

0493980

1960

Rough Arrest Only

ADMINISTRATION		ARREST / NOTICE TO APPEAR		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		Juvenile	
OBTS Number		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 Multiple Clearance Indicator 1	
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)		Type:			
901 North Flagler Drive West Palm Beach, FL		Same					
Date of Arrest		Time of Arrest		Booking Date		Booking Time	
Dec 8, 2017		1030					
Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)		Jail Date		Jail Time	
Gonzalez Alexander Elliot							
Race		Sex		Date of Birth		Height	
W - White I - American Indian B - Black O - Oriental/Asian		M		04/11/1987		5'7"	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion		Complexion	
						med	
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)	
4656 Grove Street		Greenacres		Florida		33415	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)	
DL Number, State		Soc. Sec. Number		INS Number		Place of Birth	
G524-005-87-131-0						New Jersey Camden	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
☐ Parent ☐ Legal Custodian ☐ Other		Name (Last)		(First)		(Middle)	
Address (Street, Apt. Number)		(City)		(State)		(Zip)	
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	
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	
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		S. Sell R. Smuggle K. Dispense/ Distribute M. Manufacture Produce/ Cultivate Z. Other		Drug Type		B. Barbiturate C. Cocaine H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other	
N. N/A P. Possess T. Traffic E. Use				N. N/A A. Amphetamine E. Heroin			
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Practice of medicine without a license		1		Yes ☒ No		458.327 1a	
Drug Activity		Drug Type		Amount/Unit		Offense #	
N/A		N/A				17-1517	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
				Yes ☐ No			
Drug Activity		Drug Type		Amount/Unit		Offense #	
N/A		N/A				17-1517	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
				Yes ☐ No			
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
				Yes ☐ No			
Drug Activity		Drug Type		Amount/Unit		Offense #	
☐ 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			
HOLD for other Agency		Name of Arresting Officer		Name Verification (Printed by Arrestee)		(PRINT)	
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal Other: _____		Agent J. Rivers		732 7350 2402			
Intake Agency I.D. #		Pouch #		Transferring Officer I.D. #		Agency	
				1924 NPBPD			
Witness here if subject signed with an "X"						PAGE 1 OF 1	

DEC 8 PM 12:24

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1	Juvenile	N
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 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) Gonzalez Alexander Elliot					Race H	Sex M	Date of Birth 04/11/1967	
Charge Description Practice of Medicine without a license			Charge Description					
Charge Description			Charge Description					
Victim's Name (Last, First, Middle) State of Florida					Race	Sex	Date of Birth	
Victim's Local Address (Street, Apt. Number) 3228 Gun Club Road		(City) West Palm Beach	(State) FL	(Zip) 33406	Phone 561-688-3400		Address Source	
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 08 th 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.

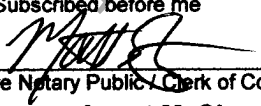
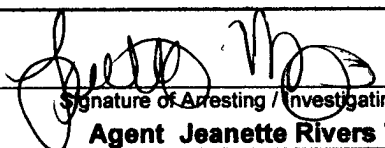
On December 6th 2017 Inv. Sutherland and I met with victim #1 (V1) who provided me a statement. The following is a summary of that statement. V1 met Gonzalez through a mutual friend during the spring of 2017 and Gonzalez advised he that he had been working in the aesthetic/cosmetic field for approximaltey 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

NARRATIVE CONTINUATION

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 legitimate 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 severe 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 performed these injections on her. V1 stated that Gonzalez traveled to Korea to in September 2017 for the purpose of cultivating professional relationships there. According to V1 Gonzalez was negotiating 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 individual 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