

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

## PROBABLE CAUSE AFFIDAVIT

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

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JUVENILE

A D M I N	OBT Number		Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5 4 16-000197</b>	
	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:	
	Name (Last, First, Middle) <b>BERMAN, BRUCE HAL</b>		Alias		Race <b>W</b>		Sex <b>M</b>	
C H A R G E S	Charge Description <b>458.327(1)(B) USE SUSPENDED OR REVOKED MEDICAL LICENSE</b>		Charge Description <b>456.065 UNLICENSED PRACTICE OF HEALTH CARE PROFESS</b>		Date of Birth <b>09/09/1954</b>			
	Charge Description		Charge Description					
	Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>				Race		Sex	
V I C T I M	Local Address (Street, Apt. Number) <b>210 MILITARY TRL, JUPITER, FL 33458</b>		(City) (State) (Zip)		Phone <b>(561) 746-6201</b>		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)				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. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>18</b> day of <b>January</b>, <b>2016</b> at <b>14:32</b> (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 D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME							
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>SANDERS, KELLY (0805)</b>			
	DATE <b>01/18/2016</b>				NAME OF OFFICER (PLEASE PRINT) <b>01/18/2016</b>			

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	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   16-000197</b>					
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on a suspended, revoked, or void license in violation of FSS 456.065.

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)

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <div style="text-align: center;"> <b>01/18/2016</b>          DATE       </div>	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <div style="text-align: center;"> <b>SANDERS, KELLY (0805)</b>          NAME OF OFFICER (PLEASE PRINT)       </div> <div style="text-align: center;"> <b>01/18/2016</b>          DATE       </div>
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