

ARREST / NOTICE TO APPEAR

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

3

JUVENILE

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 17-007094		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		If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator 10							
	Location of Arrest (Including Name of Business)						Location of Offense (Business Name, Address) 1499 W PALMETTO PARK RD 103, BOCA RATON, FL 33486													
	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle													
	Name (Last, First, Middle) LUCA, TONI M											Alias (Name, DOB, Soc. Sec. #, Etc.)								
	Race W - White B - Black		1 - American Indian O - Oriental/Asian		Sex F	Date of Birth 11/12/1962	Height 5'04	Weight 140	Eye Color BROWN	Hair Color BLOND OR		Complexion	Build							
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status S	Religion	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1		Address Source							
	Local Address (Street, Apt. Number) 5529 AMERICAN CIR, DELRAY BEACH, FL 33484				(City)	(State)	(Zip)	Phone (561) 542-5550		Permanent Address (Street, Apt. Number) 5529 AMERICAN CIR, DELRAY BEACH, FL 33484		(City)	(State)	(Zip)	Phone (561) 542-5550	Business Address (Name, Street) (City)	(State)	(Zip)	Phone	Occupation
	D/L Number, State L200813629120 / FL		INS Number		Place of Birth (City, State) JERSEY CITY, NJ,		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												
	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		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 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											
	<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug 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 AIDING, ABETTING, ADVISING OR PARTICIPATE IN PATIENT BROKER						Statute Violation Number 817.505(1)(D)		Violation of ORD #											
	Drug Activity	Drug Type N	Amount / Unit	Offense # 17-007094	Counts 10	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond											
	Charge Description						Statute Violation Number		Violation of ORD #											
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond											
	Charge Description						Statute Violation Number		Violation of ORD #											
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond											
	Health / Apparent Physical Condition of Defendant						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:													
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By	Released By	Released To											
	Transported By				Date Transported	Time Transported	Other													
	<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) South County 200 W Atlantic Ave Delray Beach, FL 33444		No Photo Available											
	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.						Court Date and Time													
	Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed													
	HOLD for Other Agency		Signature of Arresting Officer <i>N. Luca</i>		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) LUCAS, NICOLE		I.D. # 0948		PAGE 1 OF 1											
	Intake Deputy	I.D. #	Pouch #	Transporting Officer	I.D. #	Agency	Witness here if subject signed with an "X".													

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

PROBABLE CAUSE AFFIDAVIT

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

3

JUVENILE

OBTs Number	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-007094
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				Special Notes:

Name (Last, First, Middle) LUCCA, TONI M	Alias	Race W	Sex F	Date of Birth 11/12/1962
--	-------	------------------	-----------------	------------------------------------

Charge Description PATIENT BROKERING	Charge Description
Charge Description	Charge Description

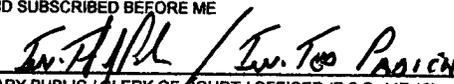
Victim's Name (Last, First, Middle) State Of Florida	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
 The Person taken into custody...
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 5 day of January, 2017 at 07:36 (Specifically include facts constituting cause for arrest.)

The following investigation was conducted in Palm Beach County, Florida regarding an ongoing patient brokering scheme between James Tomasso the owner of Global Recovery Resources, LLC (hereinafter referred to as Global) and the sober home Pure Vida Halfway House, LLC (hereinafter referred to as Pure Vida) owned by Toni Lucca.

Lucca the title manager of the sober home Pure Vida, entered into a "Marketing Employment Agreement" (located during a search warrant at Global, details below) with Tomasso the director of Global. The agreement was in writing and made between Lucca and Tomasso. Lucca's name was handwritten on line 4 as the "individual (the EMPLOYEE)" and she initialed each page of the agreement/contract. Lucca signed the final page (page 8,) "Pure Vida Halfway, LLC Toni Lucca." The contract was dated December 1, 2016. It was done under the guise of marketing, but was actually for the referral of patients from Lucca's sober home to Elizabeth Bowman's substance abuse treatment facilities, Acceptance Recovery Center (hereinafter referred to as Acceptance), LLC, Pathways 2 Recovery Gold Coast, LLC (hereinafter referred to Pathways) and/or Inspirations Recovery, LLC (hereinafter referred to as Inspirations.) James was living as husband and wife with Bowman, and paying sober home owners for the referral of patients from their homes to her facilities.

From my training, knowledge and experience contracts such as marketing employment agreements were developed by facilities in an attempt to circumvent Florida's patient brokering statute which states "it is unlawful for any person to offer or pay any commission, 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" §817.505, Fla. Stat. (2016). A health care provider includes "any substance abuse service provider licensed under Chapter 397. Acceptance, Pathways and Inspirations are licensed facilities under 397.

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>5/5/17</u> DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER LUCAS, NICOLE (0948) NAME OF OFFICER (PLEASE PRINT) <u>05/05/2017</u> DATE	PAGE 1 OF 4
--	--	-----------------------

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

3

JUVENILE

OBTS Number		
Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-007094
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) LUCCA, TONI M	Alias	Race Sex Date of Birth W F 11/12/1962

On February 3, 2017 the Honorable Judge Lisa Small signed search warrants (DBPD Case # 16-18530 for Global, Acceptance, Pathways, Inspirations and Tomasso and Bowman's residence.

The warrants were all executed on February 8, 2017. During the search warrant at Global the following items were located in Jame's Office (1499 W. Palmetto Park Rd.):

- A handwritten paper that read "Please complete a W-4 and leave upside down in Folder! Sign-N-Print your name." #14 on the list was Toni Lucca's name, signature and "Pure Vida."
- A handwritten list of the sober home owners with their name, address, DOB, SSN, and phone number. Lucca was listed as living at 5529 American Circle, Delray Beach, FL 33484, DOB 11/12/62, SSN [REDACTED], 561-542-5550.
- A handwritten list of sober home owners and their phone numbers, number 12 on the list was "Toni Lucca 561-542-5550."
- A typed list of sober home owners with the sober home location, that showed "Pure Vida, Toni (561) 542-5550, 20 SW 9th St, Delray Beach FL
- An email to Tomasso from ADP- Small Business Services asking for the birthdays of his "employees" stating "I'm missing the following:" and Toni Lucca's name was on the list. Next to her name was handwritten her DOB (11/12/62.)

During the search warrant at Jame's residence (23366 Boca Chica Cir) James identified his cell phone as a black Iphone. Inside the phone I located multiple text messages between Lucca and Tomasso. Lucca sent pictures of driver's licenses, and insurance cards which is commonly done to identify insured patients for patient brokering.

During the search warrant at Pathways officers located multiple patient intake forms showing the referral source as Pure Vida.

James provided a statement post Miranda, in his home after he was arrested. He said that he paid sober home owners for the referral of patients to Acceptance, Pathways and Inspirations. He said any payments made to a sober home owner were solely patient referral fees. He also said that he was advised by an attorney to make his marketers sign a bonafide employment agreement, put them on salary and pay them 26 equal payments for their services.

March 29, 2017 provided a sworn statement reiterating the same things he said in his first statement.

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	<i>N. Lucas</i>
	<i>[Signature]</i> / <i>[Signature]</i>	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	LUCAS, NICOLE (0948)
	<u>5/5/17</u>	NAME OF OFFICER (PLEASE PRINT)
	DATE	05/05/2017
		DATE
		PAGE 2 OF 4

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

3

JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 17-007094	
	Charge Type: Check as many as apply.		Special Notes:					

D E F	Name (Last, First, Middle) LUCCA, TONI M						Alias	Race W	Sex F	Date of Birth 11/12/1962
-------------	--	--	--	--	--	--	-------	------------------	-----------------	------------------------------------

Per the Florida Division of Corporations Toni Lucca is one of the title managers of Pure Vida Halfway House, LLC. and James Tomasso is the owner of Global Recovery Resources, LLC.

I received bank documents and a business records certifications from SunTrust Bank and Citibank in response to subpoenas I had previously submitted to them for James Michael Tomasso's accounts.

There were 4 checks drawn on Global Recovery Resources LLC, SunTrust Bank account, number [REDACTED] remitted by James Tomasso to Pure Vida (3) and Toni Lucca (1.)

There were 2 checks drawn on Global Connect of Florida, LLC, SunTrust Bank account number [REDACTED] remitted by James Tomasso to Toni Lucca.

There were 3 checks drawn on James M. Tomasso, SunTrust Bank account, number [REDACTED] remitted by James Tomasso to Pure Vida (2 of these checks were starter checks.)

The most recent checks (post attorney advising James to make the sober home owners employees) were written to Toni Lucca.

There were 9 total checks which were all negotiated by Toni Lucca and totaled \$7,900.00. The following is a list of the check details:

Check # 1034, SunTrust, Global Connect, acct # [REDACTED], dated 01/16/17 in the amount of \$1,700.00 remitted to Toni Lucca

Check # 1113, SunTrust, Global Recovery acct # [REDACTED], dated 01/07/17 in the amount of \$500.00 remitted to Toni Lucca

Check # 1008, SunTrust, Global Connect, acct # [REDACTED], dated 12/27/16 in the amount of \$1,000.00 remitted to Toni Lucca

Check # 1106, SunTrust, Global Recovery acct # [REDACTED], dated 01/03/17 in the amount of \$1,900.00 remitted to Pure Vida

Check # 1039, SunTrust, Global Recovery acct # [REDACTED], dated 12/20/16 in the amount of \$500.00 remitted to Pure Vida

Check # 1022, SunTrust, Global Recovery acct # [REDACTED], dated 12/19/16 in the amount of \$700.00 remitted to Toni Lucca

Check # 539, SunTrust, James M Tomasso acct # [REDACTED], dated 12/13/16 in the amount

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	<i>[Signature]</i>		<i>[Signature]</i>	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		LUCAS, NICOLE (0948)	
	DATE		NAME OF OFFICER (PLEASE PRINT)	
5/5/17		05/05/2017		
DATE		DATE		

OBTs Number A D M I N D E F P R O B A B L E C A U S E S T A T E M E N T A D M I N I S T R A T I V E	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	3	JUVENILE
Agency ORI Number: FL 0500400		Agency Name: DELRAY BEACH POLICE DEPARTMENT		Agency Report Number: 4 0 17-007094
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): LUCCA, TONI M			Race: W	Sex: F
			Date of Birth: 11/12/1962	
<p>of \$500.00 remitted to Pure Vida</p> <p>Check # 531, SunTrust, James M Tomasso acct # [REDACTED], dated 12/13/16 in the amount of \$800.00 remitted to Pure Vida</p> <p>Check # 99, SunTrust, James M Tomasso (starter check) acct # [REDACTED], dated 12/13/16 in the amount of \$300.00 remitted to Pure Vida</p> <p>Based on the aforementioned facts probable cause exists to issue a warrant for the arrest of Toni Lucca for 9 counts of Aiding, Abetting, Advising, or Participating in Patient Brokering. For the receipt of 9 payments of patient referral fees, totaling \$7,900 from (Global) as documented above pursuant to F.S.S. 817.505(1)(d), Fla. Stat.</p>				
NOT A CERTIFIED COPY				
SWORN AND SUBSCRIBED BEFORE ME				
<u>Tom P. [Signature]</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		<u>N. Lucas</u> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER		
<u>5/5/17</u> DATE		LUCAS, NICOLE (0948) NAME OF OFFICER (PLEASE PRINT)		
		<u>05/05/2017</u> DATE		
PAGE 4 OF 4				