



New York State Board for Professional Medical Conduct

433 River Street, Suite 303 Troy, New York 12180-2299 • (518) 402-0863

Dennis P. Whalen
Executive Deputy Commissioner of Health
Anne F. Saile, Director
Office of Professional Medical Conduct
William J. Comiskey, Chief Counsel
Bureau of Professional Medical Conduct

PUBLIC

William P. Dillon, M.D.
Chair
Denise M. Bolan, R.P.A.
Vice Chair
Ansel R. Marks, M.D., J.D.
Executive Secretary

July 20, 1999

**CORRECTED COPY
CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Florin Munteanu, M.D.
6 British Colony Rd.
Fort Salonga, NY 11768

RE: License No. 116190

Dear Dr. Munteanu:

Enclosed please find Order #BPMC 99-162 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **July 8, 1999.**

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order to Board for Professional Medical Conduct, New York State Department of Health, Hedley Park Place, Suite 303, 433 River Street, Troy, New York 12180.

Sincerely,

Ansel R. Marks, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Bradford J. Martin, Esq.
50 N. New York Avenue
Huntington, NY 11743

Michele Y. Tong, Esq.

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
FLORIN MUNTEANU, M.D.

CONSENT
AGREEMENT
AND
ORDER
BPMC #99-162

STATE OF NEW YORK)
COUNTY OF) so.:

FLORIN MUNTEANU, M.D., (Respondent) being duly sworn, deposes and says:

That on or about June 12, 1973, I was licensed to practice as a physician in the State of New York, having been issued License No. 116190 by the New York State Education Department.

My current address is ^{6 BIRNTHAM COUNTRY RD, FORT SALONGIA, N.Y. 11768} ~~3 James Lane, Lloyd Harbor, New York 11743~~, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that the New York State Board for Professional Medical Conduct has charged me with one specification of professional misconduct.

A copy of the Statement of Charges is annexed hereto, made a part hereof, and marked as Exhibit "A".

I admit guilt to the one specification and to a violation of the N.Y. Vehicle and Traffic Law on August 15, 1996, in full satisfaction of the charges against me. I hereby agree to the following penalty:

1. My license shall be suspended for a period of two years, which suspension will be entirely stayed.
2. I shall be required to perform 250 hours of community service over a two year period beginning upon issuance of this Order,

with no fewer than 125 of said hours to be completed during the first year. The service must be medical in nature, and delivered in a facility or with an organization equipped to provide medical services and serving a needy or medically underserved population. A written proposal for community service must be submitted to, and is subject to the written approval of the Director of OPMC. Community service performed prior to written approval shall not be credited toward compliance with this Order.

I further agree that the Consent Order for which I hereby apply shall impose the following conditions:

That, except during periods of actual suspension, Respondent shall maintain current registration of Respondent's license with the New York State Education Department Division of Professional Licensing Services, and pay all registration fees. This condition shall be in effect beginning thirty days after the effective date of the Consent Order and will continue while the licensee possesses his/her license; and

That Respondent shall fully cooperate in every respect with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigation of all matters regarding Respondent.

Respondent shall respond in a timely manner to each and every request by OPMC to provide written periodic verification

of Respondent's compliance with the terms of this Order. Respondent shall meet with a person designated by the Director of OPMC as directed. Respondent shall respond promptly and provide any and all documents and information within Respondent's control upon the direction of OPMC. This condition shall be in effect beginning upon the effective date of the Consent Order and will continue while the licensee possesses his/her license.

I hereby stipulate that any failure by me to comply with such conditions, and or the imposed community service requirements shall constitute misconduct as defined by New York State Education Law §6530(29)(McKinney Supp 1999).

I agree that in the event I am charged with professional misconduct in the future, this agreement and order shall be admitted into evidence in that proceeding.

I hereby make this Application to the State Board for Professional Medical Conduct (the Board) and request that it be granted.

I understand that, in the event that this Application is not granted by the Board, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such Application shall not be used against me in any way and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the Board shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by the Board pursuant to the provisions of the Public Health Law.

I agree that, in the event the Board grants my Application, as set forth

herein, an order of the Chairperson of the Board shall be issued in accordance with same. I agree that such order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Consent Order to me at the address set forth in this agreement, or to my attorney, or upon transmission via facsimile to me or my attorney, whichever is earliest.

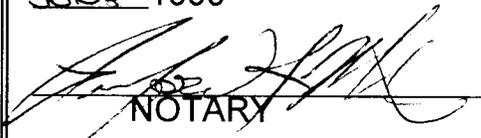
I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the value to me of the acceptance by the Board of this Application, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive any right I may have to contest the Consent Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

DATED June 15, 1999



FLORIN MUNTEANU, M.D.
RESPONDENT

Sworn to before me
on this 15 day of
June 1999



NOTARY

BRADFORD J. MARTIN
Notary Public, State of New York
No. 02MA6020640
Qualified in Suffolk County
Commission Expires March 1, 2003

The undersigned agree to the attached application of the Respondent and to the proposed penalty based on the terms and conditions thereof.

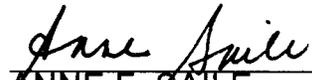
DATE: 6-15-99


BRADFORD J. MARTIN, ESQ.
Attorney for Respondent

DATE: 6/21/99


MICHELE Y. TONG
Assistant Counsel
Bureau of Professional
Medical Conduct

DATE: 6/28/99


ANNE F. SAILE
Director
Office of Professional
Medical Conduct

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

**IN THE MATTER
OF
FLORIN MUNTEANU, M.D.**

**CONSENT
ORDER**

Upon the proposed agreement of Florin Munteanu, M.D. (Respondent) for Consent Order, which application is made a part hereof, it is agreed to and ORDERED, that the application and the provisions thereof are hereby adopted and so ORDERED, and it is further

ORDERED, that this order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Consent Order to Respondent at the address set forth in this agreement or to Respondent's attorney by certified mail, or upon transmission via facsimile to Respondent or Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 7/1/99

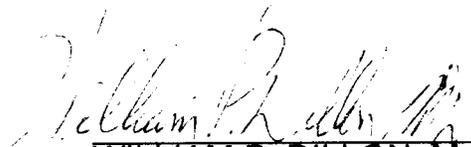

WILLIAM P. DILLON, M.D.
Chair
State Board for Professional
Medical Conduct

EXHIBIT "A"

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

**IN THE MATTER
OF
FLORIN MUNTEANU, M.D.**

**STATEMENT
OF
CHARGES**

FLORIN MUNTEANU, M.D., the Respondent, was authorized to practice medicine in New York State on or about June 12, 1973, by the issuance of license number 16190 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. On or about July 13, 1995, Respondent pleaded guilty to two counts of Wilful Failure to File an Income Tax Return in violation of Title 26 of the United States Code §7203.
1. Thereafter, Respondent was sentenced to two years probation, one month community confinement, five months home detention and to pay costs of supervision in the amount of \$2,159.98.

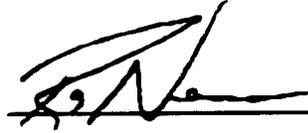
SPECIFICATION OF CHARGES

CRIMINAL CONVICTION (Federal)

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(9)(a)(ii)(McKinney Supp. 1999) by having been convicted of committing an act constituting a crime under federal law as alleged in the facts of the following:

1. Paragraphs A and A1.

DATED: January 15, 1999
New York, New York



ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct