

2017CF008184XX

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N			3. Request for Warrant 4. Request for Capias			3	JUVENILE
OBTS Number 0501700		Agency Name Jupiter Police Department			Agency Report Number (N.T.A.'s only) 5 4 16-000197		
Charge Type: Check as many as apply		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			If Weapon Seized Enter Type NONE		
Location of Arrest (Including Name of Business) 675 W INDIANTOWN RD 100, JUPITER, FL 33458				Location of Offense (Business Name, Address)			
Date of Arrest		Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) BERMAN, BRUCE HAL							
Alias: BERMAN, BRUCE HAL							
Race W - White B - Black		Sex W - Male M - Female	Date of Birth 09/09/1954	Height 6'03	Weight 250	Eye Color BROWN	Hair Color BROWN
Scars, Marks, Unique Physical Features (Location, Type, Description)				Marital Status		Religion	
Local Address (Street, Apt. Number) 2527 DORAL WAY, RIVIERA BEACH, FL 33407				(City) 2527 DORAL WAY, RIVIERA BEACH, FL 33407		(State) NY	
Permanent Address (Street, Apt. Number)				(City)		(State)	
Business Address (Name, Street)				(City)		(State)	
D/L Number, State B655068543290 / FL				Soc. Sec. Number		INS Number	
						Place of Birth (City, State) NY, United States Of	
						Citizenship US	
Co-Defendant Name (Last, First, Middle)				Race		Sex	
						Date of Birth	
						<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Co-Defendant Name (Last, First, Middle)				Race		Sex	
						Date of Birth	
						<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Name (Last, First, Middle) BERMAN, BRUCE HAL							
Address (Street, Apt. Number) (City) (State) (Zip)							
Notified by: (Name) Relationship Date Time							
JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated							
Released To: (Name) Relationship Date Time							
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.							
School Attended Grade							
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Description of Property Value of Property							
Drug Activity S. Sell R. Smuggle K. Disperses/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ Equipment U. Unknown N. N/A B. Buy D. Deliver E. Use A. Amphetamine C. Cocaine M. Marijuana O. Opium/Deriv. Z. Other P. Possess T. Traffic							
C H A R G E UNLICENSED PRACTICE OF HEALTH CARE PROFESSION							
Statute Violation Number 456.065							
Violation of ORD #							
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number							
N / 16-000197 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
Bond							
C H A R G E USE SUSPENDED OR REVOKED MEDICAL LICENSE							
Statute Violation Number 458.327(1)(B)							
Violation of ORD #							
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number							
N / 16-000197 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
Bond							
C H A R G E Charge Description							
Statute Violation Number 2							
Violation of ORD #							
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number							
/ / / / 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
Bond							
C H A R G E Health / Apparent Physical Condition of Defendant							
Any knowledge of the following: <input type="checkbox"/> Mental <input checked="" type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain							
I N T A K E Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health							
PROPERTY - Received By Released By Released To							
Transported By Date Transported Time Transported Other							
N O T I C E <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.							
Location (Court, Room) Court Date and 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 COMTEMPT 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				Signature of Arresting Officer Sanders 4/10/0805			
				Name Verification (Printed by Arrestee) (PRINT)			
ADM <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) SANDERS, KELLY			
Intake Deputy I.D. #				I.D. # Agency			
Witness here if subject signed with an "X"							

No
Photo
Available

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O. DEFENDANT

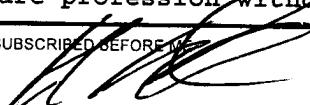
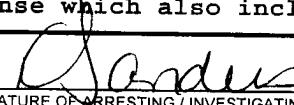
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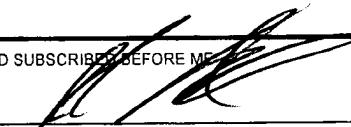
PROBABLE CAUSE AFFIDAVIT

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

3

JUVENILE

A	OBTS Number			
D	Agency ORI Number	Agency Name	Agency Report Number	
M	FL 0501700	JUPITER POLICE DEPARTMENT	5 4 16-000197	
N	Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:	
D	Name (Last, First, Middle)	Alias		Race
E	BERMAN, BRUCE HAL			Sex
F				Date of Birth
C	Charge Description	Charge Description		
H	458.327(1)(B) USE SUSPENDED OR REVOKED MEDICAL LICENSE	456.065 UNLICENSED PRACTICE OF HEALTH CARE PROFESS		
A	Charge Description	Charge Description		
R	Victim's Name (Last, First, Middle)			Race
G	STATE OF FLORIDA,			Sex
E	Local Address (Street, Apt. Number)	(City)	(State)	Date of Birth
S	210 MILITARY TRL, JUPITER, FL 33458		(Zip)	Phone
				Address Source
M	Business Address (Name, Street)	(City)	(State)	Phone
				Occupation
<p>The undersigned certifies and swears that he/she has just and resonable 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> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>18</u> day of <u>January</u>, <u>2016</u> at <u>14:32</u> (Specifically include facts constituting cause for arrest.)</p>				
<p>On August 21, 2015, I was contacted by Department of Health Investigator, Kevin Lapham. He advised his agency received a complaint in reference to Dr. Bruce Berman, located at 675 West Indiantown Rd., Suite 100, Jupiter, Florida, practicing medicine on a suspended license.</p> <p>Investigator Lapham advised that Dr. Berman's medical license was suspended on 6/15/2015 for a period of six months.</p> <p>The Department of Health received an anonymous complainant (see attached) from an individual advising they were seen and treated by Dr. Berman in July 2015. The patient advised that she went to Dr. Berman for nutritional counseling for her cancer, but another doctor, Dr. Genchi, signed her prescriptions. The patient claimed that Dr. Genchi was not in the office the day of her visit and she was never seen by him. The patient cited DOH case numbers 2011-19539 and 2011-18151 for Berman's previous suspensions.</p> <p>On 8/19/2015, Dr. Berman scheduled a medical appointment for an undercover DOH investigator for 8/21/2015. On 8/21/2015, Dr. Berman offered to diagnose and treat the undercover DOH investigator. Dr. Berman was issued a Notice to Cease and Desist.</p> <p>Based upon the following information it has been determined that Dr. Berman's medical license was suspended while he was treating the undercover officer. Dr. Berman's medical license, # ME 57993, was suspended on June 15, 2015 due to an administrative complaint and violation of Chapter 458, Medical Practice., for a period of six months.</p> <p>Therefore, Bruce Berman, did practice, attempt to practice, or offer to practice a health care profession without an active, valid license which also includes practicing</p>				
A	SWEORN AND SUBSCRIBED BEFORE ME			
D	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>01/18/2016</u> DATE			
M	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>SANDERS, KELLY (0805)</u> NAME OF OFFICER (PLEASE PRINT) <u>01/18/2016</u> DATE			
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OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	3	JUVENILE	
A D M I	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 16-000197						
N	Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			Special Notes:					
D E F	Name (Last, First, Middle) BERMAN, BRUCE HAL			Alias	Race W	Sex M	Date of Birth 09/09/1954		
<p>on a suspended, revoked, or void license in violation of FSS 456.065.</p> <p>Also, Bruce Berman did use or attempted to use a license, which was suspended or revoked to practice medicine in violation of FSS 458.327 (1) (b)</p>									
									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME:		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER SANDERS, KELLY (0805) NAME OF OFFICER (PLEASE PRINT)  01/18/2016 DATE						
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		01/18/2016 DATE						
			01/18/2016 DATE						
			PAGE 2 OF 2						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.