Old Bridge, NJ/Perth Amboy NJ
Robert Wood Johnson Hospital, New Brunswick NJ

**Interests/Activities:** ImPACT certified; volunteer local high schools athletic teams to diagnose/treat concussions
Volunteer physician for YMCA in Perth Amboy Summer Camp/Daycare
DOT NRCME Training certificate
Health fairs in Portuguese Community
International Missionary work in Kingston, Jamaica
Weekly case management leader for multispecialty group at Clara Maass Medical Center
Team physician for local baseball team (River Sharks)

**Honors/ Professional Memberships:** AOA Member since 2000
ACOFP Member since 2003
High school valedictorian
Strathmore's Who's Who
Tri Beta Honor Society
The Phi Beta Kappa
Harvard Book Award

THE STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS



## License Information

**Accurate as of November 23, 2015 5:25 PM**

Return to Search Results

**Name:** Alexandra Cristina Caracitas

**Address:** Garwood,NJ

**Profession/License Type:** Medical Examiners,Doctor of Osteopathy

**License No:** 25MB07294100

**License Status:** Active

**Status Change Reason:** License Renewal

**Issue Date:** 8/10/2001

**Expiration Date:** 6/30/2017

NO Board Actions. For more information contact New Jersey State Board of Medical Examiners (609)826-7100

The American Osteopathic Association

upon recommendation

of the

# American Osteopathic Board of Family Physicians

Certifies That

## Alexandra Cristina Caracitas, D.O.

having met the requirements of this Board and having passed the required examination, is awarded

## Recertification in Family Medicine and Osteopathic Manipulative Treatment

April 18, 2012 - December 31, 2021

American Osteopathic Association

Executive Director

American Osteopathic Board of Family Physicians

Chairman

Secretary

Certificate No. 11757

CARACITAS, ALEXANDRA C DO
14 MICHALAK DRIVE
SAYREVILLE, NJ 08872-0000-000

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| BC7611951 | 08-31-2016 | $731 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N, 3,3N,4,5, | PRACTITIONER | 08-09-2013 |

CARACITAS, ALEXANDRA C DO
516 LAWRIE STREET
PERTH AMBOY, NJ 08861-0000

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
**UNITED STATES DEPARTMENT OF JUSTICE**
**DRUG ENFORCEMENT ADMINISTRATION**
**WASHINGTON D.C. 20537**

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**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
**UNITED STATES DEPARTMENT OF JUSTICE**
**DRUG ENFORCEMENT ADMINISTRATION**
**WASHINGTON D.C. 20537**

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| BC7611951 | 08-31-2016 | $731 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N, 3,3N,4,5, | PRACTITIONER | 08-09-2013 |

CARACITAS, ALEXANDRA C DO
516 LAWRIE STREET
PERTH AMBOY, NJ 08861-0000

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Form DEA-223 (4/07)

# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY): 7/7/2016

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| | |
|---|---|
| PRODUCER<br>PRIMED CONSULTING<br>802 W Park Ave Bldg III Ste 302<br>Ocean, NJ 07712 | CONTACT NAME: Gabrielle Lamb<br>PHONE (A/C, No, Ext): (732) 643-8500 FAX (A/C, No): (732) 643-8588<br>E-MAIL ADDRESS: glamb@primedconsulting.com |
| INSURED<br>Alexandra C. Caracitas, DO<br>Union County Healthcare<br>Associates, LLC<br>2005 St. Georges Avenue<br>Rahway, NJ 07067 | INSURER(S) AFFORDING COVERAGE / NAIC#<br>INSURER A: Princeton Insurance Company<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| | COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY PRO-JECT LOC<br>OTHER: | | | | | | EACH OCCURRENCE | $ |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ |
| | | | | | | | MED EXP (Any one person) | $ |
| | | | | | | | PERSONAL & ADV INJURY | $ |
| | | | | | | | GENERAL AGGREGATE | $ |
| | | | | | | | PRODUCTS - COMP/OP AGG | $ |
| | | | | | | | | $ |
| | AUTOMOBILE LIABILITY<br>ANY AUTO<br>OWNED AUTOS ONLY<br>HIRED AUTOS ONLY<br>SCHEDULED AUTOS<br>NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | | | | | | | BODILY INJURY (Per person) | $ |
| | | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED RETENTION $ | | | | | | EACH OCCURRENCE | $ |
| | | | | | | | AGGREGATE | $ |
| | | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | $ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| A | Professional Liability Insurance | | | PS00026119 | 8/1/16 | 8/1/17 | Each Claim<br>Aggregate | $1,000,000<br>$3,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Policy Type: Occurrence
Specialty: Family Medicine - No Surgery
Other Employer(s) Exclusion: Raritan Bay Physicians Group PC

CERTIFICATE HOLDER

Alexandra C. Caracitas, DO
Union County Healthcare
Associates, LLC
2005 St. Georges Avenue
Rahway, NJ 07067

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

# Ali Asgher Khanshab, PA-C

2219 NORTH AVENUE, UNIT 5, SCOTCH PLAINS, NJ 07076 • (518)312-0906
EMAIL:ALI.KHANSHAB@GMAIL.COM

OBJECTIVE

To obtain an engaging and challenging permanent position with a reputable practice for professional growth as a physician assistant.

EDUCATION

**Stony Brook University** **Stony Brook, NY**
*Bachelor of Science: Physician Assistant Studies* May 2005
•Honors: "Dean's List"

**Binghamton University** **Binghamton, NY**
*Bachelor of Science: Psychobiology* May 2003

EXPERIENCE

**Heart Center of the Oranges** **East Orange, West Orange, and South Orange NJ**
*Cardiology and Internal Medicine Physician Assistant* December 2006 - present
•Manage 20-40 patients daily for outpatient cardiology/IM in multispecialty practice.
•Performs stress testing and nuclear stress testing, and pacemaker interrogations.
•Manage patients of all disease states and serves as primary care provider
•Head Cardiology PA and Preceptor for PA/NP/medical students.
•Experience with Electronic Health Record
•Work weekends.

**East Orange General Hospital** **East Orange, NJ**
*Cardiology Physician Assistant* May 2007 – present
•Perform cardiology rounds, admissions, and consultations on coverage basis.

**Albany Associates in Cardiology** (A Division of Prime Care Physicians, PLLC) **Albany, NY**
*Cardiology Physician Assistant* October 2005 – November 2006
•Responsible for inpatient cardiology patient management at three hospitals in area.
•Inpatient management including telemetry, EP, post-Cath and CABG patients.
•Responsible for outpatient follow-ups, consultations, and stress testing.

**Prime Care Physicians – Hospitalist Program** **Albany, NY**
*Internal Medicine Physician Assistant* October 2005 – November 2006
•Provided inpatient medicine rounds and consultations on part-time basis

**Saint Peter's Hospital** **Albany, NY**
*Cardiology and IM Physician Assistant* October 2005 – November 2006

**Albany Memorial Hospital** **Albany, NY**
*Cardiology Physician Assistant* October 2005 – November 2006

**Saint Mary's Hospital** **Troy, NY**
*Cardiology Physician Assistant* October 2005 – November 2006

LICENSURE

- •State of New Jersey, since December 2006. License # 25MP00174600
- •National Commission Certification of Physician Assistants Licensure, #1067399
- •Controlled Drug Substances Licensure
- •DEA Licensure

PROFESSIONAL MEMBERSHIPS

- •Basic Life Support (BLS) Provider, American Heart Association, since 2005
- •Advanced Cardiac Life Support (ACLS) Provider, American Heart Association, since 2005
- •Member, American Academy of Physician Assistants, since 2005
- •Member, American College of Cardiology, since 2005
- •Member, New Jersey State Society of Physician Assistants, since 2012

SKILLS/INTERESTS

- •Fluent in English, Gujarati, Spanish, and Creole
- •Interested in meditation, humanitarian work, equity investing, and athletics
- •Personally raised money to provide medication for orphanage in Mombasa, Kenya

AWARDS/HONORs

- •"Worldwide Leader in healthcare" Award given by International Association of Healthcare Professionals (2014)

CA-20

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A BLUE BACKGROUND AND MICROPRINTED SECURITY FEATURES. PLEASE VERIFY BEFORE ACCEPTING.

# State Of New Jersey
# New Jersey Office of the Attorney General
# Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Medical Examiners

HAS REGISTERED

AliAsgher Khanshab
2219 North Avenue, Apt. 5
Scotch Plains, NJ 07076

FOR PRACTICE IN NEW JERSEY AS A(N): Physician Assistant

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Medical Examiners
HAS REGISTERED
AliAsgher Khanshab
Physician Assistant

08/06/2015 TO 08/31/2017
VALID

SIGNATURE:

25MP00174600
License/Registration/Certificate #

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Board of Medical Examiners
P.O. Box 45035
Newark, NJ 07101

08/06/2015 TO 08/31/2017
VALID

Signature of Licensee/Registrant/Certificate Holder

25MP00174600
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

PLEASE DETACH HERE

**AliAsgher Khanshab** EXPIRATION DATE **2017**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **25MP 00174600** . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

**Board of Medical Examiners**
**P.O. Box 45035**
**Newark, NJ 07101**

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

**If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.**

NEWLIC (Rev. 04/30/2014)

KHANSHAB, ALIASGHER PA
2219 NORTH AVENUE, UNIT #5
SCOTCH PLAINS, NJ 07076-0000-000

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| MK2482470 | 12-31-2017 | $731 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N, 3,3N,4,5, | MLP-PHYSICIAN ASSISTANT | 12-23-2014 |

KHANSHAB, ALIASGHER PA
HEART CENTER OF THE ORANGES
310 CENTRAL AVENUE
SUITE 102
EAST ORANGE, NJ 07019-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

**Registered activity within schedule is restricted by your state.**

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| MK2482470 | 12-31-2017 | $731 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N, 3,3N,4,5, | MLP-PHYSICIAN ASSISTANT | 12-23-2014 |

KHANSHAB, ALIASGHER PA
HEART CENTER OF THE ORANGES
310 CENTRAL AVENUE
SUITE 102
EAST ORANGE, NJ 07019-0000

Registered activity within schedule is restricted by your state.

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture,, distribute, dispense, import or export a controlled substance.

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Form DEA-223 (4/07)

# State Of New Jersey

**NEW JERSEY OFFICE OF THE ATTORNEY GENERAL**

**DIVISION OF CONSUMER AFFAIRS**

CONTROLLED DANGEROUS SUBSTANCES

**CDS REGISTRATION NUMBER**

**A00144500**

AliAsgher Khanshab
310 Central Avenue
Suite 102
East Orange NJ 07019

PLEASE DETACH HERE — STATE OF NEW JERSEY DIVISION OF CONSUMER AFFAIRS

THIS IS TO CERTIFY THAT
AliAsgher Khanshab
CDS REGISTRATION NUMBER A00144500
DEA NUMBER
FOR SCHEDULES 2 3 4 5

11/23/2015 TO 11/30/2016
VALID

SIGNATURE

25MP00174600

IS REGISTERED AS: **CDS Physician Assistant** FOR SCHEDULES: **2 3 4 5**

**11/23/2015 TO 11/30/2016**
VALID

DEA NO.

**25MP00174600**
LICENSE/REGISTRATION/CERTIFICATION #

SIGNATURE OF REGISTRANT

ACTING DIRECTOR

PLEASE DETACH HERE

**IF YOUR LICENSE/ID CARD IS LOST PLEASE NOTIFY:**

**Drug Control Unit**
**P.O. Box 45022**
**Newark, NJ 07101**

PLEASE DETACH HERE

**AliAsgher Khanshab**

EXPIRATION DATE **2016**

YOUR LICENSE NUMBER IS **25MP00174600** AND YOUR CDS REGISTRATION NUMBER IS **A00144500**. PLEASE USE BOTH NUMBERS IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Drug Control Unit
P.O. Box 45022
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

**If the law governing your profession requires the current license/registration/certification to be displayed, it should be within reasonable proximity of your original license/certificate/registration at your principal office or place of business.**

# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 7/26/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
PRIMED CONSULTING
802 W Park Ave Bldg III Ste 302
Ocean, NJ 07712

CONTACT NAME: Gabrielle Lamb
PHONE (A/C, No, Ext): (732) 643-8500 FAX (A/C, No): (732) 643-8588
E-MAIL ADDRESS: glamb@primedconsulting.com

| INSURER(S) AFFORDING COVERAGE | NAIC# |
|---|---|
| INSURER A: Princeton Insurance Company | |
| INSURER B: | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |
| INSURER F: | |

INSURED
Union County Healthcare Associates, LLC
2005 St. Georges Avenue
Rahway, NJ 07067

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | $ |
| | ☐ CLAIMS-MADE ☐ OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ |
| | | | | | | | MED EXP (Any one person) | $ |
| | | | | | | | PERSONAL & ADV INJURY | $ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ |
| | ☐ POLICY ☐ PRO-JECT ☐ LOC | | | | | | PRODUCTS - COMP/OP AGG | $ |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ☐ ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | ☐ UMBRELLA LIAB ☐ OCCUR | | | | | | EACH OCCURRENCE | $ |
| | ☐ EXCESS LIAB ☐ CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | ☐ DED ☐ RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | ☐ PER STATUTE ☐ OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A (Mandatory in NH) | | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| A | Professional Liability Insurance | | | PS00026119 | 8/1/16 | 8/1/17 | Each Claim | $1,000,000 |
| | | | | | | | Aggregate | $3,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Policy Type: Occurrence
Entity Coverage
Additional Insureds: Tara Prisco, PA; Catherine Jahn, PA; Amanda Curtis, PA; Joseph Bruno, PA; Lynn Marci, PA; Crystal Jackson, PA; Rosario Davidson, PA; Lucy Tasharofi, PA; Ali Asgher Khanshab, PA

CERTIFICATE HOLDER
Union County Healthcare Associates, LLC
2005 St. Georges Avenue
Rahway, NJ 07067

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

# *Janet M. Downing, RN, MSN,FNP*

154 Jupitor Street
Clark, NJ 07066
908-370-1489
Email: JanetD27@aol.com

## *Education:*

- Fairleigh Dickinson University, Teaneck, NJ; MSN May 2009
  - RN-BSN February 2009
  - Summa cum laude
  - Family Nurse Practitioner
    - Clinical Internship from January 2008-May 2009; completed over 700 clinical hours of family practice including a Primary Care office, FastTrack Overlook ER, Overlook OB/GYN Clinic, and Pediatric Office settings.
- Trinitas School of Nursing/Union County College AS/Diploma Nursing Jan 2005
  - President's List; Dean's List
  - May 1996: Union County College, Certified NJ Emergency Medical Technician.
- Union Catholic Regional High School, Scotch Plains, NJ June, 1994

## *Licenses:*

New Jersey:

January 2005-Present: RN License # 26NR11882200
January 2010-Present: ANCC Certified in Family Practice: NJ License APN# 26NJ00279900
March 2010-PresentDEA# MD2161040

## *Certifications:*

- American Heart CPR for the Profession Rescuer Exp January 2013
- Neonatal Resuscitation Program Provider(NRP) Exp March 2013
- PALS Certified Exp May 2013
- ACLS Certified Exp May 2013
- American Red Cross CPR Instructor from 1999-2005

## *Experience:*

- MD Care Urgent Center: Elizabeth NJ
  - February 2011-Present: Provide emergent care to walk-in patients in need of emergency and routine care in a busy urban setting assessing, diagnosing, evaluating, and treating various conditions including but not limited to diabetes, hypertension, hyperlipidemia, anxiety, and other illnesses. Also perform many in office procedures including I&D's, suturing, therapeutic injections, and other various office procedures.

- Union County Healthcare Associates: Clark/Garwood, NJ
  - February 2011-Present: Provide routine care/follow up/diagnose urgent issues to Long Term Care Facility residents as well as following the Sub Acute Rehab patients under our care during their rehabilitation process to getting back to maximum potential.
- Overlook Hospital: Summit, NJ:
  - January 2005-Present: **Labor & Delivery Registered Nurse.** Per Diem. Cross trained to cover both maternity and Labor and Delivery. Management of all dynamics of the OB/GYN patient, specializing in high-risk pregnancies with an exceptional capacity to multitask as well as deliver superior patient care. Certified as circulating operating room nurse.
  - November 1999-January 2010: **911 dispatcher-CENCOM.** Answer 911 calls for a high call volume communication center, dispatch paramedics, Basic Life Support units and three fire departments.
  - June 2004-January 2005: **Float Pool Patient Care Technician.** Float to designated floor that required assistance, provided patient care, and assist nurses with performing ADL's and daily functions/needs. Also cross trained in phlebotomy.
- Pediatric Urgi Care, Summit, NJ:
  - January 2009-Present: **Registered Nurse Pediatrics.** Per Diem. Triage of emergent calls. Duties included providing home care instruction and emergency intervention.
- Fairleigh Dickinson University, Teaneck, NJ:
  - January 2010-Present: Adjunct Clinical Nursing Instructor; Provide clinical education and experience to nursing students preparing to enter nursing.
  - February 2007-November 2007: **Nursing Skill Lab Instructor;** Provided clinical lab skills education to undergraduate nursing students at FDU.
- Codella Family Practice: Union, NJ
  - December 2009-February 2011: Family Nurse Practitioner. Full Time. Provide care in a busy suburban primary practice Assessing, diagnosing, evaluating, and treating various conditions including but not limited to diabetes, hypertension, hyperlipidemia, anxiety, and other illnesses. Also perform many in office procedures including I&D's, suturing, therapeutic injections, and other various office procedures.
- Summit Pediatrics Associates, Summit NJ:
  - January 2006-February 2011: **Registered Nurse Pediatrics.** Per Diem. Triage and scheduling patients evaluations, administer vaccinations, and other medications. Perform diagnostic lab procedures in office.

- Summit Medical Group, Berkeley Heights NJ:
  - September 2005-February 2010: **Registered Nurse Pediatrics Department.** Triage and scheduling patients evaluations, administer vaccinations, and other medications. Perform diagnostic lab procedures in office.

- Roselle Police Department, Roselle NJ:
  - June 1997-June 2001: 911 dispatcher-answer 911 for a suburban town handling and directing emergencies in police, medical, and fire. Provide assistance for non-emergent calls. Crossed trained as Police Matron.

***Professional Memberships/Awards:***

- Sigma Theta Tau International Honor Society
- NJ Emergency Nurses' Association member since 2007
- Women's Health Obstetric & Neonatal Nurses(AWHONN) member since 2006 to present
- New Jersey State Nurses Association- Since 2005 to present
- Trinitas Hospital Alumni Association Award 2005
- Kellogg Scholarship Recipient January 2004, September 2004
- Dean's List Union County College 2002-2005
- President's List Union County College 2003

***Community/Volunteer Time:***

- Cub Scout leader for Pack 145 Den 9 since September 2008 to present
- Active member of Clark Parent Teacher Association since September 2009
- Active member of St. Agnes Church
- Avon Walk for Breast Cancer-2003, 2004
- Roselle Volunteer Ambulance Corp. December 1995-September 2001

References supplied upon request.

# State Of New Jersey
## New Jersey Office of the Attorney General
## Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Nursing

HAS LICENSED

Janet M. Downing
154 Jupitor Street
Clark NJ 07066

FOR PRACTICE IN NEW JERSEY AS A(N): Registered Prof. Nurse

05/31/2016 TO 05/31/2017
VALID

26NR11882200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Nursing
HAS LICENSED
Janet M. Downing
Registered Prof. Nurse
05/31/2016 TO 05/31/2017
VALID
SIGNATURE
26NR11882200

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Board of Nursing
P.O. Box 45010
Newark, NJ 07101

PLEASE DETACH HERE

Janet M. Downing

EXPIRATION DATE 2017

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 26NR 11882200 . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Board of Nursing
P.O. Box 45010
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

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BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

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HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

**If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.**

HPSO
Healthcare Providers Service Organization™

159 East County Line Road • Hatboro, PA 19040-1218
1-800-982-9491 • Fax 1-800-739-8818 • www.hpso.com

02/26/16

Janet M Downing
154 Jupitor St
Clark, NJ 07066-3018

Dear Janet M Downing:

Enclosed is the replacement certificate of insurance that you requested.

If you have any questions or need assistance, please call us toll free at 1-800-982-9491. Our Customer Service Representatives are available weekdays from 8:00 a.m. to 6:00 p.m., EST.

Sincerely,

Customer Service

Enclosure

Q032

CNA

**HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP**

# Certificate of Insurance

OCCURENCE POLICY FORM

nso nurses service organization

Print Date: 2/26/2016

| Producer | Branch | Prefix | Policy Number | Policy Period |
|---|---|---|---|---|
| 018098 | 970 | HPG | 0428033253 | from 02/11/16 to 02/11/17 at 12:01 AM Standard Time |

**Named Insured and Address:**
Janet M Downing
154 Jupitor St
Clark, NJ 07066-3018

**Program Administered by:**
Nurses Service Organization
159 E. County Line Road
Hatboro, PA 19040-1218
1-800-247-1500
www.nso.com

**Medical Specialty:** Pediatric/Neonatal/Fam Practice Nurse Practit

**Code:** 80965

**Insurance is provided by:**
American Casualty Company of Reading, Pennsylvania
333 S. Wabash Avenue, Chicago, IL 60604

**Professional Liability** $1,000,000 each claim $ 3,000,000 aggregate

Your professional liability limits shown above include the following:
* Good Samaritan Liability * Malplacement Liability * Personal Injury Liability
* Sexual Misconduct Included in the PL limit shown above subject to $ 25,000 aggregate sublimit

**Coverage Extensions**

| | | | | |
|---|---|---|---|---|
| License Protection | $ 25,000 | per proceeding | $ 25,000 | aggregate |
| Defendant Expense Benefit | $ 1,000 | per day limit | $ 25,000 | aggregate |
| Deposition Representation | $ 10,000 | per deposition | $ 10,000 | aggregate |
| Assault | $ 25,000 | per incident | $ 25,000 | aggregate |
| Includes Workplace Violence Counseling | | | | |
| Medical Payments | $ 25,000 | per person | $ 100,000 | aggregate |
| First Aid | $ 10,000 | per incident | $ 10,000 | aggregate |
| Damage to Property of Others | $ 10,000 | per incident | $ 10,000 | aggregate |
| Information Privacy (HIPAA) Fines and Penalties | $ 25,000 | per incident | $ 25,000 | aggregate |

**Workplace Liability**

| | |
|---|---|
| Workplace Liability | Included in Professional Liability Limit shown above |
| Fire & Water Legal Liability | Included in the PL limit shown above subject to $150,000 aggregate sublimit |
| Personal Liability | $1,000,000 aggregate |

**Total: $ 1,837.78**

Base Premium $ 1825.00 Surcharge $ 12.78 Local Tax $0.00

Premium reflects Employed , Full Time

**Policy Forms & Endorsements**(Please see attached list for a general description of many common policy forms and endorsements.)

| | | | | | |
|---|---|---|---|---|---|
| G-121500-D | G-121503-C | G-121501-C | G-145184-A | G-147292-A | GSL15563 |
| GSL15564 | GSL15565 | GSL17101 | GSL13424NJ | CNA80051 | CNA80052 |
| G-123846-C29 | CNA81753 | CNA81758 | CNA82011 | GSL-5587 | |

Medical Speciality is amended to include Consulting Services (GSL-5587)

Thomas F. Motamed

Chairman of the Board

Secretary

*Keep this document in a safe place.It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full.In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.*

Master Policy # 188711433

G-141241-B (03/2010)

Coverage Change Date:

Endorsement Change Date:

## POLICY FORMS & ENDORSEMENTS

The list below contains general descriptions of the policy forms and endorsements that may or may not apply to your professional liability insurance policy. **Please refer to your Certificate of Insurance for the policy forms & endorsements specific to your state and your policy period.** Coverages, rates and limits may differ or may not be available in all states. All products and services are subject to change without notice.

Think Green –expanded definitions and copies of these policy forms and endorsements are available online at www.hso.com/policyforms

### COMMON POLICY FORMS & ENDORSEMENTS

| FORM # | DESCRIPTION |
|---|---|
| G-121500-D | Common Policy Conditions |
| G-121503-C | Workplace Liability Form |
| G-121501-C | Occurrence Policy Form |
| G-145184-A | Policyholder Notice - OFAC Compliance Notice |
| G-147292-A | Policyholder Notice - Silica, Mold & Asbestos Disclosure |
| GSL15563 | Information Privacy Coverage Endorsement HIPAA Fines, Penalties & Notification Costs |
| GSL15564 | Sexual Misconduct Sublimits of Liability Professional Liability & Sexual Misconduct Exclusion |
| GSL15565 | Healthcare Providers Professional Liability Assault Coverage |
| GSL17101 | Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies |
| GSL13424NJ | Services to Animals - New Jersey |
| CNA80051 | Amended Definition of Personal Injury Endorsement |
| CNA80052 | Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement |
| G-123846-C29 | New Jersey Cancellation and Non-Renewal |
| CNA81753 | Coverage & Cap on Losses from Certified Acts Terrorism |
| CNA81758 | Notice - Offer of Terrorism Coverage & Disclosure of Premium |
| CNA82011 | Related Claims Endorsement |

### OPTIONAL ENDORSEMENTS

| FORM # | DESCRIPTION |
|---|---|
| GSL-5587 | Consulting Services Liability Endorsement |

**PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.**

For NJ residents: The PLIGA surcharge shown on the Certificate of Insurance is the NJ Property & Liability Insurance Guaranty Association.

For KY residents: The Surcharge shown on the Certificate of Insurance is the KY Firefighters and Law Enforcement Foundation Program Fund and the KY LGPT is the KY Local Government Premium Tax which includes charges at a municipality and/or county level.

For WV residents: The surcharge shown on the Certificate of Insurance is the WV Premium Surcharge.

For FL residents: The FIGA Assessment shown on the Certificate of Insurance is the FL Insurance Guaranty Association - 2012 Regular Assessment.

## Requirements of Technical Proposal Elements (continued)

### (C) Service Engagements past five (5) years

***Additional references attached On Exhibits***

- The listed references have utilized UCHA/MD Care Urgent Center for the past five (5) years.

| Reference Name | Service Term | Contacts | Types of Services Provided |
|---|---|---|---|
| Township of Winfield Park 12 Gulfstream Ave, Winfield Park, NJ 07036 | 8 years | Stephanie Muir Deputy Treasurer (908) 925-3850 | Pre-Employment Physical, Fit for Duty, Drug Screens, Police and Fire Dept. Physical, Hep B Clinic, and Flu Clinic |
| Borough of Roselle 210 Chestnut Street Roselle, NJ 07203 | 4 years | Bryan A. Russell, QPA Executive Assistant to CFO (908) 259-3028 | Pre-Employment Physical, Fit for Duty, and Drug Screens |
| Town of Colonia Woodbridge Township Municipal Building 1Main Street Woodbridge, NJ 07095 | 1 year | William Higgins Jr., Recording Secretary 732-585-9619 | Pre-Employment Physical, Fit for Duty, Drug Screens, Police and Fire Dept. Physical, Hep B Clinic, and Flu Clinic |
| Elmora Hills Nursing and Rehabilitation Center 225 West Jersey Street, Elizabeth, NJ 07202 | 4 years | Michael Drew Licensed Nursing Home Administrator (908) 353-1220 | Pre-employment Physicals, Worker's Compensation and Drug Screening |
| Elizabeth Board of Education 500 North Broad Street Elizabeth, NJ 07208 | 5 years | Karen Murray (908) 436-5031 | Worker's Compensation and School/Sport Physicals |
| | | | |

## Requirements of Technical Proposal Elements (continued)

### (D) Statement

December 23, 2016

Mr. Harold E. Kennedy, Jr.
School Business Administrator/Board Secretary
Office of the School Business Administrator/Board Secretary
Elizabeth Board of Education
500 North Broad Street
Elizabeth, New Jersey 07207

**RE: Response to Request for Proposal "RFP" for Chief Medical Inspector for the Elizabeth Board of Education, located in Elizabeth, NJ for Contract Year January 1, 2017 to December 31, 2017.**

Dear Mr. Kennedy:

I affirm that neither Union County Healthcare Associates, LLC/MDCARE Urgent Care Center nor any individuals assigned to this engagement are suspended, or otherwise prohibited from professional practice by any federal, state, or local agency.

Kamran Tasharofi, MD
Proposing Physician
Chief Medical Officer/Owner

12-27-16
Date

## Requirements of Technical Proposal Elements (continued)

## (E) Affirmative Action Statement

**EXHIBIT A**
**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE**
**N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)**
**N.J.A.C. 17:27**
**GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS**
**(Mandatory Affirmative Action Languate)**

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

**The contractor or subcontractor, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers' representative of the contractor's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.**

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to employ minority and women workers consistent with the applicable county employment goals established in accordance with N.J.A.C. 17:27-5.2, or a binding determination of the applicable county employment goals determined by the Division, pursuant to N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job related- testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the applicable employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, creed, color, national origin, ancestry, marital status, affectiopnal or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302

The contractor and its subcontractors shall furnish such reports or other documents to the Div. of Contract Compliance & EEO as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Div. of Contract Compliance & EEO for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**.

Date: 12-27-16

Kamran Tasharofi, MD
Chief Medical Officer/Owner
Union County Healthcare Associates
MDCARE Urgent Care Center

**EXHIBIT A**
**N.J.S.A. 10:5-31 and N.J.A.C. 17:27**
**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE**
**Goods, Professional Services and General Service Contracts**
**(Mandatory Affirmative Action Language)**

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation or sex. Except with respect to affectional or sexual orientation, the contractor will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation or sex. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting for the provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation or sex.

**The contractor or subcontractor, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer, advising the labor union or workers' representative of the contractor's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.**

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to employ minority and women workers consistent with the applicable Borough employment goals established in accordance with N.J.A.C. 17:27-5.2 or a binding determination of the applicable Borough employment goals determined by the Division, pursuant to N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

## Exhibit A (Continued)

In conforming with the applicable employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval
Certificate of Employee Information Report
Employee Information Report Form AA302

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Contract Compliance and EEO as may be requested by the Division from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Contract Compliance & EEO for conducting a compliance investigation pursuant to Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.

## Requirements of Technical Proposal Elements (continued)

### (F) Non-Collusion Affidavit

{Attached on the following page}

## NON-COLLUSION AFFIDAVIT

STATE OF NEW JERSEY
COUNTY OF UNION ss:

I AM _____

OF THE FIRM OF _____

UPON MY OATH, I DEPOSE AND SAY:

1. THAT I EXECUTED THE SAID PROPOSAL WITH FULL AUTHORITY SO TO DO;

2. THAT THIS PROPOSER HAS NOT, DIRECTLY OR INDIRECTLY ENTERED INTO ANY AGREEMENT, PARTICIPATED IN ANY COLLUSION, OR OTHERWISE TAKEN ANY ACTION IN RESTRAINT OF FAIR AND OPEN COMPETITION IN CONNECTION WITH THIS ENGAGEMENT;

3. THAT ALL STATEMENTS CONTAINED IN SAID PROPOSAL AND IN THIS AFFIDAVIT ARE TRUE AND CORRECT, AND MADE WITH FULL KNOWLEDGE THAT THE **ELIZABETH BOARD OF EDUCATION** RELIES UPON THE TRUTH OF THE STATEMENTS CONTAINED IN SAID PROPOSAL AND IN THE STATEMENTS CONTAINED IN THIS AFFIDAVIT IN AWARDING THE CONTRACT FOR THE SAID ENGAGEMENT; AND

4. THAT NO PERSON OR SELLING AGENCY HAS BEEN EMPLOYED TO SOLICIT OR SECURE THIS ENGAGEMENT AGREEMENT OR UNDERSTANDING FOR A COMMISSION, PERCENTAGE, BROKERAGE OR CONTINGENT FEE, EXCEPT BONA FIDE EMPLOYEES OR BONA FIDE ESTABLISHED COMMERCIAL SELLING AGENCIES OF THE PROPOSER. (N.J.S.A.52: 34-25)

SUBSCRIBED AND SWORN TO

BEFORE ME THIS 27th DAY
OF December 2016.

Kamran Tasharofi, MD.

Kamran Tasharofi, MD
(TYPE OR PRINT NAME OF
AFFIANT UNDER SIGNATURE)

MARCELLE RAVELLO-ARCEO
Notary Public, State of New Jersey
My Commission Expires
November 23, 2020

NOTARY PUBLIC OF

MY COMMISSION EXPIRES: 11/23, 2020.

## Requirements of Technical Proposal Elements (continued)

### (G.) Statement of Compliance

December 23, 2016

Mr. Harold E. Kennedy, Jr.
School Business Administrator/Board Secretary
Office of the School Business Administrator/Board Secretary
Elizabeth Board of Education
500 North Broad Street
Elizabeth, New Jersey 07207

**RE: Response to Request for Proposal "RFP" for Chief Medical Inspector for the Elizabeth Board of Education, located in Elizabeth, NJ for Contract Year January 1, 2017 to December 31, 2017.**

Dear Mr. Kennedy:

The undersigned have reviewed the Proposal submitted in response to the Request for Proposal (RFP) issued by the City of Linden, in connection with the City's need for Medical Services.

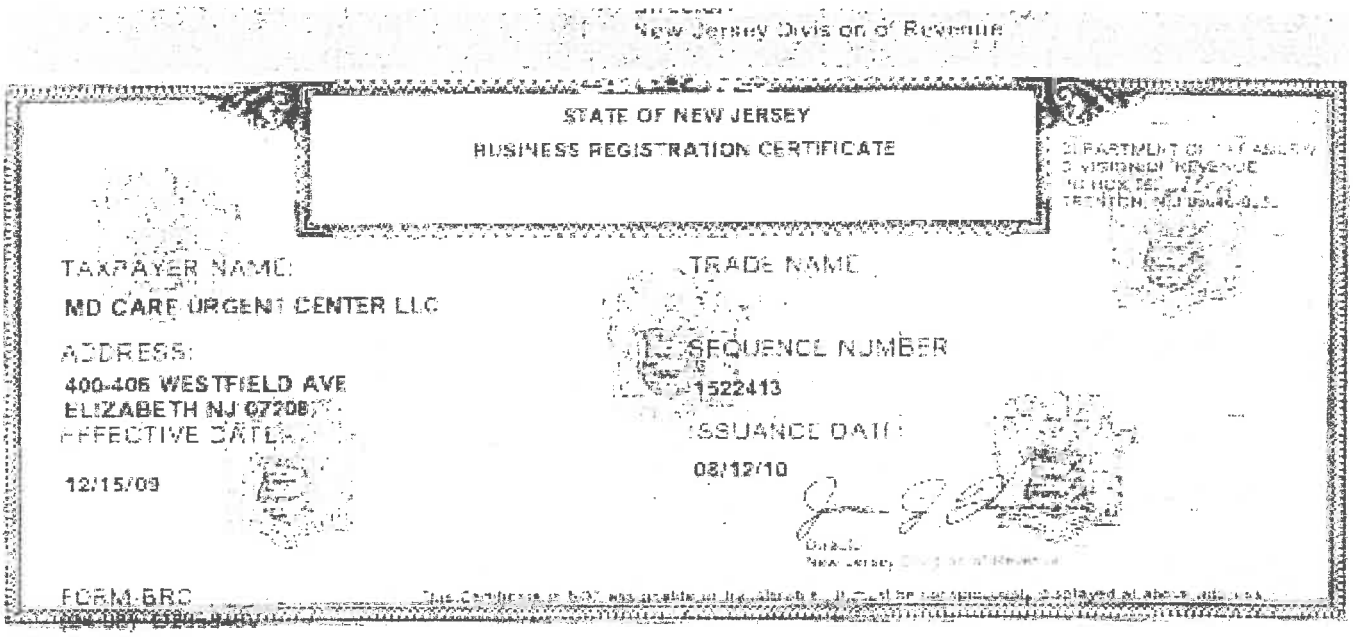
I affirm that Union County Healthcare Associates, LLC/MD Care Urgent Center, LLC will comply will all General Terms and Conditions required by the Elizabeth Board of Education and enter into the Elizabeth Board of Education's standard Professional Services Contract.

I also affirm that the contents of our Proposal (which Proposal is incorporated herein by reference) are accurate, factual and complete to the best of our knowledge and belief and that the Proposal is submitted in good faith upon express understanding that any false statements may results in the disqualification of Union County Healthcare LLC/MD Care Urgent Center LLC.

Sincerely,

Kamran Tasharofi, MD
President/Owner

## (H.) Copy of Business Registration Statement



New Jersey Division of Revenue

STATE OF NEW JERSEY

BUSINESS REGISTRATION CERTIFICATE

TAXPAYER NAME:
MD CARE URGENT CENTER LLC

TRADE NAME:

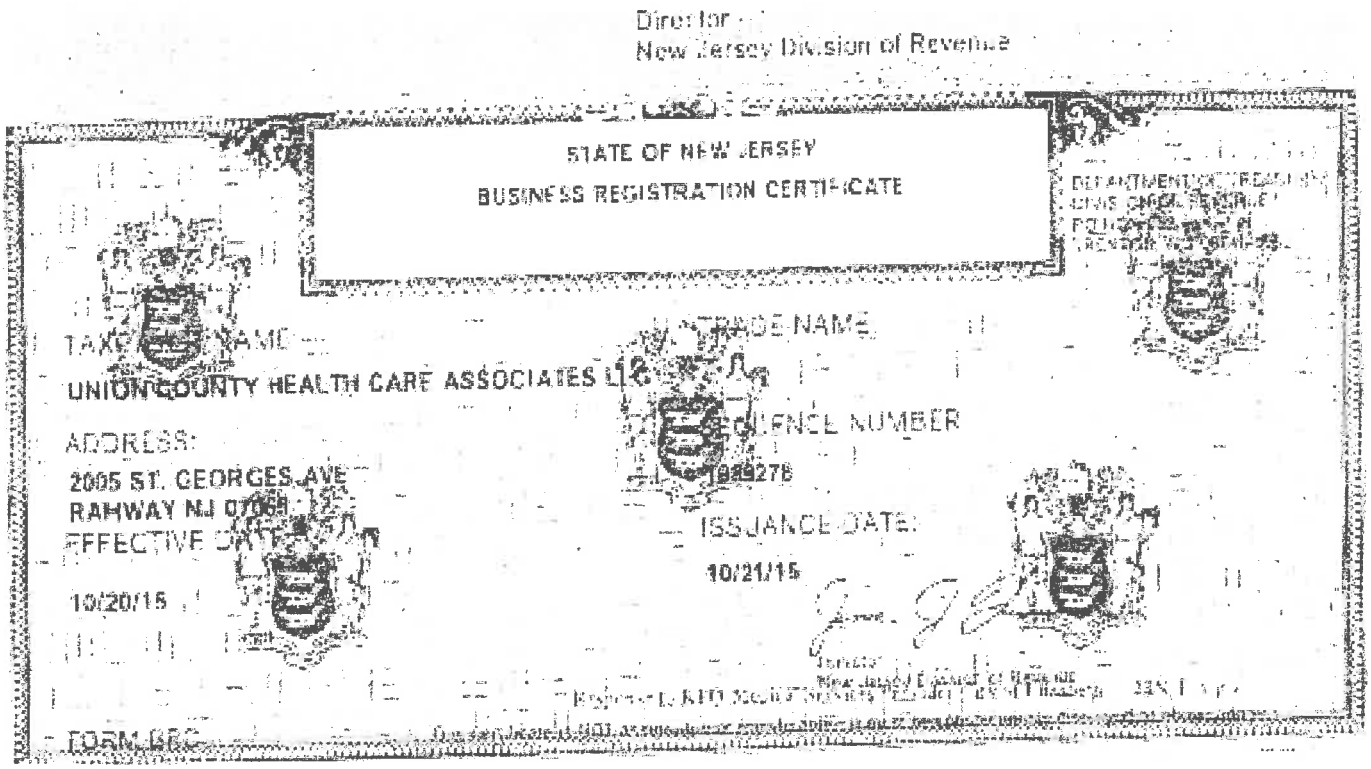
ADDRESS:
400-406 WESTFIELD AVE
ELIZABETH NJ 07208

SEQUENCE NUMBER:
1522413

EFFECTIVE DATE:
12/15/09

ISSUANCE DATE:
02/12/10

FORM BRC



Director
New Jersey Division of Revenue

STATE OF NEW JERSEY

BUSINESS REGISTRATION CERTIFICATE

TAXPAYER NAME:
UNION COUNTY HEALTH CARE ASSOCIATES LLC

TRADE NAME:

ADDRESS:
2005 ST. GEORGES AVE
RAHWAY NJ 07065

SEQUENCE NUMBER:
1949278

EFFECTIVE DATE:
10/20/15

ISSUANCE DATE:
10/21/15

FORM BRC

**STATEMENT OF OWNERSHIP (OWNERSHIP DISCLOSURE CERTIFICATION)**

N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

**This Statement Shall Be Included with All Bid and Proposal Submissions**

**Name of Business:** Union County Healthcare Associates, LLC

**Address of Business:** 400 Westfield Avenue, Elizabeth, NJ 07208

**Name of person completing this form:** Kamran Tasharofi, MD

**N.J.S.A. 52:25-24.2:**

"No corporation, partnership, or limited liability company shall be awarded any contract nor shall any agreement be entered into for the performance of any work or the furnishing of any materials or supplies, unless prior to the receipt of the bid or proposal, or accompanying the bid or proposal of said corporation, said partnership, or said limited liability company there is submitted a statement setting forth the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class,or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be.

If one or more such stockholder or partner or member is itself a corporation or partnership or limited liability company, the stockholders holding 10 percent or more of that corporation's stock, or the individual partners owning 10 percent or greater interest in that partnership, or the members owning 10 percent or greater interest in that limited liability company, as the case may be, shall also be listed. The disclosure shall be continued until names and addresses of every noncorporate stockholder, an individual partner, and member, exceeding the 10 percent ownership criteria established in this act, has been listed.

To comply with this section, a bidder with any direct or indirect parent entity which is publicly traded may submit the name and address of each publicly traded entity and the name and address of each person that holds a 10 percent or greater beneficial interest in the publicly traded entity as of the last annual filing with the federal Securities and Exchange Commission or the foreign equivalent, and, if there is any person that holds a
10 percent or greater beneficial interest, also shall submit links to the websites containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each person that holds a 10 percent or greater beneficial interest."

The Attorney General has advised that the provisions of N.J.S.A. 52:25 -24.2, which refer to corporations and partnerships apply to limited partnerships, limited liability partnerships, and Subchapter S corporations.

This Ownership Disclosure Certification form shall be completed, signed and notarized.

**Failure of the bidder/proposer to submit the required information is cause for automatic rejection of the bid or proposal**

## Part I

**Check the box that represents the type of business organization:**

☐ Sole Proprietorship (skip Parts II and III, sign and notarize at the end)

☐ Non-Profit Corporation (skip Parts II and III, sign and notarize at the end)

☐ Partnership ☐ Limited Partnership ☐ Limited Liability Partnership

☒ Limited Liability Company

☐ For-profit Corporation (including Subchapters C and S or Professional Corporation)

☐ Other (be specific):

## Part II

☐ I certify that the list below contains the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be.

**OR**

☐ I certify that no one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no individual partner in the partnership owns a 10 percent or greater interest therein, or that no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be.

Sign and notarize the form below, and, if necessary, complete the list below. (Please attach additional sheets if more space is needed):

Name: **Kamran Tasharofi, MD - 100.00%**

Address: **1 Charlotte Drive**

**Clark, NJ 07066**

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

**Part III - Any Direct or Indirect Parent Entity Which is Publicly Traded:**

"To comply with this section, a bidder with any direct or indirect parent entity which is publicly traded may submit the name and address of each publicly traded entity and the name and address of each person that holds a 10 percent or greater beneficial interest in the publicly traded entity as of the last annual filing with the federal Securities and Exchange Commission or the foreign equivalent, and, if there is any person that holds a 10 percent or greater beneficial interest, also shall submit links to the websites containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each person that holds a 10 percent or greater beneficial interest."

☐ Pages attached with name and address of each publicly traded entity as well as the name and address of each person that holds a 10 percent or greater beneficial interest.

**OR**

☐ Submit here the links to the Websites (URLs) containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent.

_____

_____

**AND**

☐ Submit here the relevant page numbers of the filings containing the information on each person holding a 10 percent or greater beneficial interest.

_____

_____

Subscribed and sworn before me this 27 day of December, 2016

MARCELLE RAVELLO-ARCEO
Notary Public, State of New Jersey
My Commission Expires
November 23, 2020

(Notary Public)

My Commission expires: 11/23/2020

Kamran Tasharofi, M.D.
(Affiant)

Kamran Tasharofi, MD
Chief Medical Officer/Owner
(Print name of affiant and title if applicable) (Corporate Seal if a Corporation)

## PERSONAL REFERENCES

Gerald Green, Undersheriff
Union County Sheriff's Office
10 Elizabethtown Plaza
Elizabeth, NJ 07207
(908) 527-4450

Daniel P. Sullivan, Executive Director
Union County Utilities Authority
1499 US Highway One, North
Rahway, NJ 07065
(908) 289-4048

James Kennedy, Secretary
Former Mayor of Rahway
Union County Utilities Authority
1499 US Highway One, North
Rahway, NJ 07065
(908) 902-4776

**Guillermo A. Muñoz D.O.**
**Internal Medicine**
**Union Square Medical Associates**
**824 Elizabeth Ave**
**Elizabeth ,N.J. 07201**
**908 352-9556**
**Fax 908 352-9134**

Harold E. Kennedy, Jr.
School Business Administrator/Board Secretary
Office of the School Business Administrator/Board Secretary
Elizabeth Board of Education
500 North Broad Street
Elizabeth, New Jersey 07207

December 6, 2017

Mr. Kennedy and Board Members,

My name Dr. Guillermo Munoz, I am a medical doctor practicing medicine in the city of Elizabeth for the last 26 years as well as an Elizabeth high School alumni (class of 82). I would like you to reconsider me for the job of **Chief Medical Inspector** for the Elizabeth Board of Education. I have been working for the board since January 1, 2010, as a Chief Medical inspector and Medical inspector many years. I have been doing school physicals, sports physicals, scoliosis screening, sidelining football games, approving home instruction for the entire district and also approving bus transportation for students in the past. I have met with most of the school nurses for the district and have made my self-available to them at any time. I have also been available to my supervisors for the purpose of consultations pertaining to medical issues with students and policies in general. I have also made my personal office services available to any student that has been hurt during a high school sporting event at no cost.

For the services that I will be providing I am requesting;

1. $ 1995.00 a month for the entire scope of the job
2. $ 220.00 per hour for sports physical
3. $ 120.00 per hour for school physical and or any other clinical medical intervention needed on my part.

Attached are copies of my N.J. State medical license, as well as fact sheet of my medical malpractice. If you need any other document please call me for it at your convenience.

Thank you for your reconsideration of my services, and I look forward to continue working for the Elizabeth Board of Education.

Sincerely,

Dr. Guillermo A. Muñoz

CONVENTUS

900 Route 9 North, Woodbridge NJ 07095

1-877-444-0484 (Office) 732-791-9431 (Fax)

# CERTIFICATE OF INSURANCE

| | |
|---|---|
| **NAMED INSURED:** | **Guillermo Munoz, DO** |
| **ADDRESS:** | **824 Elizabeth Avenue<br>Elizabeth, NJ 07201** |
| **POLICY #:** | **NJ01157** |
| **SPECIALTY:** | **Internal Medicine - no surgery** |
| **TYPE OF COVERAGE:** | **Medical Professional Liability Insurance – Claims Made Form (Subject in all respects to the terms and conditions of the policy(ies) to be issued).** |
| **POLICY PERIOD:** | **FROM: 09/30/17 TO: 09/30/18<br>12:01 A.M. Standard Time at Named Insured's Address Indicated Above (Subject to payment of premium).** |
| **INSURED SINCE DATE:** | **09/30/06** |
| **RETROACTIVE DATE:** | **09/30/06** |
| **LIMITS OF LIABILITY:** | **$ 1,000,000 each claim<br>$ 3,000,000 annual aggregate** |
| **DEDUCTIBLE:** | **$ 0.00** |
| **INSURER:** | **Conventus Inter-Insurance Exchange** |
| **PRODUCER:** | **Silva, Soule & Fisher Insurance Group, LLC** |
| **DATE ISSUED:** | **08/10/17** |
| **CERTIFICATE HOLDER:** | **Guillermo Munoz, DO<br>824 Elizabeth Avenue<br>Elizabeth, NJ 07201** |

**AUTHORIZED REPRESENTATIVE:**
**Lyn Winters**

**PCM-020 (06/04)**

**Insured**

# State Of New Jersey
# New Jersey Office of the Attorney General
# Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
**Board of Medical Examiners**

**HAS REGISTERED**

Guillermo A. Munoz
824 Elizabeth Ave
Union Square Medical
Elizabeth, NJ 07201

**FOR PRACTICE IN NEW JERSEY AS A(N): Doctor of Osteopathy**

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Medical Examiners
HAS REGISTERED
Guillermo A. Munoz
Doctor of Osteopathy
05/30/2017 TO 06/30/2019
VALID
SIGNATURE
DIRECTOR
25MB05721200
License/Registration/Certificate #

PLEASE DETACH HERE

**IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:**
Board of Medical Examiners
P.O. Box 183
Trenton, NJ 08625

**05/30/2017 TO 06/30/2019**
VALID

**25MB05721200**
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

PLEASE DETACH HERE

**Guillermo A. Munoz**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **25MB05721200** . EXPIRATION DATE **2019**
PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

**Board of Medical Examiners**
**P.O. Box 183**
**Trenton, NJ 08625**

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

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BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

**If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.**

# Francisco Munoz, MD

824 Elizabeth Avenue – Elizabeth, NJ 07201


11/30/2017

**Harold E. Kennedy, Jr.**
**School Business Administrator / Board Secretary**
**Office of the School Business Administrator/Board Secretary**
**Elizabeth Board of Education**
**500 North Board Street**
**Elizabeth, New Jersey 07207**

Dear Mr. Kennedy, Jr.

I am applying for the position of Chief Medical Inspector for the Elizabeth board of Education.

I have had the privilege to serve as Chief Medical Inspector for the past 2 years. I have been blessed to work with a team of caring, enthusiastic and kind professionals who have been very helpful in all aspects of this post. Our interaction has been synergistic and resulted in excellence in the care of our students. Once more I'd like to extend my heartfelt gratitude to everyone in this team. I am attaching my CV and Credentials. As you Know I am a Board Certified Internist serving the City of Elizabeth for the past 31 Years.

The terms of the current contract will still apply. The monthly stipend of $2,100.00, $240.00 an hour for sports physicals and $120.00 an hour for physicals will remain the same. I am available 24 hours a day to discuss any matters you or any of your team.

Thank you for the opportunity to serve.

Respectfully,


**Francisco Munoz, MD**
**Diplomat American Board of Internal Medicine**
**Vice-President – Union Square Medical Associates**
**Vice President – USMA Clinical Research LLC**
**Phone: (908) 352-9556**
**Fax (908) 352-9134**

900 Route 9 North, Woodbridge NJ 07095

1-877-444-0484 (Office) 732-791-9431 (Fax)

# CERTIFICATE OF INSURANCE

| | |
|---|---|
| **NAMED INSURED:** | **Francisco Munoz, M.D.** |
| **ADDRESS:** | **824 Elizabeth Avenue<br>Elizabeth, NJ 07201** |
| **POLICY #:** | **NJ01159** |
| **SPECIALTY:** | **Internal Medicine - no surgery** |
| **TYPE OF COVERAGE:** | **Medical Professional Liability Insurance – Claims Made Form (Subject in all respects to the terms and conditions of the policy(ies) to be issued).** |
| **POLICY PERIOD:** | **FROM: 09/30/17 TO: 09/30/18<br>12:01 A.M. Standard Time at Named Insured's Address Indicated Above (Subject to payment of premium).** |
| **INSURED SINCE DATE:** | **09/30/06** |
| **RETROACTIVE DATE:** | **09/30/06** |
| **LIMITS OF LIABILITY:** | **$ 1,000,000 each claim<br>$ 3,000,000 annual aggregate** |
| **DEDUCTIBLE:** | **$ 0.00** |
| **INSURER:** | **Conventus Inter-Insurance Exchange** |
| **PRODUCER:** | **Silva, Soule & Fisher Insurance Group, LLC** |
| **DATE ISSUED:** | **07/14/17** |
| **CERTIFICATE HOLDER:** | **Francisco Munoz, M.D.<br>824 Elizabeth Avenue<br>Elizabeth, NJ 07201** |

**AUTHORIZED REPRESENTATIVE:**
**Lyn Winters**

CA-20

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

# State Of New Jersey
# New Jersey Office of the Attorney General
# Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
**Board of Medical Examiners**

**HAS REGISTERED**

Francisco Munoz
Union Square Medical Medical Assn
824 Elizabeth Avenue
Elizabeth NJ 07201-2709

**FOR PRACTICE IN NEW JERSEY AS A(N): Medical Doctor**

**06/05/2017 TO 06/30/2019**
VALID

**25MA04386700**
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

**Francisco Munoz** EXPIRATION DATE **2019**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **25MA04386700** . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

**Board of Medical Examiners**
**P.O. Box 183**
**Trenton, NJ 08625**

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
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TELEPHONE
INCLUDE AREA CODE

**If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.**

NEWLIC (Rev. 06/30/2016)

# Francisco Munoz, MD

824 Elizabeth Ave Elizabeth, NJ 07201
drfrankmunoz@yahoo.com | 908-352-9556

## Education

**St. Michael's Medical Center**, Newark, NJ
Residency — 1983 - 1986

**Jersey city Medical Center**, Jersey City, NJ
Internship — 1982 - 1983

**Universidad Central del Este**, San Pedro de Macoris, Dominican Republic
Medical School — 1978 - 1982

**Rutgers University**, Newark, NJ
Undergraduate

## Experience

**Elizabeth Board of Education** — Jan 2016 to present
Chief Medical Inspector

**USMA Clinical Research,** LLC, Elizabeth, NJ
Principal Investigator and Vice-President — 2009 - present

**Union Square Medical Associates, PC**, Elizabeth, NJ
Internal Medicine Certified by the American Board of Internal Medicine — 1986 - present

**Trinitas Regional Medical Center**, Elizabeth, NJ
Attending Physician — 1986 - present

**St. Michael Medical Center**, Newark, NJ
Attending Physician — 1986 - 2014
Emergency Room Physician — 1984 - 1985

**St. James Medical Center**, Newark, NJ
Emergency Room Physician — 1985 - 1987

**D'Angostino PA & Associate Industrial Medicine**, Harrison, NJ
Occupational Medicine — 1987 - 1992

## Additional

**Languages:** English, Spanish, French and Portuguese
**Licensure/Certification:** Board of Medical Examiners License, American Board of Internal Medicine and GCP Certification.

# Francisco Munoz, MD

824 Elizabeth Ave Elizabeth, NJ 07201
drfrankmunoz@yahoo.com | 908-352-9556


## Clinical Trials Areas

Trained and knowledgeable to perform duties and conduct clinical research as Principal Investigator under the guidelines of the IRB, GCP, ICH Guidelines, and current SOP(s).
Participates with pharmaceuticals such as Merck, Novo Nordisk, Takeda, GSK, Pfizer, Boehringer Ingelheim, AstraZeneca on a numerical clinical subjects as follow:

**Takeda**: SYR-322MET-302: (2010) Investigator - currently conducting a Phase 3 Clinical trial in subjects with Type 2 Diabetes. Principal Investigator

**Novo Nordisk**: Predictive 303 - (2006), P.I.
**Pfizer**: GI Reasons, Protocol Number: A3191331 Study P5E. (2007), P.I.
**Merck & Co:** Protocol No. 066 / MEDAL, Protocol No. 072 / EDGE II (2005). P.I.

**GSK–SAS115359**, A Safety and Efficacy Study of Inhaled Fluticasone Propionate/Salmeterol Combination versus Inhaled Fluticasone Propionate in the Treatment of Adolescent and Adult Subjects with Asthma

**TAK-875_304,** A Multicenter, Randomized, Double-Blind, Active-Controlled, Phase 3 Study to Evaluate the Efficacy and Safety of TAK-875 25 mg and 50 mg Compared to Glimepiride When Used in Combination with Metformin in Subjects with Type 2 Diabetes

**TAK-875_301,** A Randomized, Double-Blind, Placebo-Controlled, Phase 3 Study to Evaluate the Efficacy and Safety of Daily Oral TAK-875 25 mg and 50 mg Compared with Placebo in Subjects with Type 2 Diabetes

**GSK – HCZ113782,** A CLINICAL AUTCOMES study to compare the effect of Fluticasone furoate/Vilanterol Inhalation Powder with Placebo on Survival in subjects with moderate Chronic Obstructive Pulmonary Disease (COPD) and history of or risk of cardiovascular disease"

**SYR-322MET-302,** A Multicenter, Randomized, double Blind, Placebo-Controlled Study to determine the Efficacy and Safety of Alogliptin plus Metformin, Alogliptin Alone or Metformin Along in subjects with Type 2 Diabetes"

**ASTRA ZENECA - LAS-MD-45 (D-560C00002),** Double-blind, Randomized, Placebo-controlled, Parallel-group, Phase IV study to Evaluate the Effect of Aclidinium Bromide on Long-term Cardiovascular Safety and COPD Exacerbations in Patients with Moderate to Very Severe COPD

**PFIZER - PF-04950615 (RN-316),** Phase 3 multi-center, double blind, randomized, Placebo-controlled, Parallel Group evaluation of the efficacy, safety and tolerability of Bococizumab (PF-04950615), in reducing the occurrence of major cardiovascular events in high risk subjects.

**BOEHRINGER INGELHEIM – 1218-74** (Carolina Trial), A multicenter, international, randomized, parallel group, double blind study to evaluate cardiovascular safety of Linagliptin versus Glimepiride in patient with type 2 Diabetes mellitus at high caradiovascular Risk.

**BOEHRINGER INGELHEIM – UH13-1186-02**
A multicenter, international, randomized, parallel group, double blind, placebo-controlled Cardiovascular Safety & Renal Microvascular outcome study with Linagliptin, 5 mg once daily in patients with type 2 diabetes mellitus at high vascular risk.

**MERK – MK-3102,** A phase III, Multicenter, Double-Blind, Randomized Trial to Evaluate the Safety and Efficacy of MK-3102 Compared with Glimepride in Subject with type 2 diabetes Mellitus for whom Metformin is inappropriate due to intolerance or contraindication.

**Guillermo A. Muñoz D.O.**
**Internal Medicine**
**Union Square Medical Associates**
**824 Elizabeth Ave**
**Elizabeth ,N.J. 07201**
**908 352-9556**
**Fax 908 352-9134**

Harold E. Kennedy, Jr.
School Business Administrator/Board Secretary
Office of the School Business Administrator/Board Secretary
Elizabeth Board of Education
500 North Broad Street
Elizabeth, New Jersey 07207

November 29, 2018

Mr. Kennedy and Board Members,

My name Dr. Guillermo Munoz, I am a medical doctor practicing medicine in the city of Elizabeth for the last 27 years and I would like you to reconsider me for the job of **Chief Medical Inspector** for the Elizabeth Board of Education. I have been working for the board since January 1, 2010, as a Chief Medical inspector and Medical inspector many times. I have been doing school physicals, sports physicals, scoliosis screening, sidelining football games, approving home instruction for the entire district and also approving bus transportation for students in the past. I have met with most of the school nurses for the district and have made my self-available to them at any time. I have also been available to my supervisors for the purpose of consultations pertaining to medical issues with students and policies in general. I have also made my personal office services available to any student that has been hurt during a high school sporting event at no cost.

For the services that I will be providing I am requesting;

1. $ 1990.00 a month for the entire scope of the job
2. $ 220.00 per hour for sports physical/Approving Sports Physicals
3. $ 120.00 per hour for school physical and or any other clinical medical intervention needed on my part.

Attached are copies of my N.J. State medical license, as well as fact sheet of my medical malpractice. If you need any other document please call me for it at your convenience.

Thank you for your reconsideration of my services, and I look forward to continue working for the Elizabeth Board of Education.

Sincerely,

Dr. Guillermo A. Muñoz

CONVENTUS

900 Route 9 North, Woodbridge NJ 07095 1-877-444-0484 (Office) 732-791-9431 (Fax)

# CERTIFICATE OF INSURANCE

| | |
|---|---|
| **NAMED INSURED:** | **Guillermo Munoz, DO** |
| **ADDRESS:** | **824 Elizabeth Avenue<br>Elizabeth, NJ 07201** |
| **POLICY #:** | **NJ01157** |
| **SPECIALTY:** | **Internal Medicine - no surgery** |
| **TYPE OF COVERAGE:** | **Medical Professional Liability Insurance – Claims Made Form (Subject in all respects to the terms and conditions of the policy(ies) to be issued).** |
| **POLICY PERIOD:** | **FROM: 09/30/18 TO: 09/30/19<br>12:01 A.M. Standard Time at Named Insured's Address Indicated Above (Subject to payment of premium).** |
| **INSURED SINCE DATE:** | **09/30/06** |
| **RETROACTIVE DATE:** | **09/30/06** |
| **LIMITS OF LIABILITY:** | **$ 1,000,000 each claim<br>$ 3,000,000 annual aggregate** |
| **DEDUCTIBLE:** | **$ 0.00** |
| **INSURER:** | **Conventus Inter-Insurance Exchange** |
| **PRODUCER:** | **Silva, Soule & Fisher Insurance Group, LLC** |
| **DATE ISSUED:** | **07/16/18** |
| **CERTIFICATE HOLDER:** | **City of Elizabeth, New Jersey<br>Department of Administration<br>50 Winfield Scott Plaza<br>Elizabeth, NJ 07201** |

**AUTHORIZED REPRESENTATIVE:**
**Lyn Winters**

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTICOLORED BACKGROUND AND ANTI-TYPE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

# State Of New Jersey
## New Jersey Office of the Attorney General
## Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Medical Examiners

HAS REGISTERED

Guillermo A. Munoz
824 Elizabeth Ave
Union Square Medical
Elizabeth, NJ 07201

FOR PRACTICE IN NEW JERSEY AS A(N): Doctor of Osteopathy


PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Board of Medical Examiners
P.O. Box 183
Trenton, NJ 08625

06/30/2017 TO 06/30/2019
VALID

25MB05721200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

PLEASE DETACH HERE

Guillermo A. Munoz

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 25MB05721200 . EXPIRATION DATE 2019. PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Board of Medical Examiners
P.O. Box 183
Trenton, NJ 08625

PRINT YOUR NEW ADDRESS OF RECORD BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW MAILING ADDRESS BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

**If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.**

**Guillermo A. Muñoz D.O.**
**Internal Medicine**
**Union Square Medical Associates**
**824 Elizabeth Ave**
**Elizabeth ,N.J. 07201**
**908 352-9556**
**Fax 908 352-9134**

Harold E. Kennedy, Jr.
School Business Administrator/Board Secretary
Office of the School Business Administrator/Board Secretary
Elizabeth Board of Education
500 North Broad Street
Elizabeth, New Jersey 07207

November 29, 2019

Mr. Kennedy and Board Members,

My name Dr. Guillermo Munoz, I am a medical doctor practicing medicine in the city of Elizabeth for the last 28 years and I would like you to reconsider me for the job of **Chief Medical Inspector** for the Elizabeth Board of Education. I have been working for the board since January 1, 2010, as a Chief Medical inspector and Medical inspector many times. I have been doing school physicals, sports physicals, scoliosis screening, sidelining football games, approving home instruction for the entire district and also approving bus transportation for students in the past. I have met with most of the school nurses for the district and have made my self-available to them at any time. I have also been available to my supervisors and the superintendent for the purpose of consultations pertaining to medical issues with students and policies in general. I have also made my personal office services available to any student that has been hurt during a high school sporting event at no cost.

For the services that I will be providing I am requesting;

1. $ 2000.00 a month for the entire scope of the job
2. $ 220.00 per hour for sports physical/Approving Sports Physicals
3. $ 120.00 per hour for school physical and or any other clinical medical intervention needed on my part.

Attached are copies of my N.J. State medical license, as well as fact sheet of my medical malpractice. If you need any other document please call me for it at your convenience.

Thank you for your reconsideration of my services, and I look forward to continue working for the Elizabeth Board of Education.

Sincerely,

Dr. Guillermo A. Muñoz

# State Of New Jersey
# New Jersey Office of the Attorney General
# Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

**Board of Medical Examiners**

**HAS REGISTERED**

Guillermo A. Munoz
824 Elizabeth Ave
Union Square Medical
Elizabeth, NJ 07201

**FOR PRACTICE IN NEW JERSEY AS A(N): Doctor of Osteopathy**

**06/12/2019 TO 06/30/2021**
VALID

Signature of Licensee/Registrant/Certificate Holder

**25MB05721200**
LICENSE/REGISTRATION/CERTIFICATION #

Paul Rodriguez
ACTING DIRECTOR

900 Route 9 North, Woodbridge NJ 07095 1-877-444-0484 (Office) 732-791-9431 (Fax)

# CERTIFICATE OF INSURANCE

| | |
|---|---|
| **NAMED INSURED:** | **Guillermo Munoz, DO** |
| **ADDRESS:** | **824 Elizabeth Avenue<br>Elizabeth, NJ 07201** |
| **POLICY #:** | **NJ01157** |
| **SPECIALTY:** | **Internal Medicine - no surgery** |
| **TYPE OF COVERAGE:** | **Medical Professional Liability Insurance – Claims Made Form (Subject in all respects to the terms and conditions of the policy(ies) to be issued).** |
| **POLICY PERIOD:** | **FROM: 09/30/19 TO: 09/30/20<br>12:01 A.M. Standard Time at Named Insured's Address Indicated Above (Subject to payment of premium).** |
| **INSURED SINCE DATE:** | **09/30/06** |
| **RETROACTIVE DATE:** | **09/30/06** |
| **LIMITS OF LIABILITY:** | **$ 1,000,000 each claim<br>$ 3,000,000 annual aggregate** |
| **DEDUCTIBLE:** | **$ 0.00** |
| **INSURER:** | **Conventus Inter-Insurance Exchange** |
| **PRODUCER:** | **Silva, Soule & Fisher Insurance Group, LLC** |
| **DATE ISSUED:** | **07/24/19** |
| **CERTIFICATE HOLDER:** | **City of Elizabeth<br>50 Winfield Scott Plaza<br>Elizabeth, NJ 07201** |

**AUTHORIZED REPRESENTATIVE:**
**Lyn Winters**

LEDGER REPORT FOR BUDGET YEAR : 2017/2018 BY VENDOR NAME : FOR ALL DATES

FOR A RANGE OF VENDORS MUNOZ, DR. GUILLERMO THRU MUNOZ, DR. GUILLERMO

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 18-02969 | SEP-08-2017 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 600.00 | OTHER PROFESSIONAL SERVICES |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | SEP-14-2017 | 360.00 | PAID | 248577 | 08/02/2017 | NO | | | |
| 2 | SEP-14-2017 | 240.00 | PAID | 248577 | 08/07/2017 | NO | | | |

**P.O. AMOUNT : 600.00 PAYMENTS : 600.00 OUTSTANDING : 0.00**

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 18-03013 | SEP-11-2017 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 600.00 | OTHER PROFESSIONAL SERVICES |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | SEP-14-2017 | 120.00 | PAID | 248577 | 01/24/2017 | NO | | | |
| 2 | SEP-14-2017 | 120.00 | PAID | 248577 | 01/25/2017 | NO | | | |
| 3 | SEP-14-2017 | 120.00 | PAID | 248577 | 02/28/2017 | NO | | | |
| 4 | SEP-14-2017 | 120.00 | PAID | 248577 | 04/13/2017 | NO | | | |
| 5 | SEP-14-2017 | 120.00 | PAID | 248577 | 05/25/2017 | NO | | | |

**P.O. AMOUNT : 600.00 PAYMENTS : 600.00 OUTSTANDING : 0.00**

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 18-03014 | SEP-11-2017 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 1,680.00 | OTHER PROFESSIONAL SERVICES |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | SEP-14-2017 | 240.00 | PAID | 248577 | 05/11/2017 | NO | | | |
| 2 | SEP-14-2017 | 240.00 | PAID | 248577 | 02/24/2017 | NO | | | |
| 3 | SEP-14-2017 | 240.00 | PAID | 248577 | 03/08/2017 | NO | | | |
| 4 | SEP-14-2017 | 240.00 | PAID | 248577 | 03/09/2017 | NO | | | |
| 5 | SEP-14-2017 | 480.00 | PAID | 248577 | 03/11/2017 | NO | | | |
| 6 | SEP-14-2017 | 240.00 | PAID | 248577 | 03/27/2017 | NO | | | |

**P.O. AMOUNT : 1,680.00 PAYMENTS : 1,680.00 OUTSTANDING : 0.00**

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 18-03141 | SEP-14-2017 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 1,200.00 | OTHER PROFESSIONAL SERVICES |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | OCT-19-2017 | 360.00 | PAID | 249056 | 08/15/2017 | NO | | | |
| 2 | OCT-19-2017 | 120.00 | PAID | 249056 | 08/17/2017 | NO | | | |
| 3 | OCT-19-2017 | 240.00 | PAID | 249056 | 08/22/2017 | NO | | | |
| 4 | OCT-19-2017 | 240.00 | PAID | 249056 | 08/23/2017 | NO | | | |
| 5 | OCT-19-2017 | 240.00 | PAID | 249056 | 08/25/2017 SPORT PHYSICALS | NO | | | |

**P.O. AMOUNT : 1,200.00 PAYMENTS : 1,200.00 OUTSTANDING : 0.00**

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 18-03156 | SEP-15-2017 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 540.00 | OTHER PROFESSIONAL SERVICES |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | OCT-19-2017 | 300.00 | PAID | 249056 | 06/21/2007(26 | NO | | | |
| 2 | OCT-19-2017 | 240.00 | PAID | 249056 | 06/21/2017 (18 | NO | | | |

LEDGER REPORT FOR BUDGET YEAR : 2017/2018 BY VENDOR NAME : FOR ALL DATES

FOR A RANGE OF VENDORS MUNOZ, DR. GUILLERMO THRU MUNOZ, DR. GUILLERMO

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 18-03156 | SEP-15-2017 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 540.00 | OTHER PROFESSIONAL SERVICES |

**P.O. AMOUNT : 540.00 PAYMENTS : 540.00 OUTSTANDING : 0.00**

18-03828 OCT-19-2017 11-000-230-339-94-00-- 84761 MUNOZ, DR. GUILLERMO 1,800.00 OTHER PROFESSIONAL SERVICES

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | NOV-20-2017 | 240.00 | PAID | 249654 | 08/25/2017 | NO | | | |
| 2 | NOV-20-2017 | 240.00 | PAID | 249654 | 08/29/20107 | NO | | | |
| 3 | NOV-20-2017 | 360.00 | PAID | 249654 | 08/31/2017 | NO | | | |
| 4 | NOV-20-2017 | 240.00 | PAID | 249654 | 09/26/2017 | NO | | | |
| 5 | NOV-20-2017 | 240.00 | PAID | 249654 | 09/27/20107 | NO | | | |
| 6 | NOV-20-2017 | 480.00 | PAID | 249654 | 09/29/2017 | NO | | | |

**P.O. AMOUNT : 1,800.00 PAYMENTS : 1,800.00 OUTSTANDING : 0.00**

18-04108 OCT-27-2017 11-000-230-339-94-00-- 84761 MUNOZ, DR. GUILLERMO 480.00 OTHER PROFESSIONAL SERVICES

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | NOV-20-2017 | 240.00 | PAID | 249654 | 09/29/2017 | NO | | | |
| 2 | NOV-20-2017 | 240.00 | PAID | 249654 | 10/2, 10/3, 10/6/2017 | NO | | | |

**P.O. AMOUNT : 480.00 PAYMENTS : 480.00 OUTSTANDING : 0.00**

18-04634 NOV-27-2017 11-000-230-339-94-00-- 84761 MUNOZ, DR. GUILLERMO 660.00 OTHER PROFESSIONAL SERVICES

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | DEC-14-2017 | 240.00 | PAID | 250232 | 09/18/2017 | NO | | | |
| 2 | DEC-14-2017 | 120.00 | PAID | 250232 | 10/25/2017 | NO | | | |
| 3 | DEC-14-2017 | 60.00 | PAID | 250232 | 11/02/2017 | NO | | | |
| 4 | DEC-14-2017 | 240.00 | PAID | 250232 | 10/11/2017 SPORT PHYSICALS | NO | | | |

**P.O. AMOUNT : 660.00 PAYMENTS : 660.00 OUTSTANDING : 0.00**

18-05465 JAN-12-2018 11-000-230-339-94-00-- 84761 MUNOZ, DR. GUILLERMO 5,985.00 OTHER PROFESSIONAL SERVICES

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | JAN-18-2018 | 1,995.00 | PAID | 250891 | JANUARY, 2018 | NO | | | |
| 2 | FEB-22-2018 | 1,995.00 | PAID | 251555 | FEBUARY, 2018 | NO | | | |
| 3 | MAR-15-2018 | 1,995.00 | PAID | 252101 | MARCH, 2018 | NO | | | |

**P.O. AMOUNT : 5,985.00 PAYMENTS : 5,985.00 OUTSTANDING : 0.00**

18-05688 JAN-24-2018 11-000-230-339-94-00-- 84761 MUNOZ, DR. GUILLERMO 660.00 OTHER PROFESSIONAL SERVICES

LEDGER REPORT FOR BUDGET YEAR : 2017/2018 BY VENDOR NAME : FOR ALL DATES

FOR A RANGE OF VENDORS MUNOZ, DR. GUILLERMO THRU MUNOZ, DR. GUILLERMO

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 18-05688 | JAN-24-2018 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 660.00 | OTHER PROFESSIONAL SERVICES |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | FEB-22-2018 | 120.00 | PAID | 251555 | 01/11/2018 | NO | | | |
| 2 | FEB-22-2018 | 60.00 | PAID | 251555 | 01/11/2018(23A) | NO | | | |
| 3 | FEB-22-2018 | 120.00 | PAID | 251555 | 11/27/2017(20) | NO | | | |
| 4 | FEB-22-2018 | 120.00 | PAID | 251555 | 12/11/2017 (8) | NO | | | |
| 5 | FEB-22-2018 | 120.00 | PAID | 251555 | 12/12/2017(13) | NO | | | |
| 6 | FEB-22-2018 | 120.00 | PAID | 251555 | 12/19/2017(21) | NO | | | |

**P.O. AMOUNT : 660.00 PAYMENTS : 660.00 OUTSTANDING : 0.00**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 18-07365 | APR-17-2018 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 1,080.00 | OTHER PROFESSIONAL SERVICES | | | |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | APR-19-2018 | 120.00 | PAID | 252670 | 01/22/20108 | NO | | | |
| 2 | APR-19-2018 | 120.00 | PAID | 252670 | 01/18/2018 | NO | | | |
| 3 | APR-19-2018 | 120.00 | PAID | 252670 | 01/25/20018 | NO | | | |
| 4 | APR-19-2018 | 120.00 | PAID | 252670 | 02/07/2018 | NO | | | |
| 5 | APR-19-2018 | 120.00 | PAID | 252670 | 02/20/2018 | NO | | | |
| 6 | APR-19-2018 | 120.00 | PAID | 252670 | 03/14/2018 | NO | | | |
| 7 | APR-19-2018 | 120.00 | PAID | 252670 | 03/27/2018 | NO | | | |
| 8 | APR-19-2018 | 240.00 | PAID | 252670 | 02/21/2018 | NO | | | |

**P.O. AMOUNT : 1,080.00 PAYMENTS : 1,080.00 OUTSTANDING : 0.00**

| | | | | | | |
|---|---|---|---|---|---|---|
| 18-08641 | JUN-28-2018 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 0.00 | OTHER PROFESSIONAL SERVICES |

**VENDOR TOTAL P.O. AMOUNT : 15,285.00 PAYMENTS : 15,285.00 OUTSTANDING : 0.00**

LEDGER REPORT FOR BUDGET YEAR : 2017/2018 BY VENDOR NAME : FOR ALL DATES

FOR A RANGE OF VENDORS MUNOZ, DR. GUILLERMO THRU MUNOZ, DR. GUILLERMO

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| | | **GRAND TOTAL P.O. AMOUNT :** | **15,285.00** | **PAYMENTS :** | **15,285.00** | **OUTSTANDING :** **0.00** |

LEDGER REPORT FOR BUDGET YEAR : 2018/2019 BY VENDOR NAME : FOR ALL DATES

FOR A RANGE OF VENDORS MUNOZ, DR. GUILLERMO THRU MUNOZ, DR. GUILLERMO

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 18-05465 | JUL-01-2018 | 11-999-999-999-99-99-99-999 | 84761 | MUNOZ, DR. GUILLERMO | 5,985.00 | OTHER PROFESSIONAL SERVICES |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | JUL-19-2018 | 1,995.00 | PAID | 254560 | APRIL, 2018 | NO | | | |
| 2 | JUL-19-2018 | 1,995.00 | PAID | 254560 | MAY, 2018 | NO | | | |
| 3 | JUL-19-2018 | 1,995.00 | PAID | 254560 | JUNE, 2018 | NO | | | |

**P.O. AMOUNT : 5,985.00 PAYMENTS : 5,985.00 OUTSTANDING : 0.00**

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 18-08641 | JUL-01-2018 | 11-999-999-999-99-99-99-999 | 84761 | MUNOZ, DR. GUILLERMO | 1,680.00 | OTHER PROFESSIONAL SERVICES |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | JUL-19-2018 | 120.00 | PAID | 254560 | 03/28/2018 SCHOOL PHYSICALS | NO | | | |
| 2 | JUL-19-2018 | 120.00 | PAID | 254560 | 05/15/2018 SCHOOL PHYSICALS | NO | | | |
| 3 | JUL-19-2018 | 120.00 | PAID | 254560 | 05/22/2018 SCHOOL PHYSICAL | NO | | | |
| 4 | JUL-19-2018 | 120.00 | PAID | 254560 | 05/23/2018 (SCHOOL PHYSICAL | NO | | | |
| 5 | JUL-19-2018 | 120.00 | PAID | 254560 | 05/31/2018 (SCHOOL PHYSICAL | NO | | | |
| 6 | JUL-19-2018 | 120.00 | PAID | 254560 | 06/05/2018 (SCHOOL PHYSICAL | NO | | | |
| 7 | JUL-19-2018 | 240.00 | PAID | 254560 | 03/15/2018 SPORT PHYSICALS | NO | | | |
| 8 | JUL-19-2018 | 240.00 | PAID | 254560 | 03/29/2018 SPORTS PHYSICALS | NO | | | |
| 9 | JUL-19-2018 | 480.00 | PAID | 254560 | 06/09/2018 SPORTS PHYSICALS | NO | | | |

**P.O. AMOUNT : 1,680.00 PAYMENTS : 1,680.00 OUTSTANDING : 0.00**

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 19-00996 | JUL-18-2018 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 11,970.00 | OTHER PROFESSIONAL SERVICES |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | AUG-23-2018 | 1,995.00 | PAID | 255047 | JULY, 2018 | NO | | | |
| 2 | AUG-23-2018 | 1,995.00 | PAID | 255047 | AUGUST, 2018 | NO | | | |
| 3 | SEP-20-2018 | 1,995.00 | PAID | 255429 | SEPTEMBER, 2018 | NO | | | |
| 4 | OCT-18-2018 | 1,995.00 | PAID | 255921 | OCTOBER, 20018 | NO | | | |
| 5 | NOV-19-2018 | 1,995.00 | PAID | 256507 | NOVEMBER 2018 | NO | | | |
| 6 | DEC-17-2018 | 1,995.00 | PAID | 257116 | DECEMBER, 2018 | NO | | | |

**P.O. AMOUNT : 11,970.00 PAYMENTS : 11,970.00 OUTSTANDING : 0.00**

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 19-02206 | AUG-13-2018 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 240.00 | OTHER PROFESSIONAL SERVICES |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | AUG-23-2018 | 240.00 | PAID | 255047 | 07/17/2018 | NO | | | |

**P.O. AMOUNT : 240.00 PAYMENTS : 240.00 OUTSTANDING : 0.00**

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 19-03387 | SEP-17-2018 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 1,200.00 | OTHER PROFESSIONAL SERVICES |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | SEP-20-2018 | 240.00 | PAID | 255429 | 08/22/2018 | NO | | | |

LEDGER REPORT FOR BUDGET YEAR : 2018/2019 BY VENDOR NAME : FOR ALL DATES

FOR A RANGE OF VENDORS MUNOZ, DR. GUILLERMO THRU MUNOZ, DR. GUILLERMO

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 19-03387 | SEP-17-2018 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 1,200.00 | OTHER PROFESSIONAL SERVICES |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 2 | SEP-20-2018 | 720.00 | PAID | 255429 | 08/30/2018 | NO | | | |
| 3 | SEP-20-2018 | 240.00 | PAID | 255429 | 08/31/2018 | NO | | | |

**P.O. AMOUNT : 1,200.00 PAYMENTS : 1,200.00 OUTSTANDING : 0.00**

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 19-04683 | NOV-16-2018 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 1,920.00 | OTHER PROFESSIONAL SERVICES |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | DEC-17-2018 | 480.00 | PAID | 257116 | JULY, 2018 | NO | | | |
| 2 | DEC-17-2018 | 480.00 | PAID | 257116 | AUGUST, 2018 | NO | | | |
| 3 | DEC-17-2018 | 480.00 | PAID | 257116 | SEPTEMBER, 2018 | NO | | | |
| 4 | DEC-17-2018 | 480.00 | PAID | 257116 | OCTOBER, 2018 | NO | | | |

**P.O. AMOUNT : 1,920.00 PAYMENTS : 1,920.00 OUTSTANDING : 0.00**

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 19-04684 | NOV-16-2018 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 1,680.00 | OTHER PROFESSIONAL SERVICES |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | DEC-17-2018 | 240.00 | PAID | 257116 | 09/24/20108 SPORT PHYSICALS | NO | | | |
| 2 | DEC-17-2018 | 240.00 | PAID | 257116 | 09/26/20018 SPORT PHYSICALS | NO | | | |
| 3 | DEC-17-2018 | 240.00 | PAID | 257116 | 10/03/2018 SPORT PHYSICALS | NO | | | |
| 4 | DEC-17-2018 | 240.00 | PAID | 257116 | 10/01/2018 SPORT PHYSICALS | NO | | | |
| 5 | DEC-17-2018 | 240.00 | PAID | 257116 | 10/10/2018 SPORT PHYSICALS | NO | | | |
| 6 | DEC-17-2018 | 240.00 | PAID | 257116 | 10/04/2018 SPORT PHYSICALS | NO | | | |
| 7 | DEC-17-2018 | 240.00 | PAID | 257116 | 10/30/2018 SPORT PHYSICALS | NO | | | |

**P.O. AMOUNT : 1,680.00 PAYMENTS : 1,680.00 OUTSTANDING : 0.00**

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 19-04685 | NOV-16-2018 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 360.00 | OTHER PROFESSIONAL SERVICES |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | DEC-17-2018 | 120.00 | PAID | 257116 | 09/20/2018 SCHOOL PHYSICALS | NO | | | |
| 2 | DEC-17-2018 | 120.00 | PAID | 257116 | 09/21/2018 SCHOOL PHYSICALS | NO | | | |
| 3 | DEC-17-2018 | 120.00 | PAID | 257116 | 10/25/20018 SCHOOL PHYSICAL | NO | | | |

**P.O. AMOUNT : 360.00 PAYMENTS : 360.00 OUTSTANDING : 0.00**

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 19-05059 | DEC-06-2018 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 1,440.00 | OTHER PROFESSIONAL SERVICES |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | DEC-17-2018 | 480.00 | PAID | 257116 | 10/17/2018 | NO | | | |
| 2 | DEC-17-2018 | 480.00 | PAID | 257116 | 11/03/2018 | NO | | | |
| 3 | DEC-17-2018 | 480.00 | PAID | 257116 | 11/07/2018 | NO | | | |

LEDGER REPORT FOR BUDGET YEAR : 2018/2019 BY VENDOR NAME : FOR ALL DATES

FOR A RANGE OF VENDORS MUNOZ, DR. GUILLERMO THRU MUNOZ, DR. GUILLERMO

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 19-05059 | DEC-06-2018 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 1,440.00 | OTHER PROFESSIONAL SERVICES |

**P.O. AMOUNT : 1,440.00 PAYMENTS : 1,440.00 OUTSTANDING : 0.00**

19-06398 FEB-04-2019 11-000-230-339-94-00-- 84761 MUNOZ, DR. GUILLERMO 1,680.00 OTHER PROFESSIONAL SERVICES

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | FEB-21-2019 | 240.00 | PAID | 258409 | 1/23/19 SPORT PHYSICALS | NO | | | |
| 2 | FEB-21-2019 | 240.00 | PAID | 258409 | 1/4/19 SPORT PHYSICALS | NO | | | |
| 3 | FEB-21-2019 | 240.00 | PAID | 258409 | 12/3/18 SPORT PHYSICALS | NO | | | |
| 4 | FEB-21-2019 | 240.00 | PAID | 258409 | 11/28/18 SPORT PHYSICALS | NO | | | |
| 5 | FEB-21-2019 | 240.00 | PAID | 258409 | 11/5/18 SPORT PHYSICALS | NO | | | |
| 6 | FEB-21-2019 | 120.00 | PAID | 258409 | 1/24/19 SPORT PHYSICALS | NO | | | |
| 7 | FEB-21-2019 | 120.00 | PAID | 258409 | 11/29/18 SPORT PHYSICALS | NO | | | |
| 8 | FEB-21-2019 | 60.00 | PAID | 258409 | 11/19/18 SPORT PHYSICALS | NO | | | |
| 9 | FEB-21-2019 | 60.00 | PAID | 258409 | 11/27/18 SPORT PHYSICALS | NO | | | |
| 10 | FEB-21-2019 | 120.00 | PAID | 258409 | 1/10/19 SPORT PHYSICALS | NO | | | |

**P.O. AMOUNT : 1,680.00 PAYMENTS : 1,680.00 OUTSTANDING : 0.00**

19-07079 MAR-19-2019 11-000-230-339-94-00-- 84761 MUNOZ, DR. GUILLERMO 960.00 OTHER PROFESSIONAL SERVICES

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | APR-08-2019 | 240.00 | PAID | 259418 | JANUARY, 2019 (SPORTS PHYSI | NO | | | |
| 2 | APR-08-2019 | 240.00 | PAID | 259418 | FEBRUARY, 2019 SORTS PHYSIC | NO | | | |
| 3 | APR-08-2019 | 480.00 | PAID | 259418 | MARCH, 2019 SPORTS PHYSICAL | NO | | | |

**P.O. AMOUNT : 960.00 PAYMENTS : 960.00 OUTSTANDING : 0.00**

19-07214 MAR-22-2019 11-000-230-339-94-00-- 84761 MUNOZ, DR. GUILLERMO 11,940.00 OTHER PROFESSIONAL SERVICES

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | APR-08-2019 | 1,990.00 | PAID | 259418 | JANUARY, 2019 | NO | | | |
| 2 | APR-08-2019 | 1,990.00 | PAID | 259418 | FEBRUARY, 2019 | NO | | | |
| 3 | APR-08-2019 | 1,990.00 | PAID | 259418 | MARCH, 20109 | NO | | | |
| 4 | APR-08-2019 | 1,990.00 | PAID | 259418 | APRIL, 2019 | NO | | | |
| 5 | MAY-09-2019 | 1,990.00 | PAID | 259961 | MAY, 2019 | NO | | | |
| 6 | JUN-13-2019 | 1,990.00 | PAID | 260330 | JUNE, 2019 | NO | | | |

**P.O. AMOUNT : 11,940.00 PAYMENTS : 11,940.00 OUTSTANDING : 0.00**

19-07975 MAY-08-2019 11-000-230-339-94-00-- 84761 MUNOZ, DR. GUILLERMO 1,680.00 OTHER PROFESSIONAL SERVICES

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | JUN-13-2019 | 240.00 | PAID | 260330 | 08/22/2018 | NO | | | |

LEDGER REPORT FOR BUDGET YEAR : 2018/2019 BY VENDOR NAME : FOR ALL DATES

FOR A RANGE OF VENDORS MUNOZ, DR. GUILLERMO THRU MUNOZ, DR. GUILLERMO

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 19-07975 | MAY-08-2019 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 1,680.00 | OTHER PROFESSIONAL SERVICES |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 2 | JUN-13-2019 | 720.00 | PAID | 260330 | 08/30/2018 | NO | | | |
| 3 | JUN-13-2019 | 240.00 | PAID | 260330 | 08/31/2018 | NO | | | |
| 4 | JUN-13-2019 | 240.00 | PAID | 260330 | 02/07/2019 | NO | | | |
| 5 | JUN-13-2019 | 240.00 | PAID | 260330 | 02/11/2019 | NO | | | |

**P.O. AMOUNT : 1,680.00 PAYMENTS : 1,680.00 OUTSTANDING : 0.00**

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 19-07976 | MAY-08-2019 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 720.00 | OTHER PROFESSIONAL SERVICES |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | JUN-13-2019 | 120.00 | PAID | 260330 | 03/26/2019 | NO | | | |
| 2 | JUN-13-2019 | 120.00 | PAID | 260330 | 03/14/2019 | NO | | | |
| 3 | JUN-13-2019 | 120.00 | PAID | 260330 | 02/26/2019 | NO | | | |
| 4 | JUN-13-2019 | 120.00 | PAID | 260330 | 03/12/2019 | NO | | | |
| 5 | JUN-13-2019 | 120.00 | PAID | 260330 | 02/28/2019 | NO | | | |
| 6 | JUN-13-2019 | 120.00 | PAID | 260330 | 02/20/2019 | NO | | | |

**P.O. AMOUNT : 720.00 PAYMENTS : 720.00 OUTSTANDING : 0.00**

**VENDOR TOTAL P.O. AMOUNT : 43,455.00 PAYMENTS : 43,455.00 OUTSTANDING : 0.00**

LEDGER REPORT FOR BUDGET YEAR : 2018/2019 BY VENDOR NAME : FOR ALL DATES

FOR A RANGE OF VENDORS MUNOZ, DR. GUILLERMO THRU MUNOZ, DR. GUILLERMO

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| **GRAND TOTAL P.O. AMOUNT :** | | **43,455.00** | **PAYMENTS :** | **43,455.00** | **OUTSTANDING :** | **0.00** |

LEDGER REPORT FOR BUDGET YEAR : 2019/2020 BY VENDOR NAME : FOR ALL DATES

FOR A RANGE OF VENDORS MUNOZ, DR. GUILLERMO THRU MUNOZ, DR. GUILLERMO

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 20-03340 | SEP-13-2019 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 480.00 | OTHER PROFESSIONAL SERVICES |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | OCT-17-2019 | 480.00 | PAID | 262763 | 08/26/2019 | NO | | | |

**P.O. AMOUNT : 480.00 PAYMENTS : 480.00 OUTSTANDING : 0.00**

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 20-05394 | JAN-02-2020 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 11,940.00 | OTHER PROFESSIONAL SERVICES |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | JAN-02-2020 | 11,940.00 | PAID HAND | 264168 | July, 20109-Dec, 2019 | NO | | | |

**P.O. AMOUNT : 11,940.00 PAYMENTS : 11,940.00 OUTSTANDING : 0.00**

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 20-05395 | JAN-02-2020 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 1,860.00 | OTHER PROFESSIONAL SERVICES |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | JAN-02-2020 | 240.00 | PAID HAND | 264169 | 12/13/2019 | NO | | | |
| 2 | JAN-02-2020 | 120.00 | PAID HAND | 264169 | 12/12/2019 | NO | | | |
| 3 | JAN-02-2020 | 240.00 | PAID HAND | 264169 | 10/29/2019 | NO | | | |
| 4 | JAN-02-2020 | 240.00 | PAID HAND | 264169 | 07/23/2019 | NO | | | |
| 5 | JAN-02-2020 | 240.00 | PAID HAND | 264169 | 07/16/2019 | NO | | | |
| 6 | JAN-02-2020 | 240.00 | PAID HAND | 264169 | 07/17/2019 | NO | | | |
| 7 | JAN-02-2020 | 240.00 | PAID HAND | 264169 | 06/10/2019 | NO | | | |
| 8 | JAN-02-2020 | 120.00 | PAID HAND | 264169 | 10/04/2019 | NO | | | |
| 9 | JAN-02-2020 | 120.00 | PAID HAND | 264169 | 10/18/2019 | NO | | | |
| 10 | JAN-02-2020 | 60.00 | PAID HAND | 264169 | 12/12/2019 | NO | | | |

**P.O. AMOUNT : 1,860.00 PAYMENTS : 1,860.00 OUTSTANDING : 0.00**

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 20-05456 | JAN-07-2020 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 2,400.00 | OTHER PROFESSIONAL SERVICES |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | JAN-16-2020 | 720.00 | PAID | 264583 | SEPTEMBER, 2019 | NO | | | |
| 2 | JAN-16-2020 | 480.00 | PAID | 264583 | OCTOBER, 2019 | NO | | | |
| 3 | JAN-16-2020 | 720.00 | PAID | 264583 | NOVEMBER, 2019 | NO | | | |
| 4 | JAN-16-2020 | 480.00 | PAID | 264583 | DECEMBER, 2019 | NO | | | |

**P.O. AMOUNT : 2,400.00 PAYMENTS : 2,400.00 OUTSTANDING : 0.00**

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 20-05629 | JAN-13-2020 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 6,000.00 | OTHER PROFESSIONAL SERVICES |

| PAYMENT | DATE | AMOUNT | PAYMENT TYPE | CHECK # | INVOICE | EXCLUDE | ADJUST | P.O. # | ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | JAN-16-2020 | 2,000.00 | PAID | 264583 | JANUARY, 2020 | NO | | | |
| 2 | FEB-20-2020 | 2,000.00 | PAID | 265249 | FEBRUARY, 2020 | NO | | | |
| 3 | MAR-12-2020 | 2,000.00 | PAID | 265800 | MARCH, 2020 | NO | | | |

LEDGER REPORT FOR BUDGET YEAR : 2019/2020 BY VENDOR NAME : FOR ALL DATES

FOR A RANGE OF VENDORS MUNOZ, DR. GUILLERMO THRU MUNOZ, DR. GUILLERMO

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| 20-05629 | JAN-13-2020 | 11-000-230-339-94-00-- | 84761 | MUNOZ, DR. GUILLERMO | 6,000.00 | OTHER PROFESSIONAL SERVICES |

| | | | | |
|---|---|---|---|---|
| **P.O. AMOUNT :** | 6,000.00 | **PAYMENTS :** | 6,000.00 | **OUTSTANDING :** 0.00 |
| **VENDOR TOTAL P.O. AMOUNT :** | 22,680.00 | **PAYMENTS :** | 22,680.00 | **OUTSTANDING :** 0.00 |

LEDGER REPORT FOR BUDGET YEAR : 2019/2020 BY VENDOR NAME : FOR ALL DATES

FOR A RANGE OF VENDORS MUNOZ, DR. GUILLERMO THRU MUNOZ, DR. GUILLERMO

| P.O. # | DATE | ACCOUNT | VENDOR # | VENDOR NAME | AMOUNT | DESCRIPTION |
|---|---|---|---|---|---|---|
| | | **GRAND TOTAL P.O. AMOUNT :** | 22,680.00 | **PAYMENTS :** | 22,680.00 | **OUTSTANDING :** 0.00 |