

2024 CF - 000359 AMB
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☒ Marsy's Law CVI FL Const. Art.1 § 16(b)

☐ Check if Supplement is Attached

ADMINISTRATIVE		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile N	
OBTS Number		Agency ORI Number FLO: 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 6 - 23-727					
Charge Type: Check as many as apply:		☒ 1. Felony ☐ 2. Traffic Felony		☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator 101	
Location of Arrest (including Name of Business) 1447 Medical Park Blvd., Suite 202 Wellington, FL		Location of Offense (Business Name, Address) 2051 Hermitage Drive Wellington, FL 33414									
Date of Arrest 01/12/24		Time of Arrest 1230		Booking Date 01/12/24		Booking Time		Jail Date 01/12/24		Jail Time	
Name (Last, First, Middle) Latchaw		Alias (Name, DOB, Soc. Sec. #, Etc.) Gregory									
Race W - White B - Black		I - American Indian O - Oriental/Asian		Sex M		Date of Birth 3/05/70		Height 5'05"		Weight 160	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TRIAL (R) ARM PHOENIX (L) ARM		Marital Status Divorced		Religion JEWISH		Indication of: Alcohol Influence Drug Influence		Y N Unk			
Local Address (Street, Apt. Number) 2051 HERMITAGE DR WELLINGTON, FL 33414		(City) (State) (Zip)		Mobile Phone 561-371-3198		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2			
Permanent Address (Street, Apt. Number) 1447 Medical Park Blvd., Suite 202 Wellington, FL		(City) (State) (Zip)		Phone 561-371-3198		Address Source VERBAL		Occupation Weight Loss Consultant			
D/L Number, State L320-281-70-085-0		Soc. Sec. Number		INS Number		Place of Birth (City, State) Michigan, Ann Arbor		Citizenship US			
Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large		☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile	
Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large		☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile	
☐ Parent ☐ Legal Custodian ☐ Other:		Name (Last) (First) (Middle)		Residence Phone ()		Business Phone ()					
Address (Street, Apt. Number) (City) (State) (Zip)		Notified by: (Name) Date Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated							
Released To: (Name) Relationship Date Time		The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address. ☐ Yes, by: (Name) ☐ No (Reason)		School Attended Grade							
Property Crime? ☐ Yes ☐ No		Description of Property		Value of Property							
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
Charge Description Unlicensed practice of a health care profession		Counts 01		Domestic Violence ☐ Y ☐ N		Statute Violation Number 456.056(2)(D)(1)		Violation of ORD #			
Drug Activity Z		Drug Type Z		Amount / Unit N/A		Offense # 23-727		Warrant / Capias Number		Bond 5,000	
Charge Description		Counts		Domestic Violence ☐ Y ☐ N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense # 23-727		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence ☐ Y ☐ N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense # 23-727		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence ☐ Y ☐ N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address)		Court Date and Time Month Day Year Time A.M. P.M.									
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed 01/12/24							
I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose.		Signature									
HOLD for other agency ☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:		Sign X Name of Agent Agan		Name Verification (Printed by Arrestee) (PRINT)							
Intake Deputy JUNN 3610		Transporting Officer d/s shouse		I.D.# 34287		Agency pbso		Witness here if subject signed on pg		PAGE 1 OF 2	

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		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile N	
ADMIN	OBTS Number			Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 23-727			
	Charge Type: Check as many as apply.	☒ 1. Felony	☐ 3. Misdemeanor	☐ 5. Ordinance	Special Notes:						
DEF	Name (Last, First, Middle)	Latchaw Gregory				Alias		Race W	Sex M	Date of Birth 3/05/70	
	Charges	Unlicensed practice of a health care profession				456.056 (2)(D)(1)					
VICTIM	Victim's Name (Last, First, Middle)	State of Florida				Race		Sex		Date of Birth	
	Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source					
	Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation					
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>☐ committed the below acts in my presence. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p>☐ confessed to _____ admitting to the below facts. ☒ was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>12th</u> day of <u>January</u>, 20<u>23</u> at <u>1200</u> ☐ A. M. ☒ P. M. (Specifically include facts constituting cause for arrest.)</p>											
<p>☒ Marsy's Law CVI FL. Const. Art. 1 § 16(b)</p> <p>The Palm Beach County Sheriff's Office received a complaint regarding Gregory Latchaw injecting Botox without a valid medical license. Through investigative means it was determined that Latchaw was currently working for the office of Emilio Torres and Michele Beck Torres who are both licensed doctors in State of Florida. It was unknown what his job duties included while being employed at this office.</p> <p>On 01/10/24 an undercover officer made contact with Gregory Latchaw via text message utilizing phone number [REDACTED]. During this exchange of text messages Latchaw agreed to perform Botox or Dysport injections on the undercover Agent, directing the UC to the address of 1447 Medical Park Blvd. Suite #202, Wellington, FL. Latchaw agreed to meet with the UC at 12:00 pm at the above listed address on 1/12/24. It should be noted that the above listed address is the office of Dr. Emilio Torres and Dr. Michele Beck Torres who are licensed in this State to practice medicine.</p> <p>The Florida Department of Health provided me with a Certificate of Non Licensure for Gregory Latchaw.</p> <p>On 1/12/24 two undercover Agents, Agent [REDACTED] and PBSO Agent entered into 1447 Medical Park Blvd. Suite #202, Wellington, FL to meet with Latchaw. Upon entering the office Agents met with Latchaw who was standing behind the reception desk at the front of the office. He acknowledged the Agents and guided them into an "iv lounge" room inside of the office. He began to inquire how the Agents obtained his number, where he simultaneously opened the refrigerator in the "iv lounge" and took out a small box which Agent [REDACTED] identified as suspected botox medication. He began explaining to the Agents the difference between dysport and botox and the cost efficiency of each. Latchaw told Agents that he had dysport today and uses this primarily. Latchaw then went inside another cabinet of the same room and took out insulin syringes commonly utilized for injecting botox. Agents inquired about different locations the injections could be performed on the body, Agent [REDACTED] inquired about getting botox injections in his jaw area at which time Latchaw asked him if he normally did it through insurance or paid cash. Latchaw went into detail about the different needles he will use for the procedure. Latchaw explained how he would have to use a longer needle in order to penetrate the jaw muscle vs the skin on the face. When Agents inquired if he would be able to perform the injections on this date at which time he advised he could conduct the procedure immediately. Once it was established that Latchaw intended to perform the injections himself on Agents working in an undercover capacity, Agent [REDACTED] provided the take down signal for assisting Agents at which time PBSO Agents secured Latchaw.</p>											
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH Agent [REDACTED] (ID # [REDACTED]) (Signature of Arresting/Investigating Officer)</p>										
	<p>The foregoing instrument was sworn to on <u>12th</u> day of <u>January</u>, 20<u>23</u> by Agent <u>[REDACTED]</u></p>										
	<p>(Print name) <u>AGT [REDACTED]</u> Position, Type of identification produced <u>KNOWN</u></p>										
<p>Notary Public [REDACTED]</p>											

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juv 1		N		
ADMIN	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 23-727					
	Charge Type: Check as many as apply.		☒ 1. Felony ☐ 2. Traffic Felony		☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other		Special Notes:			
DEE	Name (Last, First, Middle) Latchaw Gregory		Alias		Race W		Sex M		Date of Birth 3/05/70			
	CHARGES		Unlicensed practice of a health care profession		456.056 (2)(D)(1)							
VICTIM	Victim's Name (Last, First, Middle) State of Florida				Race		Sex		Date of Birth			
	Local Address (Street, Apt. Number)		(City)		(State)		(zip)		Phone		Address Source	
	Business Address (Name, Street)		(City)		(State)		(zip)		Phone		Occupation	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> ☐ committed the below acts in my presence. ☐ confessed to _____ admitting to the below facts. </div> <div> ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☒ was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the <u>12th</u> day of <u>January</u> 20<u>23</u> at <u>1200</u> ☐ A. M. ☒ P. M. (Specifically include facts constituting cause for arrest.)</p>												
<div style="border: 1px solid black; padding: 5px;"> ☒ Marsy's Law CVI FL. Const. Art.1 § 16(b) </div> <p>Once Latchaw was secured I conducted a post Miranda interview, I advised Latchaw of his rights where he advised that he understood, waived his rights and agreed to speak to me. During this interview Latchaw advised that he worked as the Manager for the IV fluid Therapy section of Dr. Michele Beck Torres' practice. He advised that he was aware his medical license had been revoked further stating that he knew he was no longer allowed to practice medicine, however he had agreed to meet with an individual who contacted him to perform Botox/Dysport injections on this date. He advised that neither Dr. Emilio Torres nor Dr. Michele Beck Torres were aware that he was going to perform the injections at the office. He advised that he ordered the Dysport from a company in Canada and had it shipped to his residence. He advised that the dysport that he had with him on this date was the only dysport he had left.</p> <p>According to the Florida Department of Health, Botox and Dermal filler injections are considered invasive procedures and are to be performed by licensed personnel such as medical doctors, ARNP and PA. ARNP and PA's are to be under the direct supervision of a medical doctor. Latchaw does not hold a medical license in the State of Florida. A certification of non-licensure for Gregory Latchaw was obtained from the Florida Department of Health.</p> <p>The following key points are made regarding Botox & Juvederm Cosmetic drugs:</p> <ul style="list-style-type: none"> •Based on excerpts from the Drugs.com website regarding the Botox drug, the generic name is OnabotulinumtoxinA. Botox drug may spread from the injection site to other areas of the body, causing symptoms of a serious condition called botulism. These symptoms may occur hours to weeks after you receive Botox. Symptoms may include loss of strength, muscle weakness, doubled or blurred vision, drooping eyelids, hoarseness, loss of voice, loss of bladder control, or trouble speaking, breathing, or swallowing. The risk may be greater in children being treated for spasticity (muscle spasms), but these symptoms may also occur in adults. Severe and sometimes fatal breathing or swallowing problems have been reported. • According to the Florida Department of Health and the Florida Department of Medicine; Laser for hair removal, Botox Injections, collagen injections, and any noninvasive injection of materials used as procedures to treat patients must be performed by a Physician, a Physician Assistant under the supervision of a physician, an Advanced Registered Nurse Practitioner under protocols with a physician, or an electrologist working under the direct supervision and responsibility of a Physician. •Botox and filler cosmetic drugs (ie. Restylane, Juvederm) are administered through a needle placed in the sub dermal layers. •In reference to Botox, the most serious adverse events reported after treatment with Botulinum Toxin include spontaneous reports of death, sometimes associated with anaphylaxis, dysphasia, pneumonia, and/or other significant disability. <p>Based on the Aforementioned investigation it is determined that Latchaw did commit a violation against Florida State Statute 456.056 (2)(D)(1)</p>												
<div style="display: flex; justify-content: space-between;"> <div> STATE OF COUNTY _____ Agent _____ (Signature) _____ </div> <div> The foregoing instrument was sworn to _____ s <u>12th</u> day of <u>January</u> 20<u>23</u> by Agent _____ (Print name) _____ Notary Public _____ AGT _____ </div> </div> <div style="text-align: right;"> Identification. Type of identification produced KNOWN </div>												
PAGE 2 OF 2												



Palm Beach County Sheriff's Office
Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☒	119.071(4)(c)	Undercover personnel	1-4
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

REVIEW COMPLETED BY

Booking Number: 2024001095	Date: 1/13/2024
	Specialist Name/ID#: A. Paniagua/42769

SCANNED
JAN 13 2024