0493980

1960

Rough Arrest Only ☐

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias
1

Juvenile: N

ADMINISTRATION

Agency ORI Number	Agency Name	Agency Report Number
FL0500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06-17-1517

Charge Type: Check as many as apply. ☒ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized/Type ☒ Yes ☐ No — Type:

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
901 North Flagler Drive West Palm Beach, FL	Same

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Dec 8, 2017	1030					

DEFENDANT

Name (Last, First, Middle): Gonzalez Alexander Elliot

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	04/11/1967	5'7	220	brn	blck	med	med

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):

Marital Status:

Religion:

Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk. Drug Influence ☐ Y ☐ N ☐ Unk.

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type (1. City 3. Florida 2. County 4. Out of State)
4656 Grove Street	Greenacres	Florida	33415	( )	2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
				( )	

Business Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Occupation
				( )	

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth	Citizenship
G524-005-67-131-0	[redacted]		New Jersey Camden	USA

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor	5. Juvenile
				☐	☐	☐
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor	5. Juvenile
				☐	☐	☐

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other — Name (Last) (First) (Middle) — Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone ( )

Notified by: (Name)	Date	Time	Juvenile Disposition (1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated)

Released To: (Name)	Relationship	FCIC/NCIC	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 informed of any change of address:
☐ Yes, by: (Name) ☐ No: (Reason)

School Attended: Grade:

CODE

Recovery Information: 0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other

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

Drug Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Practice of medicine without a license	1	☐ Yes ☒ No	458.327 1a	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N/A	N/A		17-1517		3000

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Yes ☐ No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N/A	N/A		17-1517		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Yes ☐ No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Yes ☐ No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

NOTICE TO APPEAR

☐ Instruction No. 1 Mandatory Appearance in Court
☐ Instruction No. 2 You need not appear in Court but must Comply with instructions on reverse side.

Location (Court, Room Number, Address):

Court Date and Time: Month Day Year Time

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

ADMIN.

HOLD for other Agency Name:
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:
Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: X 7721
Name of Arresting Officer (Print): Agent J. Rivers I.D. # [redacted]
Transporting Officer: A. Palladino I.D. # 1924 Agency: NABPD

Name Verification (Printed by Arrestee) (PRINT):
Witness here if subject signed with an "X".

PAGE 1 OF 1

Palladino

DEC 8 PM 12:24

OBTS Number	PROBABLE CAUSE AFFIDAVIT 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	Juvenile	N

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06 – 17-1517

Charge Type: ☒ 1. Felony ☒ 3. Misdemeanor ☐ 5. Ordinance
Check as many ☐ 2. Traffic Felony ☐ 4. Traffic Misdemeanor ☐ 6. Other
as apply.

Special Notes:

Defendant's Name (Last, First, Middle)	Race	Sex	Date of Birth
Gonzalez Alexander Elliot	H	M	04/11/1967

Charge Description	Charge Description
Practice of Medicine without a license	
Charge Description	Charge Description

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State of Florida			

Victim's Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
3228 Gun Club Road	West Palm Beach	FL	33406	561-688-3400	
Victim's Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation

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. The Person taken into custody...

☐ committed the below acts in my presence.
☐ confessed to _____ admitting to the below facts.
☒ 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.

On the 08th day of December, 20017 at ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest).

NARRATIVE:

On December 1st 2017 I was informed by Department of Health (DOH) Investigator Carla Sutherland that DOH had received a complaint in referenc to Alexander Gonzalez. According to the complaint Gonzalez had been operating an unlicensed medical practice from an office he had leased at 901 North Flagler West Palm Beach, Florida. Gonzalez had been injecting patients/victims with substances he referred to as injectable fillers such as Botox (abotulinumtoxinA) and Hyaluronic acid aslo known by the brand name Restylane.

On December 6th 2017 Inv. Sutherland and I met with victim #1 (V1) who provided me a statement. The following is a summary of that statement. V1 met Gonzalez through a mutual friend during the spring of 2017 and Gonzalez advised he that he had been working in the aesthetic/cosmetic field for approximaltey 20 years. Gonzalez advised V1 that he provided cosmetic injections of various facial fillers and would be able to inject V1 with these fillers that he had in his possession at his office located at the above mentioned address. V1 and Gonzaleez agreed that V1 would assist Gonzalez with developing a website public relation related articles for his office in exchange for injectable procedures which were to be performed by Gonzalez. During the months of March and April V1 met with Gonzalez at his office where he administered a facial peel and approximatley 1 week later Gonzalez injected V1 with Hyaluranic Acid into her bilateral cheek areas and facial labial lines(laugh lines).V1 stated that Gonzalez requested that pay 342.00 for the product. V1 stated that after the procedure she was able to see the product clumping in the injections sites which she knew to be an adverse affect of improper administration of the product. V1 stated that she was under

the impression that he was licensed to do such invasive injections since his office had a large amount of injectable products as well as other medical devices. Gonzalez advised V1 that the office was not officially open yet but that he also worked with a plastic surgeon in the Miami area, also leading her to believe that the procedures he was performing were legitmate and legal.V1 advised that she returned to the office on another occasion during the summer of 2017. During this visit Gonzalez injected V1 with a substance he told her was Dysport (abotulinumtoxinA) in her forehead area, around the eyes and in the area of her upper lip. V1 stated that she suffered sever bruising and had problems speaking after the injections, these symptoms have slowly improved over time traveled. V1 stated she never witnessed any licensed medical staff such a physician present during her procedures and that Gonzalez was the only individual who perfomed these injections on her.V1 stated that Gonzalez traveled to Korea to in September 2017 for the purpose of cultavating proffesional relationships ther. According to V1 Gonzalez was negotioting the importation of FDA non approved medical devices and other injectable products. Agent Slacum provided V1 with a photo array in which V1 correctly selected Gonzalez from the photo selection as the non licensed indivdual that performed several cosmetic procedures on her. Per Florida statute it is unlawful for any individual to be performing any invasive procedures to include facial filler injectables. Investigator Sutherland confirmed that Gonzalez has no current or past medical licenses in the state of Florida permitting him to practice medicine.

Due to the above investigation I find probable cause for the arrest of Alexander Gonzalez for the Unlicensed Practice of Medicine without a license.

F.S.S 458.327 1a

Sworn and Subscribed before me	
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)	Signature of Arresting / Investigating Officer
Agent M. Slacum 8162	**Agent Jeanette Rivers 7731**
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10)	Name of Officer (Please Print)
12/8/17	**12/08/2017**
Date	Date