# STATE OF FLORIDA DIVISION OF ADMINISTRATIVE HEARINGS

STATE OF FLORIDA DEPARTMENT OF HEALTH, BOARD OF OSTEOPATHIC MEDICINE, Petitioner,

vs.	Case Nos.: 2023-54547, 24-004162PI
HEIDI MARJAANA LAHTEENMAA, D.O., Respondent.	

# NOTICE OF FILING EVIDENCE

### TO: ALL PARTIES OF RECORD

I, Heidi Marjaana Lahteenmaa, D.O., proceeding pro se as the Respondent in the above-styled matter, hereby provide notice, pursuant to Florida Administrative Code Rule 28-106.206 and Florida Statutes § 120.569, that I have filed evidence in support of my Motion to Dismiss with Prejudice submitted on July 25, 2025, with the Division of Administrative Hearings (DOAH). The evidence, including attached exhibit photos, is critical to my Motion and the administrative proceedings scheduled for trial on August 5–6, 2025.

# EVIDENCE I HAVE FILED

I am filing the following exhibits, as referenced in my Motion to Dismiss with Prejudice, with DOAH via the eALJ portal and serving them upon Petitioner's counsel to support my allegations of the illegal issuance of my osteopathic physician license (OS16911) by the Florida Department of Health (FL DOH). I have attached copies of the exhibit photos at the end of this Notice:

1. Exhibits 1-A, 1-B; duplicate license (OS16911), with a different issue date and control number  $\frac{1}{2}$ 

- 2. Exhibits 2-A, 2-B, 2-C, 2-D; Screenshots from mqa-internet.doh.state.fl.us showing the issuance of license (OS16911), with expiration date on March 31, 2026, with bypassed attestation questions.
- 3. Exhibits 3-A, 3-B, 3-C, 3-D; Emails with detailed questions to Ellen LeGendre Carlos and Michael Morris regarding license duplication
- 4. Exhibits 4-A, 4-B, 4-C, 4-D, 4-E; Copy of the renewal application dated January 2, 2024, provided by Ellen LeGendre Carlos, asserting attestation (marked "Yes").
- 5. Exhibits 5-A, 5-B; Address change submitted on February 16, 2024.
- 6. Exhibits 6-A, 6-B, 6-C, 6-D, 6-E, 6-F, 6-G, 6-H regarding license duplication and lack of response

### PURPOSE OF MY FILING

The aforementioned exhibits are submitted to establish the illegal issuance of my license, the catastrophic system malfunction, the DOH's retaliatory conduct, likely Ransomhub hacking, discrepancies in records, and the refusal by the FL DOH and Florida Board of Osteopathic Medicine to address my inquiries, all of which support dismissal under Florida Statutes § 120.57(1)(e).

# ATTACHMENT OF EXHIBIT PHOTOS

I have attached the electronic copies of the photos corresponding to Exhibits 1-A, 1-B, 2-A, 2-B, 2-C, 2-D, 3-A, 3-B, 3-C, 3-D, 4-A, 4-B, 4-C, 4-D, 4-E, 5-A, 5-B, 6-A, 6-B, 6-C, 6-D, 6-E, 6-F, 6-G and 6-H at the end of this Notice.

Respectfully submitted,

Dr. HEIDI MARJAANA LAHTEENMAA, D.O.

Pro Se

Nane Los Inc.

Date: July 25, 2025

# CERTIFICATE OF SERVICE:

I certify that a copy of this motion was filed electronically with DOAH via the eALJ portal on July 25, 2025, and furnished to Michael Morris, DOH counsel,

at Michael.Morris@flhealth.gov and the Public Records Coordinator

at PublicRecordsRequest@flhealth.gov on July 25, 2025.

A hard copy will be sent by certified mail to: Florida Department of Health, 4052 Bald Cypress Way, Bin C-65, Tallahassee, FL 32399, if required.

# ATTACHMENTS:

Attached Exhibit Photos: 1-A, 1-B, 2-A, 2-B, 2-C, 2-D, 3-A, 3-B, 3-C, 3-D, 4-A, 4-B, 4-C, 4-D, 4-E, 5-A, 5-B, 6-A, 6-B, 6-C, 6-D, 6-E, 6-F, 6-G and 6-H.

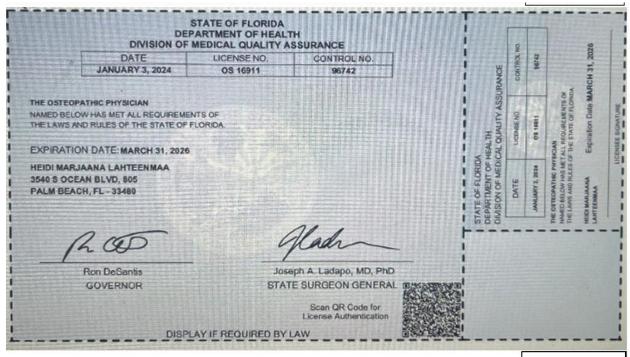
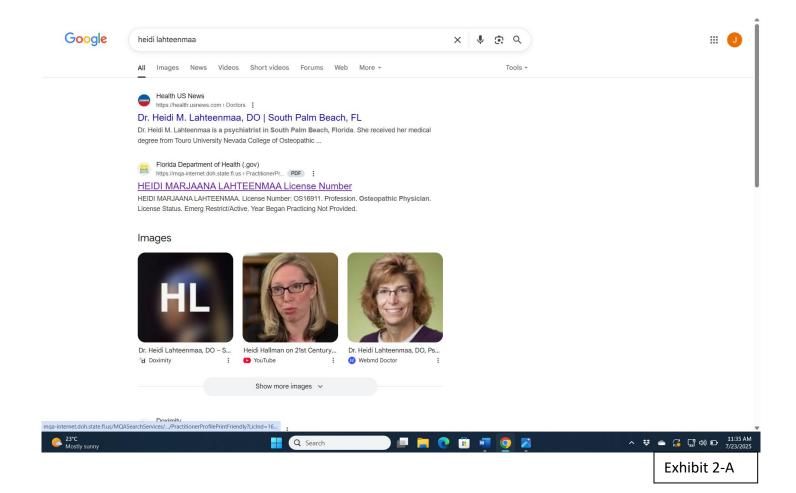


Exhibit 1-A



Exhibit 1-B





### HEIDI MARJAANA LAHTEENMAA

### License Number: OS16911

Profession Osteopathic Physician License Status Emerg Restrict/Active

Year Began Practicing Not Provided License Expiration 03/31/2026

Date

# General Information

### **Primary Practice Address**

HEIDI MARJAANA LAHTEENMAA 3540 S OCEAN BLVD #805 PALM BEACH, FL 33480

### Medicaid

The practitioner did not indicate if he/she participates in the Medicaid program.

### Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name City State	
-----------------------------	--

### **Email Address**

Please contact at: elanente965@mailbox.org

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MINNESOTA	DO
WISCONSIN	DO
FLORIDA	DO
NORTH DAKOTA	DO
TEXAS	DO
TENNESSEE	DO

### Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has indicated that he/she has submitted payment of the assessment.

# **Education and Training**

### **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
TOURO UNIVERSITY	DO	9/1/2009 - 5/20/2012	05/20/2012

### Other Health Related Degrees

The practitioner did not provide this mandatory information.

### Professional and Postgraduate Training

This practitioner has not completed any graduate medical education.

# Academic Appointments

### **Graduate Medical Education**

The practitioner did not provide this mandatory information.

### Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

# Specialty Certification

### Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification	Date Certified
AMERICAN BOARD OF PSYCHIATRY AND NEUROLO	ADULT PSYCHIATRY	09/22/2016

# Financial Responsibility

### Financial Responsibility

Financial Exemption Proceedings and Actions

# **Proceedings & Actions**

### **Criminal Offenses**

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

### **Medicaid Sanctions and Terminations**

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

### Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

The information below is self reported by the practitioner.

# Final disciplinary action taken by a specialty board within the last 10 years:

The practitioner did not provide this mandatory information pertaining to final disciplinary action taken by a specialty board within the last 10 years

# Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed



### hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has "NOT" had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has "NEVER" been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

### Liability Claims Exceeding \$100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click here.

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

# Optional Information

### Committees/Memberships

This practitioner has not indicated any committees on which they serve for any health entity with which they are affiliated.

### Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

### **Publications**

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

### Professional Web Page

This practitioner has not provided any professional web page information.

### Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

### Other Affiliations

This practitioner has not provided any national, state, local, county, or professional affiliations.

Exhibit 2-D

To Morris, Michael Michael.Morris@flhealth.gov
MQA.Osteopath@flhealth.gov

Cc zzzz Feedback, MQA\_Osteopath
MQA.Osteopath@flhealth.gov
Carlos, Ellen Ellen.Carlos@flhealth.gov

Date Jul 21, 2025 at 3:13 PM

Mr. Morris.

Please address why does my ONE license have TWO different dates of issuance, and both are active and have TWO different control numbers?

No other physician, that I know of, has this problem, and none of my colleagues have ever heard of such a thing. Which date of issuance is correct and which control number?

Again, why is the FI osteopathic medical board refusing to address this question? Why are you Mr. Morris answering on their behalf? Is this thing with my license the new normal, and if so why is it occurring only with my license? Is the board going to give other physicians duplicates as well?

Thank you,

Dr. Lahteenmaa, DO

Exhibit 3-A



Hi Ellen,

Please confirm the receipt of the attached photo.

Thank you,

### Dr. Lahteenmaa





#### Dr. Lahteenmaa,

You have one active osteopathic physician license which is presently under an emergency restriction (OS16911), one prior voluntarily relinquished osteopathic physician license (OS12876), and one null and void osteopathic resident registration license (UO3265). The date of issuance of your active osteopathic physician license is 6/21/2020.

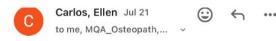
If you would like us to address a specific document(s) in your possession that contains conflicting information, please provide us the document(s).

We do not know what you are referencing, and we are unable to provide any further information or responses to your inquiry without knowing what you are referencing.

Thank you,







### Dr. Lahteenmaa,

Both of these are for the same license (OS16911), this license was originally issued on 6/21/2020, a new license would be issued at each renewal period or to update information such as an address change.

The January license was issued as a result of the attached renewal in January. It appears that a new license was issued in February due to the attached requested address change that was submitted on February 16, 2024. These documents were previously provided to you in the licensure file for OS16911 that we provided.

If you have further questions, please direct them to the Board office.



Exhibit 3-C

# X

# Renewal.pdf





Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis Governor

Joseph A. Ladapo, MD, PhD State Surgeon General

Vision: To be the Healthiest State in the Nation

# **Application**

**Application Detail** 

License Type: Osteopathic Physician

Profession Number: 1901 - Osteopathic Physician

License Number: 16911

Application: Osteopathic Renewal

Application Date: 01/02/2024

Suitability Question(s)

1. Have you reviewed and confirmed your

profile?

Yes

Personal Detail

First Name: HEIDI

Middle/Second Name: MARJAANA

Last Name/Surname: LAHTEENMAA

Addresses

Mailing Address

Address: 3540 S Ocean Blvd, 805

Palm Beach
PALM BEACH

PALM BEACH, FL

33480

US

Phone Number:

E-mail Address:

**Physical Location** 

Address:

3540 S Ocean Blvd, 805

**PALM BEACH** 

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PALM BEACH, FL

No

33480

US

Phone Number:

# Renewal Contact Preference

How would you like to be notified concerning the renewal of your license?

By email? Yes

# **Availability for Disaster**

Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?

If you respond "Yes," your name will be added to a listing that is available to the Department of Health if a disaster is declared. If you live in an area where you may be able to help you will be called on if needed.

# Financial Responsibility

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Exhibit 4-B

- 4. I have hospital staff privileges and I have obtained and maintain an unexpired, irrevocable letter of credit, established pursuant to chapter 675, Florida Statutes, in an amount no less than \$250,000 per claim, with a minimum aggregate availability of credit not less than \$750,000. The letter of credit shall be payable to the osteopathic physician as beneficiary upon presentment of a final judgement indicating liability and awarding damages to be paid by the osteopathic physician or upon presentment of a settlement agreement signed by all parties to such agreement when such final judgement or settlement is a result of a claim arising out of the rendering of, or the failure to render, medical care and services. Such letter of credit shall be non-assignable and nontransferable. Such letter of credit shall be issued by any bank or savings association organized and existing under the laws of this state or any bank or savings association organized under the laws of the United States that has its principal place of business in this state or has a branch office which is authorized under the laws of this state or of United States to receive deposits in this state OR I have hospital staff privileges and I have established and maintain an escrow account consisting of cash or assets eligible for deposit in accordance with s. 625.52, Florida Statutes, in the per-claim amounts specified above. Click here to read more about this option.
- 5. I have decided not to carry malpractice insurance or otherwise demonstrate financial responsibility; however, I agree to satisfy any adverse judgements pursuant to the terms and conditions contained in s. 459.0085(5)(g), Florida Statutes I understand that I shall be required to either post notice in the form of a sign prominently displayed in the reception area and clearly noticeable by all patients or provide a written statement to any person to whom medical services are being provided. Such sign or statement shall state that: Under Florida law, osteopathic physicians are generally required to carry malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. However, certain part-time osteopathic physicians who meet state requirements are exempt from the financial responsibility law. YOUR OSTEOPATHIC PHYSICIAN HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This notice is provided to pursuant to Florida law. Click here to read more about this option.

Financial Responsibility:

Financial Exemption

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Exhibit 4-C

CATEGORY II: Financial Responsibility Exemptions If you select an exemption based on # 10, you must also complete the affidavit that will be emailed to you upon submission of this application.

- 6. I am exempt from demonstrating financial responsibility because I practice medicine exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or subdivisions.
- 7. I am exempt from demonstrating financial responsibility because I hold a limited license issued pursuant to s. 459.0075, Florida Statutes, and practice only under the scope of such limited license.
- 8. I am exempt from demonstrating financial responsibility because I practice only in conjunction with my teaching duties at a college of osteopathic medicine (residents do not qualify for this exemption).
- 9. I am exempt from demonstrating financial responsibility because I do not practice osteopathic medicine in the state of Florida. I will notify the department immediately before commencing practice in the state.
- 10. I am exempt from demonstrating financial responsibility due to meeting all the following criteria (If you select this option you must also complete the "Financial Responsibility Affidavit of Exemption" form found on page 18 of the paper application at https://floridasosteopathicmedicine.gov/applications/app-osteopathic-physician-full-licensure.pdf):
- (a) I have held an active license to practice in this state or another state or some combination thereof for more than 15 years.
- (b) I am retired or maintain part-time practice of no more than 1,000 patient contact hours per year.
- (c) I have no more than two claims resulting in an indemnity exceeding \$25,000 within the previous five-year period.
- (d) I have not been convicted of, or pled nolo contendere to any criminal violation specified in s. 459, Florida Statutes, or the practice act of any other state.
- (e) I have not been subject, within the last 10 years of practice, to license revocation or suspension for any period of time, probation for a period of three years or longer, or a fine of \$500.00 or more for a violation of s. 459, Florida Statutes, or the medical practice act of another jurisdiction. The regulatory agency's acceptance of an osteopathic physician's relinquishment of a license, stipulation, consent order, or other settlement, offered in response to or in anticipation of the filing of administrative charges against the osteopathic physician's license, shall be construed as action against the physician's license for the purposes of this section. I understand that I shall be required either to post notice in the form of a sign prominently displayed in the reception area and clearly noticeable by all patients or to provide a written statement to any person to whom medical services are being provided. Such sign or statement shall state that: Under Florida law, osteopathic physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. However, certain part-time osteopathic physicians who meet state requirements are exempt from the financial responsibility law. YOUR OSTEOPATHIC PHYSICIAN MEETS THESE REQUIREMENTS AND HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This notice is provided pursuant to Florida law.

Financial Exemption:

9. NOT PRACTICING IN FLORIDA

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Exhibit 4-D

Fees

Unlicensed Activity \$5.00
Active Renewal \$400.00
Total Amount Due: \$405.00

### Attestation

By submitting the appropriate renewal fees to the Department, I certify compliance with all requirements for renewal. I have carefully read the questions in the foregoing application and have answered them completely. These statements are true and correct. I recognize that providing false information may result in disciplinary action against my license, or criminal penalties. If there are any changes to my status or any change that would affect any of my answers to this application I must notify the department within 30 days.

Attestation Answer: Yes

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Exhibit 4-E

#### Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis Governor

Joseph A. Ladapo, MD, PhD State Surgeon General

Vision: To be the Healthiest State in the Nation

# Application

**Application Detail** 

License Type: Osteopathic Physician

Profession Number: 1901 - Osteopathic Physician

License Number: 16911

Application: Request Address Change

Application Date: 02/16/2024

Personal Detail

First Name: HEIDI

Middle/Second Name: MARJAANA

Last Name/Surname: LAHTEENMAA

Birthdate: 10/25/1977

Addresses

Mailing Address

Address: 3540 S Ocean Blvd, 805

Palm Beach

PALM BEACH

PALM BEACH, FL

33480

US

Phone Number: 786-622-9216

E-mail Address:

**Physical Location** 

Address: 3540 S Ocean Blvd, 805

PALM BEACH

PALM BEACH, FL

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33480

US

Phone Number:

786-622-9216

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Exhibit 5-B



#### Ellen,

As you can see the FI Board of Osteopathic Medicine refuses to address any of my questions. They are cc'd in all these conversations. Since the board refuses to answer me, please address the following:

- 1) Are you saying thast every time information is updated regarding the licenses, it generates a new one? So if I go and update my info, I'll have a 3rd license?
- 2) Doesn't this then generate an "infinite license", as I can just postpone the expiration date, by updating random info every now and then?
- 3) What the upper limit for the licenses? Why don't the previous ones get cancelled out? Doesn't this create chaos & confusion and increase risk for fraud?
- 4) Why is this occurring only with my account?
- 5) What address change are you referring to?
- 6) Why was none of the attestation questions

Exhibit 6-A



- 5) What address change are you referring to?
- 6) Why was none of the attestation questions asked, when I applied for the first time in January? The system bypassed them?
- 7) Who accessed my account, as some info was changed unbeknownst to me? Was it Ransomhub?
- 8) And lastly, why is the FI DOH retaliating against me by invalidating my reports? Is it to keep the seal on a failed Teladoc investigation, due to lackluster and horrific Biden-era policies? I don't think the public will agree with this massive government overreach, almost causing physician death, due to FI DOH ongoing torment and their fabricated lawsuit.



Dr. Lahteenmaa,

If you look at the licenses, the expiration date is



#### Dr. Lahteenmaa,

If you look at the licenses, the expiration date is the same.

I already provided the change of address document.

Neither Mr. Morris nor I will be providing responses to your remaining inquiries as they are not related to instant case, lack context, contain unsubstantiated assertions, and/or request information not known to the Department.

Inquiries that are related to the licensing process will need to be addressed by the Board Office.

•••

# Exhibit 6-B





# Ellen,

Thank you for bringing that up. Yet another massive issue in the system, no surprise there. "In Florida, osteopathic medical licenses must be renewed biennially (every two years). All osteopathic physician licenses expire on March 31 of every even-numbered year." Why is the system generating potentially infinite copies of licenses, all that have different active time period?

And Ellen, why is this only happening with my account? Since it is not occurring with every DO physician, and is not a policy, I consider it retaliatory in nature.



### Dr. Lahteenmaa,

Neither Mr. Morris nor I will be providing a response to your below questions, as they are not relevant to the instant proceeding and/or lack sufficient context in order to be addressed.

Exhibit 6-D



### Dr. Lahteenmaa,

Neither Mr. Morris nor I will be providing a response to your below questions, as they are not relevant to the instant proceeding and/or lack sufficient context in order to be addressed.

General inquiries that are related to the licensing process will need to be addressed by the Board Office.



# So you are refusing to address if this is the policy affecting physicians across the board, or only occurring with my account? I think it is imperative to my case, and your refusal to

answer speaks volumes.

However, your refusal doesn't prevent the

Florida Board of Osteopathic Medicine addressing this question, and it is their duty, as it is vours. to answer this question.

Exhibit 6-E



### Ellen,

So you are refusing to address if this is the policy affecting physicians across the board, or only occurring with my account? I think it is imperative to my case, and your refusal to answer speaks volumes.

However, your refusal doesn't prevent the Florida Board of Osteopathic Medicine addressing this question, and it is their duty, as it is yours, to answer this question.



### Dr. Lahteenmaa,

We will not be providing responses in the context of the ongoing litigation- we object to your outstanding questions (which are Interrogatories due to the posture of the instant case) on the bases of relevance, proportionality, and vagueness, as they are not relevant to the instant case, are not proportional to the needs of the case, and lack context.

Exhibit 6-F





### Dr. Lahteenmaa,

We will not be providing responses in the context of the ongoing litigation- we object to your outstanding questions (which are Interrogatories due to the posture of the instant case) on the bases of relevance, proportionality, and vagueness, as they are not relevant to the instant case, are not proportional to the needs of the case, and lack context.

I did not indicate that I was attempting to prevent the Board Office from answering any questions, to the contrary and as previously stated, general inquiries that are related to the licensing process should be addressed by the Board Office.

Exhibit 6-G



# Ellen,

It is clear this is not an official policy to have numerous medical licenses, with different dates of issuance, each one just piling up on top of the other when making small changes on the account. No such policies are posted on the FI Osteopathic Medicine website, and seems to be an isolated issue only affecting my account, and this retaliatory.

As far as getting info on this, since you are stalling and blocking basic information from me, I will contact Teladoc via mail to inquire about my licenses, dates of issuance, termination and possible investigations.

...

Exhibit 6-H