

FILED DATE **JUN 02 2015**
Department of Health

By: Angel Sanchez
Deputy Agency Clerk

**STATE OF FLORIDA
BOARD OF DENTISTRY**

DEPARTMENT OF HEALTH,
PETITIONER,

vs.

HOWARD S. SCHNEIDER, DDS,
RESPONDENT.

CASE NO.: 2015-11091
LICENSE NO.: DN 3412

**FINAL ORDER
DISCIPLINARY VOLUNTARY RELINQUISHMENT**

This matter appeared before the Board of Dentistry (hereinafter Board), at a duly-noticed public meeting held on May 29, 2015, in Gainesville, Florida, pursuant to sections 120.569 and 120.57(4), *Florida Statutes*, for consideration of a Voluntary Relinquishment (attached hereto as Exhibit "A"). Upon consideration of the voluntary relinquishment, the documents submitted in support thereof, the arguments of the parties, and being otherwise fully appraised in the premises, it is hereby:

ORDERED AND ADJUDGED that the voluntary relinquishment is accepted as a resolution of this cause.

This Final Order shall become effective upon filing with the Clerk for the Department of Health.

DONE AND ORDERED this 1 day of June, 2015.

BOARD OF DENTISTRY

Sue Foster

Sue Foster, Executive Director
For William Kochenour, DDS
Chair of the Board

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by U.S. Mail to Howard S. Schneider, DDS, 1871 University Boulevard South, Jacksonville, Florida 32216; and via electronic mail to **Richard J. Brooderson, Esquire**, rbrooderson@chlawyers.com; **David D. Flynn**, Assistant Attorney General, david.flynn@myfloridalegal.com; and **Candace A. Rochester**, Assistant General Counsel, Department of Health, candace.rochester@flhealth.gov this 2nd day of June, 2015.


DEPUTY AGENCY CLERK

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK **Angel Sanders**
DATE **MAY 22 2015**

DEPARTMENT OF HEALTH,
Petitioner,

v.

2015-11091
DOH Case No. XXXX-XXXX

Howard Schneider, DDS
Respondent.

VOLUNTARY RELINQUISHMENT OF LICENSE

Respondent Howard Schneider, DDS, license number DN 3412, hereby voluntarily relinquishes Respondent's license to practice Dentistry in the State of Florida and states as follows:

1. Respondent's purpose in executing this Voluntary Relinquishment is to avoid further administrative action with respect to this cause. Respondent understands that acceptance by the Board of Dentistry (hereinafter the Board) of this Voluntary Relinquishment shall be construed as disciplinary action against Respondent's license pursuant to Section 456.072(1)(f), Florida Statutes.
2. Respondent agrees to never reapply for any licensure pertaining to Dentistry in the State of Florida.
3. Respondent agrees to voluntarily cease practicing Dentistry immediately upon executing this Voluntary Relinquishment. Respondent further agrees to refrain from the practice of Dentistry until such time as this Voluntary Relinquishment is presented to the Board and the Board issues a written final order in this matter.

4. In order to expedite consideration and resolution of this action by the Board in a public meeting, Respondent, being fully advised of the consequences of so doing, hereby waives the statutory privilege of confidentiality of Section 456.073(10), Florida Statutes, and waives a determination of probable cause, by the Probable Cause Panel, or the Department when appropriate, pursuant to Section 456.073(4), Florida Statutes, regarding the complaint, the Investigative report of the Department of Health, and all other information obtained pursuant to the Department's investigation in the above-styled action. By signing this waiver, Respondent understands that the record and complaint become public record and remain public record and that information is immediately accessible to the public. Section 456.073(10) Florida Statutes

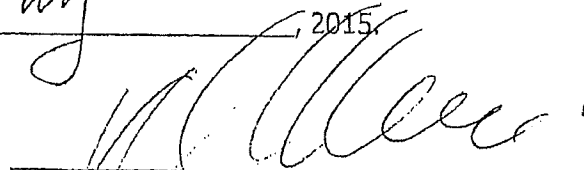
5. Upon the Board's acceptance of this Voluntary Relinquishment, Respondent agrees to waive all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Voluntary Relinquishment and of the Final Order of the Board incorporating this Voluntary Relinquishment.

6. Petitioner and Respondent hereby agree that upon the Board's acceptance of this Voluntary Relinquishment, each party shall bear its own attorney's fees and costs related to the prosecution or defense of this matter.

7. Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent in connection with the Board's consideration of this Voluntary Relinquishment. Respondent agrees that consideration of this Voluntary Relinquishment and other related materials by the Board shall not prejudice or preclude the

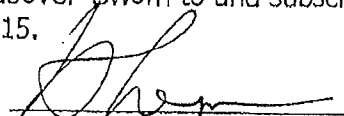
Board, or any of its members, from further participation, consideration, or resolution of these proceedings if the terms of this Voluntary Relinquishment are not accepted by the Board.

DATED this 22^d day of May, 2015.


Howard Schneider, DDS

STATE OF FLORIDA
COUNTY OF:

Before me, personally appeared Howard Schneider, whose identity is known to me by personally (type of identification) and who, under oath, acknowledges that his signature appears above. Sworn to and subscribed before me this 22^d day of May, 2015.


NOTARY PUBLIC

My Commission Expires

