

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

17CE6870

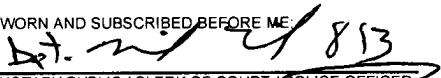
Juvenile

3

OBTS Number			ARREST / NOTICE TO APPEAR Juvenile Referral Report						1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		Name Verification (Printed by Arrestee)		
Agency ORI Number FLO 510 2101010		Agency Name WEST PALM BCH. POLICE DEPARTMENT				Agency Report Number 9 4 - 1 6   1 8 5 1 4			Multiple Clearance Indicator 0 1				
Charge Type: Check as Many as apply. 1. Felony 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				
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	Location of Vehicle					
Name (Last, First, Middle) Johnston, Mark Frederick													
Race W - White B - Black		Sex W - M		Date Of Birth 0 1 1 2 6 2	Height 602	Weight 205	Eye Color blu	Hair Color bld	Complexion lght	Build med			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none						Marital Status married	Religion unk	Indication Of: Alcohol Influence Drug Influence				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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				1
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	<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, 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			
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							
to keep the Juvenile Yes, b y: (Name) Clerk defendant and / or the defendant's parents The child and / or parent was told No: (Reason)						School Attended							
Property Crime? Yes No						Value of Property							
Drug Activity S. Sell N. N/A B. Buy P. Possess R. Smuggle D. Deliver T. Traffic K. Dispense/ Distribute M. Manufacture/ Z Other N/A A. Amphetamine E. Use P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z Other						Statute Violation Number 8 1 7 1 5 0 5 1 a 1							
Charge Description Violate Patient Brokering statute						Counts 62	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Violation of ORD #					
Drug Activity N	Drug Type N	Amount / Unit NA	Offense # 16-18514	Warrant / Capias Number						Bond			
Charge Description						Counts	<input type="checkbox"/> FSS <input checked="" type="checkbox"/> ORD	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number						Bond			
Charge Description						Counts	<input type="checkbox"/> FSS <input checked="" type="checkbox"/> ORD	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number						Bond			
Charge Description						Counts	<input type="checkbox"/> FSS <input checked="" type="checkbox"/> ORD	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number						Bond			
<input type="checkbox"/> Instruction No. 1 <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											
Month		Day		Year		Time 8:00		a.m		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													
X Signature of Defendant (or Juvenile and Parent/ Custodian)						Date Signed							
HOLD for other Agency Name: X				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)					
Intake Deputy		I.D. #	Pouch #	Transporting Officer I.D. #		Agency						PAGE 1 OF 1	

OBTS Number FLO 5 0 0 8 0 0	<b>PROBABLE CAUSE AFFIDAVIT</b>				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capia	3	Juvenile
		Agency Name WEST PALM BCH. POLICE DEPARTMENT		Agency Report Number 9 4 1 6 1 1 8 5 1 4				
		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		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 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
<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  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 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.)</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.  (continued)</p>								
<p>SWORN AND SUBSCRIBED BEFORE ME:    1674</p>								
<p>NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER</p>								
<p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER    Det. R. McGinley #1674</p>								
<p>NAME OF OFFICER (PLEASE PRINT)</p>								
<p>DATE</p>								
<p>PAGE</p>								
<p>1 Of 1</p>								

OBTS Number FLO 5 0 0 8 0 0	PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capia	<input checked="" type="checkbox"/> 3	Juvenile		
Agency ORI Number WEST PALM BEACH POLICE DEPARTMENT		Agency Report Number 9 4 1 6 1 8 5 1 4						
Charge Type Checked as many as apply 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 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) <b>Society</b>					Race	Sex	Date of Birth	
Local Address (Street, Apt. Number) c/o west Palm Beach Police Dept			(City)	State	Zip	Phone ( )	Address Source <b>Known</b>	
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"/> 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 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] [REDACTED] all for \$4500 were deposited into the business account for Redemption Sober Living.								
SWORN AND SUBSCRIBED BEFORE ME: <b>Det. R. McGinley #1674</b> DATE: 1674 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>Det. R. McGinley #1674</b> NAME OF OFFICER (PLEASE PRINT)								
DATE			DATE			DATE		
DISTRIBUTION: WHITE — Court Copy			GREEN — State Attorney			YELLOW — Agency		
PINK — Agency								

OBTS Number FLO 5 0 0 8 0 0	PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capia	3	Juvenile		
Agency Name WEST PALM BEACH POLICE DEPARTMENT		Agency Report Number 9 4 1 6 1 1 8 5 1 4						
Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 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 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"/> 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 <u>16th</u> day of <u>May</u> <u>2016</u> at <u>1200</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)								
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.								
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.								
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.								
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]								
Witness #2 and Witness #3 both were presented checks from the subpoenaed records of London Treatment Center.								
Witness #2 verified check numbers [REDACTED]								
SWORN AND SUBSCRIBED BEFORE ME  8/13 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
								PAGE Of

## PROBABLE CAUSE AFFIDAVIT

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

3

Juvenile

OBTS Number	Agency Name				Agency Report Number									
FLO 5 0 0 8 0 0	WEST PALM BEACH DEPARTMENT				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	Sex	Date of Birth					
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)		(City)	State	Zip	Phone	( )		Address Source		Known				
c/o west Palm Beach Police Dept														
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"/> 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 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.)														

as checks received from London Treatment for patients referred to the facility. Witness #2 advised these checks were for differing amounts over a period of time due to the amount of patients that were in treatment at the time the check was written. The total amount received for the above mentioned checks was \$160,500.00. The checks were in denominations of \$4,500, \$12,000, \$8,000, \$6,000, and \$7,000 dollars.

Witness #3 verified check numbers [REDACTED] as checks received from London Treatment Center. All above checks provided to Witness #3 were for \$12,000.00. Witness #3 stated these were payment for 20 patients in treatment. Total compensation received for these checks was \$96,000.

During the time period of early 2016 and the current date Witness #2 and Witness #3 received a total of \$256,500.00 for referring patients to London Treatment Center.

On 06/27/17 subpoenaed checks were received from a LLC that was owned by Witness #4. Witness #4 provided sworn testimony that he/she was approached by Mark Johnston and Jordi Martinez to refer patients to London Treatment Center from his/her Sober living facilities. Witness #4 stated he/she was paid "per head" the period from August 2015 to December of 2015 for client referrals. The checks, numbers [REDACTED] were made out to the Witness LLC by London Treatment Center for the amount of \$2,400.00 and check numbers [REDACTED] and [REDACTED] were also made out to the Witness LLC for the amount of \$1,600.00 from London Treatment Center.

The above statement constitutes probable cause to charge the defendants Mark Johnston and Jordi Martinez with sixty two counts (62) of violation of the patient brokering statutes as per Florida State Statute 817.505.

SWORN AND SUBSCRIBED BEFORE ME:


  
Def. [Signature] 813  
NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

Det. R. McGinley #1674

NAME OF OFFICER (PLEASE PRINT)

DATE

PAGE  
Of

DISTRIBUTION: WHITE — Court Copy

GREEN — State Attorney

YELLOW — Agency

PINK — Agency