


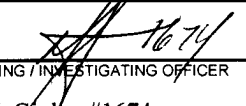


OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3		Juvenile	
Agency ORI Number FLO 510 2101010		Agency Name WEST PALM BCH. POLICE DEPARTMENT		Agency Report Number 94-16118514							
Charge Type: Check as Many as apply.		<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		Weapons Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 01	
Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address) 1551 Forum Place - London Treatment Center							
Date Of Arrest		Time Of Arrest		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Johnston, Mark Frederick				Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black		I - Amer. Indian O - Oriental/Asian		Sex W M		Date Of Birth 011262		Height 602		Weight 205	
Eye Color blu		Hair Color bld		Complexion lght		Build med		Marital Status married		Religion unk	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none				Indication Of: Alcohol Influence Drug Influence		Y N		Unk			
Local Address (Street, Apt. Number) 300 South Australian Avenue		City WPB		State FL		Zip 33405		Phone ()		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number) Same		City		State		Zip		Phone		Address Source Known	
Business Address (Name, Street) 1551 Forum Place - London Treatment Center		City WPB		State FL		Zip 33407		Phone ()		Occupation Rehab	
D/L Number, State J523546620120		Soc Sec Number		INS Number		Place of Birth England		Citizenship			
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	
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		Date		Time					
to keep the Juvenile Yes, by: (Name)		Clerk		defendant and / or the defendant's parents The child and / or parent was told		School Attended		Grade			
Property Crime? Yes No		Description of Property		Value of Property							
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	
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 Description Violate Patient Brokering statute		Counts 62		<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number 8171505		Violation of ORD # (1a)			
Drug Activity N		Drug Type N		Amount / Unit NA		Offense # 16-18514		Warrant / Capias Number		Bond	
Charge Description		Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
<input 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 Reverse Side.		Location (Court, Room Number, Address) Criminal Justice Complex 3228 Gun Club Road W.P.B, Florida 33406							
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		Month		Day		Year		Time 8:00		a.m. p.m.	
X		Signature of Defendant (or Juvenile and Parent/ Custodian)		Date Signed							
HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Det. R. McGinley		I.D. # 1674		(PRINT)		PAGE	
Intake Deputy		I.D. #		Pouch #		Transporting Officer I.D. #		Agency		1 OF 1	

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3		Juvenile	
FLO 5 0 0 8 0 0		Agency Name WEST PALM BCH. POLICE DEPARTMENT				Agency Report Number 941618514					
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) Johnston, Mark Frederick						Alias		Race W		Sex M	
								Date Of Birth 0 1 1 2 6 2			
Charge Description Violate Patient Brokering statute						Charge Description					
Charge Description						Charge Description					
Victim's Name (Last, First, Middle)						Race		Sex		Date of Birth	
Society											
Local Address (Street, Apt. Number) c/o west Palm Beach Police Dept				(City) State Zip		Phone ()		Address Source Known			
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 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 _____</p> <p><input type="checkbox"/> confessed To _____ that he/she saw the arrested person commit 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>16th</u> day of <u>May</u> 20<u>16</u> at <u>1200</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>Detectives McGinley and Kerschner met with a witness in reference to an ongoing investigation into patient brokering allegations made against London Treatment Center located at 1551 Forum Way in the City of West Palm Beach, Palm Beach County, Florida. Detectives met with the witness at the Palm Beach County State Attorney's Office and the witness provided a sworn statement in reference to this investigation of their own free will. The following is a summation of the statement and not verbatim unless otherwise noted.</p> <p>The witness, Witness #1, stated he/she had owned a sober living facility named Redemption Sober Living AKA Redemption House during the time frame of August 2016 to January of 2017. Witness #1 stated he/she was approached at his/her sober living facility by two males identified as Mark Johnston and Max Kiellish late in the month of August 2016 in reference to referring clients to London Treatment Center. Witness #1 stated "the tall British guy" (Mark Johnston) offered him \$600 per head for each client he referred to attend treatment at London Treatment Center. Witness #1 stated he/she was already referring clients to another treatment facility but London paid more. Witness #1 stated he/she referred four (4) clients to London Treatment Center. Witness #1 stated he started receiving checks for \$2400 approximately two weeks later which he/she picked up in person from Max Kiellish. Witness #1 stated when he/she would pick up checks he/she would meet with the owners of London Treatment Center, Mark Johnston and Jordi Martinez. Witness #1 stated these meetings would be informal where they would chat about patient care.</p> <p>The subpoenaed bank records for London Treatment show from October 18th to November 29th Witness #1 received seven (7) checks for \$2400.00. These checks, check numbers [REDACTED] were all deposited into Witness #1 business account.</p> <p>Witness #1 stated he/she was approached by Jordi Martinez, Mark Johnston, and Max Kiellish around December of 2016.</p> <p>(continued)</p>											
<p>SWORN AND SUBSCRIBED BEFORE ME:</p> <p></p> <p>NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER</p> <p>DATE _____</p>											
<p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>Det. R. McGinley #1674</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>DATE _____</p>											
										PAGE 1 Of 1	

OBTS Number				PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capia		Juviniile	
Agency ORI Number FL0500800				Agency Name WEST PALM BEACH POLICE DEPARTMENT				Agency Report Number 941618514					
Charge Type: <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) Johnston, Mark Frederick								Race W		Sex M		Date of Birth 011262	
Charge Description Violate Patient Brokering statute								Charge Description					
Charge Description								Charge Description					
Victim's Name (Last, First, Middle) Society								Race		Sex		Date of Birth	
Local Address (Street, Apt. Number) c/o west Palm Beach Police Dept				(City)		State		Zip		Phone ()		Address Source Known	
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 ... <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. On the 16th day of May 2016 at 1200 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)													
Witness #1 stated Mark Johnston advised him/her the agreement they had for patients was illegal and London Treatment was going to change it for a flat fee agreement. Witness #1 stated they would sign an agreement and a flat fee would be paid for the clients referred by the Witness to London Treatment Center. Witness #1 stated he/she was paid a flat fee of \$4500 a week for the patients referred to London Treatment Center whether one client attended London Treatment Center or 20 clients attended London Treatment Center. Witness #1 stated he/she could not refer less than five clients per week to London or the agreement would be violated. Witness #1 stated he/she met with Jordi and Mark and advised them he/she had legal issues and only could refer one client to London Treatment Center. Witness #1 stated the contract was canceled immediately and he/she was advised that London would not do business with him/her anymore. Witness #1 stated he/she was never an employee of London Treatment Center and had no responsibility except to refer clients to the facility. Witness #1 stated the clients were provided free food and cigarettes at London for attending treatment. Witness #1 stated he/she was told he/she was a marketer but was never given any direction on marketing and only provided brochures. Witness #1 stated he/she was never questioned about marketing activity and as long as clients were referred from the sober living facility to London, the payments continued. Witness #1 received nine (9) checks between December 1st, 2016 and January 24th, 2017. The checks, numbers [REDACTED] all for \$4500 were deposited into the business account for Redemption Sober Living.													
SWORN AND SUBSCRIBED BEFORE ME: Det. [Signature] 813 NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER								SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 1674 Det. R. McGinley #1674 NAME OF OFFICER (PLEASE PRINT)					
DATE								DATE					
DISTRIBUTION: WHITE — Court Copy								GREEN — State Attorney		YELLOW — Agency		PINK — Agency	
								PAGE		Of			

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FLO 5 0 0 8 0 0		Agency Name WEST PALM BEACH POLICE DEPARTMENT				Agency Report Number 9 4 1 6 1 8 5 1 4					
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) Johnston, Mark Frederick						Alias		Race W		Sex M	
Date of Birth 0 1 1 2 6 2											
Charge Description Violate Patient Brokering statute						Charge Description					
Charge Description						Charge Description					
Victim's Name (Last, First, Middle) Society						Race		Sex		Date of B'rth	
Local Address (Street, Apt. Number) c/o west Palm Beach Police Dept						(City)		State		Zip	
Phone ()						Address Source Known					
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 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 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 <u>16th</u> day of <u>May</u> 20 <u>16</u> at <u>1200</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On 6/12/17 Detective Kerschner and I met with Witness #2 and Witness #3 in reference to obtaining a sworn statement about patient brokering activity occurring with London Treatment Center. Witness #2 and Witness #3 were owners of multiple sober living facilities.</p> <p>Witness #2 stated he/she met with Mark Johnston and Jordi Martinez in the early months of 2016. During the meeting Mark and Jordi laid out a pay scale for patients to amount of money paid. Witness #2 stated the numbers were the equivalent of \$500 per patient per week. Witness #2 stated Mark Johnston and Jordi Martinez advised him/her that they would have to sign a marketing agreement as this was "the only way to make the agreement legal". The marketing agreement was for marketing activity. Witness #2 and Witness #3 stated the only marketing done was via Facebook and Craigslist and the ads were for their sober living facilities, not London Treatment Center. Witness #2 and Witness #3 stated all patients were referred to attend London Treatment Center. Witness #3 stated they were compensated \$500 per patient up to 20 patients and then \$600 per patient once they crossed the threshold of 20 patients in treatment at the same time.</p> <p>Witness #2 and Witness #3 both stated Mark and Jordi knew the contract was a sham and not for marketing but for referring patients to their facility for Intensive Outpatient, Outpatient, and Partial Hospitalization treatment.</p> <p>London Treatment Center is a licensed treatment center by DCF for addiction treatment. They have licenses for day or night Treatment, Intensive Outpatient Treatment, and Outpatient Treatment. The DCF license number is [REDACTED]</p> <p>Witness #2 and Witness #3 both were presented checks from the subpoenaed records of London Treatment Center.</p> <p>Witness #2 verified check numbers [REDACTED]</p>											
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER						SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  Det. R. McGinley #1674 NAME OF OFFICER (PLEASE PRINT)					
DATE						DATE					
DISTRIBUTION: WHITE — Court Copy						GREEN — State Attorney		YELLOW — Agency		PINK — Agency	
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Phone ()						Address Source Known					
Phone ()						Occupation					
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<p>SWORN AND SUBSCRIBED BEFORE ME:</p> <p><i>Det. [Signature]</i> 813</p> <p>NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER</p> <p>_____ DATE</p>											
<p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><i>Det. R. McGinley</i> #1674</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>_____ DATE</p>											
										PAGE Of	