

ADMINISTRATIVE	OBTS NUMBER			ARREST/NOTICE TO APPEAR <i>Juvenile Referral Report</i>								1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile					
	Agency ORI Number FL 0 5 0 5 2 0 0			Agency Name DIVISON OF INSURANCE FRAUD								Agency Report Number Div. of Insurance Fraud - 16-2402										
	Charge Type: Check as many as apply			<input 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					Weapons Seized/Type		1. Yes 2. No		2									
	Location of Arrest (Including Name of Business)								Location of Offense (Business Name/Address) Palm Beach County, FL								Date of Offense					
	Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Fingerprinted By:									
	Location of Vehicle								Other Local Number		FDLE Number		DOC Number		FBI Number							
	Name (Last, First Middle) Iskander, Ehab										Alias (Name, DOB, Soc. Sec. #, Etc.) Egypt											
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 05/02/1983		Height 5'10"		Weight 180		Eye Color Brown		Hair Color Black		Complexion Dark		Build Med					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status		Religion		Indication of: Alcohol Influence Drug Influence		Y N Un.					
	Local Address (Street, Apt. Number) 702 N. L St Apt 5				(City) Lake Worth				(State) FL		(Zip)		Phone ()		Residence Type: 1. City 2. County		3. Florida 4. Out of State					
Permanent Address (Street, Apt. Number)				(City)				(State)		(Zip)		Phone ()		Address Source								
Business Address (Name, Street)				(City)				(State)		(Zip)		Phone ()		Occupation								
D/L Number I253-201-83-162-0				D/L State FL		INS Number		Place of Birth				Citizenship										
Co-Defendant Name (Last, First, Middle)								Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile						
Co-Defendant Name (Last, First, Mid)								Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile						
<input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. 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/DCF 3. Incarcerated						
Released To: (Name)								Relationship				Date		Time								
The above address was provided by the defendant and/or defendant's parent/guardian. The child and/or parent/guardian was told to keep the Juvenile Division Office (Phone 561-355-7200) informed of any change of address: No: (Reason)								School Attended								Grade						
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property										Value of Property										
CODE	Activity S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture Z. Other N. N/A B. Buy D. Deliver Distribute Produce/Cultivate								Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Type N. N/A B. Barbiturate C. Cocaine H. Hallucinogen E. Amphetamine E. Heroin M. Marijuana O. Opium/Deriv.				P. Paraphernalia/Equipment S. Synthetic				U. Unknown Z. Other	
CHARGE	Charge Description Patient Brokering				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number 817.505				Violation of ORD #									
CHARGE	Activity Drug Type Amount/Unit				Offense #		Warrant/Capias Number								Bond							
CHARGE	Charge Description				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #				E					
CHARGE	Activity Drug Type Amount/Unit				Offense #		Warrant/Capias Number								Bond							
CHARGE	Charge Description				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #				2					
CHARGE	Activity Drug Type Amount/Unit				Offense #		Warrant/Capias Number								Bond							
CHARGE	Charge Description				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #									
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court			Location (Court, Room Number, Address)																		
	Court Date and Time			Month		Day		Year		Time		<input type="checkbox"/> A.M. <input type="checkbox"/> 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							
ADMIN	HOLD for other Agency Name:				Name Verification (Printed by Prisoner) PRINT)																	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest																					
	<input type="checkbox"/> Suicidal <input type="checkbox"/> Other:																					
	Intake Deputy		I.D.#		Pouch #												PAGE					
																	1 OF 1					

1ADMIN	OBTS Number FL 0505200	PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile		
DEF	Agency ORI Number DIVISION OF INSURANCE FRAUD	Agency Name			Agency Report Number DIF -16 - 2402			Special Notes:		
	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			
VICTIM	Name (Last, First, Middle) Iskander, Ehab			Alias Egypt			Race	Sex	Date of Birth	
	Victim's Name (Last, First, Middle) State of Florida			(City)	(State)	(Zip)	Phone ()	Address Source		
	Local Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone ()	Occupation		
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe the above named Defendant committed the following violation of law. 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 commit 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 _____ day of _____, 20____ at _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest)</p>										
<p>On or about July 2016 members of the Palm Beach County Sober Homes Task Force (SHTF) received information that Whole Life Recovery, LLC located at 3200 S. Congress Ave Suite 102 Boynton Beach, Palm Beach County (SHTF case #SH16000021) was involved in Patient Brokering, in violation of F.S.S. 817.505. Employees of Whole Life were paying sober home owners/managers whenever a client/resident enlisted in the IOP/ OP services of Whole Life. The allegations were that Ehab Iskander was paid by Whole Life for the referral of clients/ residents to their (Whole Life) treatment facility. The illegal practice of paying sober homes for patients/clients is known in the substance abuse recovery industry as Patient/Case Management.</p>										
PROBABLE CAUSE STATEMENT	<p>On September 22, 2016 [REDACTED] met with a Whole Life former employee who actually provided some of the "case management services" Whole Life claimed to be paying sober home owners for. His/her responsibilities included helping clients obtain bus passes, food stamps and finding doctors for other issues the client/patients had. He/she stated that they handled the ancillary services because based on the case management agreements the sober home owners were responsible for them. He/she stated if the patient told him/her it wasn't done he/she took care of it. This position morphed into an admissions coordinator. He/she stated that a visit by Whole life to the sober home was not required prior to contracts being finalized. He/she stated that the sober home owners would receive payment for case management from Whole Life on Tuesdays provided the client attended all the sessions the previous week. Kigar signed all of the checks and Chrislt Rush filled in the details, to include amount, on the checks.</p> <p>During the course of this investigation, members of the sober home industry were interviewed and stated it is common practice for IOP (Intensive Out Patient) owners and managers to pay sober home owners and managers a weekly fee for clients that have valid health insurance. Further information has been learned that "case management agreements" between recovery residences (sober homes) and treatment facilities (IOP's) have been developed in an attempt to circumvent Florida's patient brokering statute which states "it is unlawful for any person to offer or pay any commissions, bonus, rebate, kickback, or bribe, or engage in any split-fee arrangement to induce the referral of patients or patronage to or from a health care provider".</p>									
ADMIN.	SWORN A NOT [REDACTED]			SIGNA [REDACTED]	NAME OF OFFICER (PLEASE PRINT)			PAGE		
	11.17.16 DATE			November 17, 2016 DATE			1 OF 5			

ADMIN	OBTS Number	PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juvenile	
	Agency ORI Number FL 0 5 0 5 2 0 0	Agency Name DIVISON OF INSURANCE FRAUD				Agency Report Number DIF - 16 - 2402		
DEF	Charge Type: Check as many as apply.	<input 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:			
VICTIM	Name (Last, First, Middle) Iskander, Ehab				Alias Egypt			
	Victim's Name (Last, First, Middle)				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		
PROBABLE CAUSE STATEMENT	<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe the above named Defendant committed the following violation of law. The person taken into custody....</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the _____ day of _____, 20 at _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest)</p>							
	<p>Continuing investigation has revealed that Whole Life Recovery's CEO James Kigar paid owners and/ or employees/ representatives of Integrity House, LLC a fee for referring clients/ residents to his (Whole Life) treatment facility. The fee paid to Integrity House, LLC and Ehab Iskander was based on the number of insured clients/ patients supplied to Whole Life by the recovery residence for every week of OP (Out Patient) or IOP (Intensive Out Patient) therapy completed by the clients/ patients. The investigation has also revealed that personnel at Whole Life have entered into a "Case Management Consulting Agreement" with Integrity House LLC owners/ operators and have furnished Integrity House LLC owners and/ or employees/ representatives with a "Case Management Weekly Attendance" forms. The forms showed Integrity House LLC client participation in weekly OP & IOP treatment as well as the payment that the recovery residence owner, Iskander, was to receive for that client's participation in Whole Life's IOP/OP treatment. Iskander received the payment after completing a "Whole Life Recovery Weekly Individual Case Management Report." All of the checks in this investigation have been found to have been remitted by Whole Life Recovery's CEO James Kigar from Whole Life Recovery, LLC checking account # _____ at BB&T Bank. Bank records from BB&T Bank of been obtained pursuant to subpoena.</p>							
	<p>On August 19, 2016, SHTF members sought and received court approval to conduct a criminal investigation and undercover operation at Whole Life Recovery, LLC pursuant to Title 42 U.S.C. section 2.</p>							
	<p>On October 25th, 2016, the SHTF obtained and served a search warrant for Whole Life Recovery, LLC. Computers, patient/ client records, personnel records, banking records, Case Management Consulting Agreements, Case Management Weekly attendance forms, Whole Life Recovery Weekly Individual Case Management Reports, et al were seized.</p>							
	<p>The following documents pertaining to this investigation were recovered during the search of Whole Life Recovery, LLC:</p>							
ADMIN	  11-17-16			SIGNATURE				PAGE 2 OF 5

DISTRIBUTION: COURT – 1 COPY

STATE ATTORNEY – 1 COPY

AGENCY – 3 COPIES

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ADMIN	OBTS Number	PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias		Juvenile
	Agency ORI Number F L 0 5 0 5 2 0 0	Agency Name DIVISON OF INSURANCE FRAUD				Agency Report Number DIF - 16 - 2402		
DEF	Charge Type: Check as many as apply.	x <input 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:			
VICTIM	Name (Last, First, Middle) Iskander, Ehab				Alias Egypt			
Victim's Name (Last, First, Middle)					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 the above named Defendant committed the following violation of law. 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 _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the _____ day of _____, 20____ at _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest)</p>								
PROBABLE CAUSE STATEMENT	<p>1) Whole Life Recovery Case Management Consulting Agreement-This contract contained the following information:</p> <ul style="list-style-type: none"> ○ Dated April 15, 2016 between Ehab Iskander/Integrity House, 702 N. L St Lake Worth, FL and Whole Life Recovery LLC 3200 S. Congress Ave Suite 102 Boynton Beach, FL. ○ Article 3 of the agreement states "Company (Whole Life) agrees to pay Contractor (Integrity House) the sum of \$400 for providing such services, which both parties agree is fair market value to the services provided." ○ This contract is signed by James Kigar, CEO of Whole Life Recovery and Ehab Iskander CEO of Integrity House. <p>2) Whole Life Recovery Case Management Weekly Attendance for week of April 25-May 1 for Integrity House clients Eva X, Elizabeth X and Sadie X. "Integrity House Total \$267."</p> <ul style="list-style-type: none"> ○ Check 1223 BB&T account _____ from Whole Life Recovery LLC written on May 4, 2016 to Integrity House for \$267.00. Memo on bottom left of the check 4/25-5/1. The check is remitted by Kigar. <p>3) Whole Life Recovery Weekly Attendance for week of May 2-May 8 for clients Eva X and Elizabeth X. Integrity House Total \$400.</p> <ul style="list-style-type: none"> ● Whole Life Recovery Weekly Individual Case Management Report for Integrity House dated May 2-May 8 for patient Elizabeth X and signed by Ehab Iskander, CEO on May 10, 2016. ● Whole Life Recovery Weekly Individual Case Management Report for Integrity dated May 5, 2016 for patient Eva X and signed by Ehab Iskander, CEO on May 5, 2016. ● Whole Life Recovery Weekly Individual Case Management Report for Integrity House dated May 5, 2016 for patient Elizabeth X and signed by Ehab Iskander, CEO on May 5, 2016. ● Check 1249 BB&T account _____ from Whole Life Recovery LLC written on May 9, 2016 to Integrity House for \$400.00. Memo on the bottom left of the check 5/2-5/8. The check is remitted by Kigar. 							
	<p>SUPERVISOR'S APPROVAL AREA</p> <p>11-17-16 DATE</p> <p>11-17-16 DATE</p>							
	ADMIN.	FICER	SIGNATURE	ICER				
					PAGE	3 OF 5		

ADMIN.	OBTS Number	PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juvenile
	Agency ORI Number FL 0 5 0 5 2 0 0	Agency Name DIVISON OF INSURANCE FRAUD				Agency Report Number DIF - 16 - 2402	Special Notes:
DEF	Charge Type: Check as many as apply.	X <input 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			
VICTIM	Name (Last, First, Middle) Iskander, Ehab				Alias Egypt		
	Victim's Name (Last, First, Middle)				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 the above named Defendant committed the following violation of law. 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 _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the _____ day of _____, 20____ at _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest)</p>							
<p>Whole Life Recovery Weekly Attendance for week of May 9-May 15 for client Elizabeth X signed by Egypt (Iskander goes by the nickname of "Egypt". Integrity House Total \$400.</p> <ul style="list-style-type: none"> • Whole Life Recovery Weekly Individual Case Management Report for Integrity House client Elizabeth X and signed by Ehab Iskander, CEO on May 18, 2016. • Check 1284 BB&T account [REDACTED] from Whole Life Recovery LLC written on May 16, 2016 to Integrity House for \$400.00. Memo on the bottom left of the check 5/9-5/15. The check is remitted by Kigar. <p>5) Whole Life Recovery Weekly Attendance for week of June 6-June 12 for client Elizabeth X. Integrity House Total \$400.</p> <ul style="list-style-type: none"> • Whole Life Recovery Weekly Individual Case Management Report for Integrity House client Elizabeth X, dated June 6-June 12 and signed by Ehab Iskander, CEO on June 15, 2016. • Check 1342 BB&T account [REDACTED] from Whole Life Recovery LLC written on June 13, 2016 to Integrity House for \$400.00. Memo on the bottom left of the check 6/6-6/12. The check is remitted by Kigar. <p>6) Whole Life Recovery Weekly Attendance for week of June 13-June 19 for client Elizabeth X. Integrity House Total \$400.</p> <ul style="list-style-type: none"> • Whole Life Recovery Weekly Individual Case Management Report for Integrity House client Elizabeth X, dated June 13-June 19 and signed by Ehab Iskander, CEO on June 23, 2016. • Check 1357 BB&T account [REDACTED] from Whole Life Recovery LLC written on June 20, 2016 to Integrity House for \$400.00. Memo on the bottom left of the check 6/13-6/19. The check is remitted by Kigar. 							
PROBABLE CAUSE STATEMENT	<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>[REDACTED]</p> <p>NOTARY PUBLIC STATE OF THE UNITED STATES</p> <p>11-17-16</p> <p>DATE</p> <p>SIGNATURE</p> <p>[REDACTED]</p> <p>11-17-16</p> <p>DATE</p>						
ADMIN.							PAGE 4 OF 5

ADMIN	OBTS Number	PROBABLE CAUSE AFFIDAVIT				1. Arrest	3. Request for Warrant		Juvenile	
	Agency ORI Number FL 0 5 0 5 2 0 0	Agency Name DIVISON OF INSURANCE FRAUD				2. N.T.A.	4. Request for Capias			
DEF	Charge Type: Check as many as apply.	X <input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Agency Report Number DIF - 16 - 2402					
		<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	Special Notes:					
Victim	Name (Last, First, Middle)					Alias				
	Iakander, Ehab					Egypt				
	Victim's Name (Last, First, Middle)					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				
	The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe the above named Defendant committed the following violation of law. The person taken into custody....									
	<input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.									
	On the _____ day of _____, 20 at _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest)									
PROBABLE CAUSE STATEMENT	<p>7) Whole Life Recovery Weekly Attendance for week of June 20-June 26 for client Elizabeth X. Integrity House Total \$400.</p> <ul style="list-style-type: none"> • Whole Life Recovery Weekly Individual Case Management Report for Integrity House client Elizabeth X, dated June 20-June 26 and signed by Ehab Iskander, CEO on July 5, 2016. • Check 1378 BB&T account [REDACTED] from Whole Life Recovery LLC written on June 27, 2016 to Integrity House for \$400.00. Memo on the bottom left of the check 6/20-6/26. The check is remitted by Kigar. <p>A review of the above listed documents provide probable cause that James Kigar acting as an agent of Whole Life Recovery, LLC paid Ehab Iskander who was acting as an agent of Integrity House; Two Thousand Two Hundred Sixty-Seven Dollars between April 25-June 26, 2016 on checks 1123, 1249, 1284 1342, 1357 and 1378. The payments to Ehab Iskander from James Kigar were for Iskander's providing of patients/clients to Whole Life Recovery, LLC. Therefore, the act of Kigar providing payment to Iskander for patients/clients of Integrity House to receive IOP treatment at Whole Life constitutes probable cause that Kigar and Iskander have committed six counts of Patient Brokering in violation of FSS 817.505.</p>									
		<p>NOTA</p> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>11-17-16 DATE</p> <p>SIGNAT</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>11-18-16 DATE</p> <p>PAGE</p> <p>5 OF 5</p>								