

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

CASE NO. 13-60164-CR-COHN/setzer

21 U.S.C. § 846

21 U.S.C. § 841

21 U.S.C. § 856

18 U.S.C. § 1956(h)

18 U.S.C. § 1957

UNITED STATES OF AMERICA

v.

JASON BOYD,  
JASON RODRIGUEZ,  
VIJAY CHOWDHARY,  
HARISH CHOWDHARY,  
AMANDA BOZER, a/k/a AMANDA BELLEME,  
NESTOR MERCED, JR., and  
HECTOR BRUNO, JR.,

Defendants.

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**INDICTMENT**

The Grand Jury charges that:

**GENERAL ALLEGATIONS**

At times material to this Indictment:

1. Co-conspirators operated a "pill mill" where patrons procured controlled substances under the guise of medical necessity. A "pill mill" is a physician's office, clinic, or health care facility that routinely engages in the practice of prescribing and/or dispensing controlled substances outside the scope of the prevailing standards of medical practice and without a legitimate medical purpose.

2. Intracoastal Medical Groups, Inc. (hereinafter referred to as “IMG” or “the clinic”) was a purported pain management clinic located at 935 Intracoastal Drive, Fort Lauderdale, Florida. It was incorporated in December 2008 by defendant Jason Boyd. From the date of incorporation through September 2010, in various filings with the state of Florida, defendant Boyd listed himself as either the President, Director, Secretary, or a combination of these positions, of IMG. On October 4, 2010, following the enactment of a Florida State law which required that all registered pain clinics be owned by a licensed physician, defendant Boyd filed an amended corporate document which removed himself as an officer of IMG and added Dr. R.M. as President, Director and Secretary of IMG. In April 2013, the annual corporate filing of IMG listed S.D., the sister of defendant Boyd, as the registered agent, and defendant Vijay Chowdhary as the President, Director and Secretary of IMG.

3. Fleet Media was a Florida Limited Liability Company formed in August 2010. In the Articles of Organization for Fleet Media filed with the Florida Department of State, the name A. M. appears as the registered agent for Fleet Media. Fleet Media was located immediately adjacent to IMG, sharing a common wall, and bore the physical address 918 N.E. 26<sup>th</sup> Avenue, Fort Lauderdale, Florida. On November 19, 2010, Articles of Amendment were filed for Fleet Media listing a new registered agent and manager with the name S.R. On February 17, 2011, in the annual report filed by Fleet Media with the state of Florida, Jason Boyd’s sister, S.D. was listed as the Managing Member of Fleet Media and S.R. as the manager. S.D. was also the registered agent for IMG, and in 2012, IMG reported wages on her behalf in the amount of \$31,338. On June 18, 2012, in the annual report filed by Fleet Media with the state of Florida, S.R. was removed as the manager and B.V., an employee of IMG, was listed instead as the manager. Boyd’s sister, S.D. remained listed as the Managing Member of Fleet Media. On April 26, 2013, in the annual report filed by Fleet

Media with the state of Florida, S.D. was listed at the Managing Member of Fleet Media. No other names appeared in any capacity.

### INTRODUCTION

4. The discipline of pain management is an accepted and recognized medical sub-specialty practiced by physicians throughout the United States. Legitimate and qualified pain management experts have specialized knowledge, education, training, and experience and utilize a multi-disciplinary approach. Presently, the discipline of pain management is recognized by state regulatory boards as a sub-specialty of anesthesiology, physical medicine and rehabilitation, neurology, and psychiatry, which are recognized as primary specialties in the United States. Fellowship training programs exist for the purpose of further education in the sub-specialty of pain management, making graduates eligible for board certification in pain management.

5. The co-conspirators operated a “pill mill” which involved ostensibly offering individuals “Pain Management” by doing little more than writing prescriptions for narcotics and other controlled substances. The prescriptions were primarily for large quantities of oxycodone in 15 and 30 milligram (mg) dosage units.

6. Co-conspirators attempted to insulate themselves from criminal liability through the appearance of a legitimate medical practice, including the use of cursory physical exams, preprinted medical forms, magnetic resonance imaging reports (MRI), and urinalysis. However, when necessary, co-conspirators created fraudulent MRIs, fake Florida identification cards, and disregarded or disposed of the urinalysis results to create the illusion of legitimacy. Co-conspirators also accepted and encouraged “sponsors” to use the clinic. The term “sponsor” in reference to a pill mill is a person who pays for the expenses associated with another person’s appointment at a pain clinic in exchange for all or a portion of the other person’s medications prescribed by the clinic.

7. The dispensing and distribution of controlled substances was undertaken primarily for a profit motive.

**Applicable Federal Law**

8. The Controlled Substances Act, Title 21, United States Code, Section 801, et seq. (hereinafter “the CSA”) governed the manufacture, distribution, and dispensing of controlled substances in the United States, including narcotics that are prescribed by physicians and other licensed health care providers. The CSA and its implementing regulations set forth which drugs and other substances are defined by law as “controlled substances,” and those controlled substances are then assigned to one of five schedules, Schedule I, II, III, IV, or V, depending on their potential for abuse, likelihood of physical or psychological dependency, accepted medical use, and accepted safety for use under medical supervision.

9. The term “Schedule I” meant that the drug or substance had no currently accepted medical use and no prescriptions may be written for Schedule I substances.

10. The term “Schedule II” meant that the drug or other substance had a high potential for abuse, the drug or other substance had a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions, and abuse of the drug or other substances may lead to severe psychological or physical dependence.

11. The term “Schedule III” meant that the drug or other substance had a potential for abuse less than the drugs or other substances in schedules I and II, the drug or other substance had a currently accepted medical use in treatment in the United States, and abuse of the drug or other substances may lead to moderate or low physical dependence or high psychological dependence.

12. The term “Schedule IV” meant that the drug or other substance had a low potential for abuse relative to the drugs or other substances in schedule III, the drug or other substance had a

currently accepted medical use in treatment in the United States, and abuse of the drug or other substances may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule III.

13. Oxycodone was a narcotic, opioid analgesic and was classified as a Schedule II controlled substance. It was sold generically or under a variety of brand names, including Roxicodone, OxyContin, and Percocet. When legally prescribed for a legitimate medical purpose, these drugs are used to treat moderate to severe pain, but, even if taken only in prescribed amounts, these drugs can cause physical and psychological dependence. Oxycodone is used in pain relief drugs in varying strengths, including 5, 10, 15, 30, 40, 60, and 80 milligram amounts.

14. Users who abused pills containing oxycodone frequently did so by smoking, chewing, dissolving, injecting, and crushing the pills and then ingesting the substance. These methods, such as crushing, resulted in a more immediate high because it allowed the active ingredient oxycodone to more quickly enter the user's system.

15. Title 21, United States Code, Section 841(a) (1), provided that except as authorized by this subchapter, it shall be unlawful for any person knowingly or intentionally ... to manufacture, distribute, or dispense, or possess with intent to manufacture, distribute or dispense, a controlled substance.

16. Title 21, United States Code, Section 802(10), provided that the term "dispense" means to deliver a controlled substance to an ultimate user or research subject by, or pursuant to the lawful order of, a practitioner, including the prescribing and administering of a controlled substance.

17. Under the CSA, the term "practitioner" was defined, in pertinent part, as a physician registered, or otherwise permitted by the United States or the jurisdiction in which the practitioner

practices to distribute, dispense or administer a controlled substance in the course of professional practice.

18. Title 21, United States Code, Section 821, provided that the Attorney General of the United States is authorized to promulgate rules and regulations relating to the registration and control of the manufacture, distribution and dispensing of controlled substances. Controlled substances may only be distributed or dispensed lawfully in the manner prescribed by the mechanism created by the CSA. Authority for the regulation of controlled substances is assigned to the U.S. Drug Enforcement Administration (hereinafter “the DEA”). The DEA is charged with the prevention, detection, and investigation of the diversion of controlled substances from legitimate channels while simultaneously ensuring that adequate supplies are available to meet legitimate domestic medical, scientific, and industrial needs.

19. The DEA issued unique registration numbers to qualifying persons who were authorized to dispense controlled substances. To issue a prescription for a controlled substance lawfully, a physician must be licensed to practice by a state authority, must have a DEA registration number, and must comply with all DEA regulations and all applicable laws. Thus, while the DEA registration grants practitioners federal authority to handle controlled substances, a DEA-registered practitioner may only engage in those activities that are authorized by law. Provisions of the CSA mandated that the person or entity registered with the DEA must be able to account for all controlled substances which have been received, distributed, dispensed or disposed. All registrants, manufacturers, distributors, pharmacies, and practitioners share responsibility for maintaining appropriate safeguards against diversion, and as a condition of maintaining such a registration, each registrant must take reasonable steps to ensure that the registration is not being utilized as a source of diversion.

20. The Attorney General of the United States has exercised his rulemaking authority regarding the distribution and dispensing of controlled substances under the CSA through the promulgation of Title 21, Code of Federal Regulations, Section 1306.04, governing the issuance of prescriptions, which provides, among other things, that for a prescription for a controlled substance to be effective, it must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. Moreover, an order purporting to be a prescription issued not in the usual course of professional treatment is not a prescription within the meaning and intent of the CSA and ... the person issuing it, shall be subject to the penalties provided for violations of the law relating to controlled substances.

#### **Applicable Florida Laws and Regulations**

21. Florida Administrative Code Rule 64B8-9.013 entitled “Standards for the Use of Controlled Substances for the Treatment of Pain” defined the authority of physicians licensed by the State of Florida to prescribe and dispense controlled substances, such as oxycodone, in the treatment of pain during 2010. All physicians licensed to practice medicine in Florida must have complied with these regulations which stated, in pertinent part, as follows:

(3) Standards: The Board [Florida Board of Medicine] has adopted the following standards for the use of controlled substances for pain control:

(a) Evaluation of the Patient. A complete medical history and physical examination must be conducted and documented in the medical record ...

(b) Treatment Plan. The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and should indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the physician should adjust drug therapy to the individual medical needs of each patient. Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which pain is associated with physical and psychosocial impairment.

(c) Informed Consent and Agreement for Treatment. ... The patient shall receive prescriptions from one physician and one pharmacy where possible. ...

(d) Periodic Review. Based on the individual circumstances of the patient, the physician should review the course of treatment and any new information about the etiology of the pain. Continuation or modification of therapy should depend on the physician's evaluation of the patient's progress. If treatment goals are not being achieved, despite medication adjustments, the physician should reevaluate the appropriateness of continued treatment. The physician should monitor patient compliance in medication usage and related treatment plans.

(e) Consultation. The physician should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Special attention should be given to those pain patients who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion. ...

(f) Medical records. The physician is required to keep accurate and complete records to include, but not be limited to:

1. The medical history and physical examination, including history of drug abuse or dependence, as appropriate;
2. Diagnostic, therapeutic, and laboratory results;
3. Evaluations and consultations;
4. Treatment objectives;
5. Discussion of risks and benefits;
6. Treatments;
7. Medications (including date, type, dosage, and quantity prescribed);
8. Instructions and agreements; and
9. Periodic reviews. Records must remain current and be maintained in an accessible manner and readily available for review.

(g) Compliance with Controlled Substances Laws and Regulations. To prescribe, dispense, or administer controlled substances, the physician must be licensed in the state and comply with applicable federal and state regulations. ...

22. Effective July 1, 2011, these standards were further refined by Title 32, Chapter 456.44 of the Florida State Statutes. All physicians licensed to practice medicine in Florida must comply with these regulations which stated, in pertinent part, as follows:

§ 456.44(3) Standards of practice.--The standards of practice in this section do not supersede the level of care, skill, and treatment recognized in general law related to health care licensure.

(a) A complete medical history and a physical examination must be conducted before beginning any treatment and must be documented in the medical record. The exact components of the physical examination shall be left to the judgment of the clinician who is expected to perform a physical examination proportionate to the diagnosis that justifies a treatment. The medical record must, at a minimum, document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, a review of previous medical records, previous diagnostic studies, and history of alcohol and substance abuse. The medical record shall also document the presence of one or more recognized medical indications for the use of a controlled substance. Each registrant must develop a written plan for assessing each patient's risk of aberrant drug-related behavior, which may include patient drug testing. Registrants must assess each patient's risk for aberrant drug-related behavior and monitor that risk on an ongoing basis in accordance with the plan.

(b) Each registrant must develop a written individualized treatment plan for each patient. The treatment plan shall state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and shall indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the physician shall adjust drug therapy to the individual medical needs of each patient. Other treatment modalities, including a rehabilitation program, shall be considered depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment. The interdisciplinary nature of the treatment plan shall be documented.

(c) The physician shall discuss the risks and benefits of the use of controlled substances, including the risks of abuse and addiction, as well as physical dependence and its consequences, with the patient, persons designated by the patient, or the patient's surrogate or guardian if the patient is incompetent. The physician shall use a written controlled substance agreement between the physician and the patient outlining the patient's responsibilities, including, but not limited to:

1. Number and frequency of controlled substance prescriptions and refills.
2. Patient compliance and reasons for which drug therapy may be discontinued, such as a violation of the agreement.
3. An agreement that controlled substances for the treatment of chronic, nonmalignant pain shall be prescribed by a single treating physician unless otherwise authorized by the treating physician and documented in the medical record.

(d) The patient shall be seen by the physician at regular intervals, not to exceed 3 months, to assess the efficacy of treatment, ensure that controlled substance therapy remains indicated, evaluate the patient's progress toward treatment objectives, consider adverse drug effects, and review the etiology of the pain. Continuation or modification of therapy shall depend on the physician's evaluation of the patient's progress. If treatment goals are not being achieved, despite medication adjustments, the physician shall reevaluate the appropriateness of continued treatment. The physician shall monitor patient compliance in medication usage, related treatment plans, controlled substance agreements, and indications of substance abuse or diversion at a minimum of 3-month intervals.

(e) The physician shall refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Special attention shall be given to those patients who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder requires extra care, monitoring, and documentation and requires consultation with or referral to an addictionologist or psychiatrist.

(f) A physician registered under this section must maintain accurate, current, and complete records that are accessible and readily available for review and comply with the requirements of this section, the applicable practice act, and applicable board rules. The medical records must include, but are not limited to:

1. The complete medical history and a physical examination, including history of drug abuse or dependence.
2. Diagnostic, therapeutic, and laboratory results.
3. Evaluations and consultations.
4. Treatment objectives.
5. Discussion of risks and benefits.
6. Treatments.
7. Medications, including date, type, dosage, and quantity prescribed.
8. Instructions and agreements.
9. Periodic reviews.
10. Results of any drug testing.
11. A photocopy of the patient's government-issued photo identification.

12. If a written prescription for a controlled substance is given to the patient, a duplicate of the prescription.

13. The physician's full name presented in a legible manner.

(g) Patients with signs or symptoms of substance abuse shall be immediately referred to a board-certified pain management physician, an addiction medicine specialist, or a mental health addiction facility as it pertains to drug abuse or addiction unless the physician is board-certified or board-eligible in pain management. Throughout the period of time before receiving the consultant's report, a prescribing physician shall clearly and completely document medical justification for continued treatment with controlled substances and those steps taken to ensure medically appropriate use of controlled substances by the patient. Upon receipt of the consultant's written report, the prescribing physician shall incorporate the consultant's recommendations for continuing, modifying, or discontinuing controlled substance therapy. The resulting changes in treatment shall be specifically documented in the patient's medical record. Evidence or behavioral indications of diversion shall be followed by discontinuation of controlled substance therapy, and the patient shall be discharged, and all results of testing and actions taken by the physician shall be documented in the patient's medical record.

23. Under these same standards and also effective July 1, 2011, as set forth in Title 32, Chapter 458.3265(2)(c), a physician, physician assistant, or an advanced registered nurse practitioner must perform a physical examination of a patient on the same day that the physician prescribes a controlled substance to a patient at a pain management clinic. If the physician prescribes more than a 72 hour dose of controlled substances for the treatment of chronic nonmalignant pain, the physician must document in the patient's record the reason for prescribing that quantity. Chronic nonmalignant pain was defined as pain unrelated to cancer or rheumatoid arthritis which persists beyond the usual course of disease or the injury that is the cause of the pain or more than 90 days after surgery.

24. In an effort to regulate pain clinics operating in the State of Florida, the State also promulgated regulations related to pain management clinics which became effective October 1, 2010 (Title 32, Chapter 458.3265). Under these regulations, every pain management clinic, with certain

exceptions not applicable here, must register with the Florida Department of Health (“the Department”). As part of the registration, a clinic must designate a physician who is responsible for complying with all requirements related to the registration and operation of the clinic. The Department shall deny registration to any clinic that is not fully owned by a physician licensed pursuant to the laws of the State of Florida. The Department shall further deny registration to any pain management clinic owned by a physician if the Department finds that the clinic is owned, directly or indirectly, by a person that has been convicted of an offense that constitutes a felony for the receipt of illicit and diverted drugs.

25. Effective July 1, 2011, pursuant to Title 32, Chapter 458.3265(2)(j)(2), the designated physician of a pain management clinic shall report to the Board of Medicine, in writing, on a quarterly basis, the following:

- a. The number of new and repeat patients seen and treated at the clinic who are prescribed controlled substance medications for the treatment of chronic, nonmalignant pain.
- b. The number of patients discharged due to drug abuse.
- c. The number of patients discharged due to drug diversion.
- d. The number of patients treated at the pain clinic whose domicile is located somewhere other than in this state. A patient’s domicile is the patient’s fixed or permanent home to which he or she intends to return even though he or she may temporarily reside elsewhere.

#### **DEFENDANTS**

26. Jason Boyd has no known medical education or background, but was the primary owner of IMG. He has a prior conviction which prohibits him from owning any pain management clinic, either directly or indirectly, under Florida state law. Jason Boyd receives a salary from the clinic in the form of either checks, cash, or interbank transfers. He also takes other cash from the clinic as desired and without restriction. IMG reported to the State of Florida gross wages paid to

Jason Boyd as follows: (1) during 2010, Jason Boyd received reported payments totaling \$60,000; (2) during 2011, Jason Boyd received reported payments totaling \$191,000; (3) during 2012, Jason Boyd received reported payments totaling \$250,000 and (4) during the first quarter of 2013 only, Jason Boyd received reported payments totaling \$30,000. Jason Boyd also caused a salary from IMG to be paid to his girlfriend, M.R., although she does not work at IMG. IMG reported to the State of Florida gross wages paid to M.R. as follows: (1) during 2010, M.R. received reported payments totaling \$48,322; (2) during 2011, M.R. received reported payments totaling \$90,000; (3) during 2012, M.R. received reported payments totaling \$144,500 and (4) during the first quarter of 2013 only, M.R. received reported payments totaling \$24,500.

27. Jason Rodriguez has no known medical education or background, but was the manager of IMG. He has a prior conviction which prohibits him from owning any pain management clinic, either directly or indirectly, under Florida state law. Jason Rodriguez does not appear in the payroll accounts of IMG, no wages are reported for him on behalf of IMG to the State of Florida, and all payments to him by IMG are in cash.

28. Physician Vijay Chowdhary was a physician licensed to practice medicine in the State of Florida. He completed his medical residency in Internal Medicine. He does not hold any certifications from any speciality board recognized by the Florida Board of Medicine. Physician Vijay Chowdhary was issued DEA registration number BC2398748 which allowed him to dispense controlled substances. Physician Vijay Chowdhary caused to be filed with the Florida Department of Health a document entitled "Application for and Change to Pain Management Clinic Registration." The document listed its effective date as March 29, 2012, and listed as its purposes a "change of ownership" of the IMG pain management clinic and a "new designated physician." The document listed the prior owner as R.M., a medical doctor, and the new owner as physician Vijay

Chowdhary. No other owner, principal, officer, or agent was listed. The document listed B.V. as the managing employee. No other managing employee was listed. The document listed the new designated physician as physician Vijay Chowdhary. On the application, "No" was marked in response to the question "[h]as the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been convicted of, or entered a plea of guilty or nolo contendere to ... a felony under Chapter 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970." Submitted with the application was a two page "Agreement for Sale of Intracoastal Medical Groups, Inc." between the seller R.M., MD, the buyer physician Vijay Chowdhary, and Jason Boyd, "the prior owner of the company and an interested party." Physician Vijay Chowdhary first received an employment payroll check from IMG on March 30, 2012, in the amount of \$3750. On April 13, 2012, his salary was increased to \$7500 every two weeks. On September 28, 2012, his salary was decreased and has varied since that date through the date of the return of this Indictment.

29. Harish Chowdhary was a physician's assistant licensed in the State of Florida. He is the brother of Vijay Chowdhary. As of March 19, 2012, physician Vijay Chowdhary was listed as the supervising practitioner for Harish Chowdhary. Harish Chowdhary first received an employment payroll check from IMG in the amount of \$1550 on November 3, 2010. Harish Chowdhary has received payroll payments since at least November 3, 2010, through the date of the return of this Indictment. At the time of the return of this Indictment, he was paid approximately \$2500 per week. He receives this payment in the form of a \$2500 payroll check issued every other week and a \$2500 cash payment issued on the alternating weeks.

30. Amanda Bozer assisted the co-conspirators with the creation of fake documents for the patient files including MRIs related to purported patients of IMG.

31. Nestor Merced, Jr., and Hector Bruno, Jr., sponsored patients at IMG.

## COUNT 1

1. The General Allegations section of this Indictment is re-alleged and expressly incorporated herein as if set forth in full.

2. From an unknown date but at least beginning in or about October 2010, and continuing through the date of this Indictment, in the Southern District of Florida, and elsewhere, the defendants,

**JASON BOYD,  
JASON RODRIGUEZ,  
VIJAY CHOWDHARY,  
HARISH CHOWDHARY,  
AMANDA BOZER, a/k/a AMANDA BELLEME,  
NESTOR MERCED, JR., and  
HECTOR BRUNO, JR.,**

knowingly and willfully combined, conspired, confederated, and agreed, with one another and with other persons known and unknown to the Grand Jury, to distribute, dispense, and possess with intent to distribute and dispense, a mixture and substance containing a detectable amount of oxycodone, a Schedule II narcotic controlled substance, outside the scope of professional practice and not for a legitimate medical purpose, in violation of Title 21, United States Code, Section 841(a)(1).

### Manner and Means of the Conspiracy

3. In or about October 2010, defendant Jason Boyd purported to transfer ownership of IMG, which he had established in or about 2008, to R.M., a medical doctor, to make it appear as if he had complied with Florida state law regarding the regulation of pain clinics. Despite the paperwork filed with the Florida Department of Health, defendant Boyd at all times remained the owner and in control of the operation of IMG.

4. On an unknown date but at least sometime after February 11, 2011, defendant Rodriguez became the on-site manager of IMG.

5. Co-conspirators would allow sponsors to bring pseudo-patients to the clinic with no need for medical treatment so that the oxycodone prescriptions written during the visit could be turned over to the sponsor. Co-conspirators would allow the substitution of one pseudo-patient for another so that any person could arrive at IMG on behalf of the sponsor and utilize the name of a previously seen person for whom a patient file at IMG existed. Co-conspirators made no effort to confirm that the individual physically present at IMG matched the patient file. Co-conspirator Rodriguez would coach the pseudo-patient on what to say to medical personnel at IMG.

6. Co-conspirators would require individuals seeking controlled substances to present MRI reports in an attempt to insulate the co-conspirators and to make the clinics and physicians appear legitimate. Co-conspirators would create fake MRI reports when necessary to make it appear as if the pseudo-patient had undergone an MRI.

7. Co-conspirators employed at the clinics would provide individuals with either pre-signed prescriptions for MRIs or cards directing the individuals to an MRI facility, without having such individuals first confer with the physicians.

8. Co-conspirators would require that individuals provide a urine sample in order that a urinalysis be conducted prior to examination by a physician. The urinalysis would be conducted in order to make it appear that the activities of the clinic and the physicians were proper and in an attempt to make the prescription of controlled substances appear to be legitimate. The urine sample would be provided by individuals without supervision or monitoring. Individuals whose urinalysis reflected marijuana use would be permitted to be examined. Individuals whose urinalysis results reflected cocaine usage would be instructed to leave the clinic and return for treatment when the urine would test clean. If positive for cocaine, the urinalysis report would be discarded and not maintained in the patient file. If the urine sample of a return patient tested negative for the presence

of oxycodone, suggesting the possibility of diversion rather than actual use of the oxycodone, co-conspirators would often agree to continue to prescribe oxycodone to the individual rather than discharge the person. Staff recommendations for discharge were often overruled by the co-conspirators, particularly if the patient was associated with defendant Jason Rodriguez.

9. Co-conspirators would require individuals seeking controlled substances to present identification cards or driver's licenses issued by the State of Florida to make it appear as if the clinic did not see patients from outside of the State of Florida to further the appearance that the clinic was legitimate and avoid scrutiny by law enforcement. When necessary, co-conspirators would create fake Florida identification cards or driver's licenses to make it appear as if the person resided within the State of Florida. Co-conspirators also employed at the clinic a relative of defendant Jason Boyd whose job included ensuring that no vehicles with out-of-state license plates parked at or near the clinic. These vehicles would be redirected to a nearby shopping plaza parking lot to avoid the appearance that any out-of-state patient was visiting the clinic. Co-conspirators ignored information available to them, such as calls from pharmacies outside the state of Florida seeking to verify the prescriptions as part of the prescription filling process, or E-FORCSE, a prescription monitoring program, which would reflect that a pharmacy within the state of Florida did not report filling the issued prescription. On the quarterly reports filed with the Department of Health, co-conspirators stated that the clinic treated zero patients whose domicile was located somewhere other than in Florida.

10. Co-conspirators would refrain from appreciably reducing the quantity and strength of oxycodone pills prescribed to individuals. Co-conspirators would increase the quantity of oxycodone pills prescribed to individuals, without medical necessity, but rather at the request of the individual or the individual's sponsor. Co-conspirators would refrain from significantly adjusting

the drug therapy to the individual medical needs of the patients.

11. Non-medical co-conspirators would direct medical co-conspirators with respect to the treatment of patients to increase profits from the conspiracy. Non-medical co-conspirators would direct medical co-conspirators to increase the amount of oxycodone prescribed in response to patient complaints. Non-medical co-conspirators would direct medical co-conspirators to continue treatment of patients whom the staff suggested should be discharged. Non-medical co-conspirators would direct medical co-conspirators on the length of time to query E-FORCSE to lessen the likelihood of learning information which would suggest drug abuse or diversion in new patients.

12. Co-conspirators would refrain from prescribing alternative treatment modalities, including, physical therapy, muscle relaxants, low doses of controlled substances, lower strengths of controlled substances and/or interventional pain management procedures.

13. Co-conspirators would perform a minimal and cursory physical examination of the patients in an attempt to insulate the co-conspirators and make their activities appear legitimate.

14. IMG was primarily a cash business. Co-conspirators would maintain cash generated through the distribution and dispensing of controlled substances at the business named Fleet Media, located adjacent to the clinic. The financial records related to IMG were stored within Fleet Media. The cash was counted at Fleet Media and would then be distributed to co-conspirators and their associates as cash, or would then be deposited at various financial institutions. When deposited, the deposits rarely exceeded \$10,000 in an effort to avoid detection and scrutiny by law enforcement. Often, multiple deposits were made on the same day under \$10,000, or deposits were split into various bank accounts controlled by co-conspirators so that no single deposit exceeded \$10,000.

16. Co-conspirators would distribute and dispense, and cause to be distributed and dispensed, oxycodone that was not prescribed for a legitimate medical purpose, and not in the usual

course of professional practice in one or more of the following non-exhaustive manners:

- a. inadequate verification of the patient's medical complaint;
- b. cursory, incomplete, inadequate or no medical examinations by the attending doctors;
- c. no or inadequate patient medical history and no follow-up verification;
- d. insufficient dialogue with the patients regarding treatment options and risks and benefits of such treatments;
- e. primarily treating patients with highly addictive controlled substances while failing to consider other treatment options;
- f. failure to refer patients to specialists for treatment;
- g. “coaching” patients as to what to say in order to justify or attempt to justify the prescribing and dispensing of highly addictive drugs to the patients;
- h. lack of or inadequate diagnostic testing;
- i. writing prescriptions for patients who admitted to buying or receiving pills on the street;
- j. increasing the patients’ dosages over time or switching to more powerful drugs with no medical justification;
- k. prescribing inappropriate combinations of drugs for patients;
- l. patients suggesting or directing the medications to be prescribed;
- m. treating a large number of patients who reside either outside of the State or long distances from South Florida to obtain prescriptions for highly addictive controlled substances;
- n. prescribing highly addictive controlled substances to patients who complain of nebulous physical conditions, where lesser treatment options would be indicated;
- o. failing to assess the risk of abuse for individual patients;
- p. failing to monitor the patients’ responses to the medication or compliance with medical usage; and

- q. failing to consider the results of the patients' toxicology screens showing non-use of the medication prescribed, yet continuing to prescribe the controlled substance.

All in violation of Title 21, United States Code, Section 846.

**COUNT 2**

1. Paragraphs 1-29 of the General Allegations section, and the Manner and Means of the Conspiracy section of Count 1 of this Indictment, are re-alleged and expressly incorporated herein as if set forth in full.

2. From on or about March 29, 2012, and continuing through the date of this Indictment, in the Southern District of Florida, the defendants,

**JASON BOYD,  
JASON RODRIGUEZ,  
VIJAY CHOWDHARY, and  
HARISH CHOWDHARY,**

did knowingly and unlawfully open, lease, rent, use and maintain a place, that is, IMG, located at 935 Intracoastal Boulevard, Fort Lauderdale, Florida, for the purpose of distributing a controlled substance, that is, oxycodone, in violation of Title 21, United States Code, Section 856(a)(1) and Title 18, United States Code, Section 2.

**COUNTS 3 - 16**

1. Paragraphs 1-25, and 27-29 of the General Allegations section, and the Manner and Means of the Conspiracy section of Count 1 of this Indictment, are re-alleged and expressly incorporated herein as if set forth in full.

2. On or about the dates noted below, in the Southern District of Florida, the defendants,

**JASON RODRIGUEZ,  
VIJAY CHOWDHARY, and  
HARISH CHOWDHARY,**

as listed in the below Counts, knowingly and intentionally distributed and dispensed, and aided and

abetted the distribution and dispensing of a controlled substance, that is, oxycodone, a Schedule II controlled substance, outside the usual course of professional practice and not for a legitimate medical purpose, each act constituting a separate count of this Indictment:

COUNT/ DEFENDANT	DATE/ UC	PRESCRIBED	SEEN BY	ISSUED BY
3 V. Chowdhary	04/16/12 Calvano	84 oxycodone 30 mg. pills 30 Motrin 400 mg. pills	V. Chowdhary	V. Chowdhary
4 V. Chowdhary	05/14/12 Calvano	84 oxycodone 30 mg. pills 30 Motrin 400 mg. pills 28 Ambien 10 mg. pills	V. Chowdhary	V. Chowdhary
5 V. Chowdhary	06/11/12 Calvano	112 oxycodone 30 mg. pills 30 Motrin 400 mg. pills 28 Ambien 10 mg. pills	V. Chowdhary	V. Chowdhary
6 V. Chowdhary	07/12/12 Calvano	120 oxycodone 30 mg. pills 30 Motrin 400 mg. pills 28 Ambien 10 mg. pills	V. Chowdhary	V. Chowdhary
7 H. Chowdhary	08/31/12 Calvano	112 oxycodone 30 mg. pills 30 Motrin 400 mg. pills 28 Ambien 10 mg. pills	H. Chowdhary	E.C.
8 V. Chowdhary	10/30/12 Calvano	112 oxycodone 30 mg. pills 30 Motrin 400 mg. pills 28 Ambien 10 mg. pills	V. Chowdhary	V. Chowdhary
9 V. Chowdhary J. Rodriguez	08/10/12 Chin	84 oxycodone 30 mg. pills 28 Motrin 400 mg. pills	V. Chowdhary J. Rodriguez	V. Chowdhary
10 H. Chowdhary J. Rodriguez	10/10/12 Chin	112 oxycodone 30 mg. pills 28 Motrin 400 mg. pills	H. Chowdhary J. Rodriguez	E.C.
11 H. Chowdhary J. Rodriguez	11/09/12 Chin	112 oxycodone 30 mg. pills 28 Motrin 400 mg. pills	H. Chowdhary J. Rodriguez	E.C.
12 V. Chowdhary J. Rodriguez	08/10/12 Zarvis	84 oxycodone 30 mg. pills 28 Motrin 400 mg. pills	V. Chowdhary J. Rodriguez	V. Chowdhary

COUNT/ DEFENDANT	DATE/ UC	PRESCRIBED	SEEN BY	ISSUED BY
13 <b>H. Chowdhary</b> <b>J. Rodriguez</b>	10/10/12 Zarvis	112 oxycodone 30 mg. pills 28 Motrin 600 mg. pills	H. Chowdhary J. Rodriguez	E.C.
14 <b>H. Chowdhary</b> <b>J. Rodriguez</b>	11/09/12 Zarvis	112 oxycodone 30 mg. pills 28 Motrin 400 mg. pills	H. Chowdhary J. Rodriguez	E.C.
15 <b>V. Chowdhary</b> <b>J. Rodriguez</b>	09/25/12 Weir	112 oxycodone 30 mg. pills 28 Motrin 400 mg. pills	V. Chowdhary J. Rodriguez	V. Chowdhary
16 <b>V. Chowdhary</b> <b>H. Chowdhary</b> <b>J. Rodriguez</b>	10/30/12 Weir	112 oxycodone 30 mg. pills 30 Motrin 400 mg. pills	H. Chowdhary J. Rodriguez	V. Chowdhary

All in violation of Title 21, United States Code, Sections 841(a)(1), (b)(1)©, and Title 18, United States Code, Section 2.

**COUNT 17**

1. Paragraphs 1-26 of the General Allegations section, and the Manner and Means of the Conspiracy section of Count 1 of this Indictment, are re-alleged and expressly incorporated herein as if set forth in full.

2. Beginning in or about October 2010, and continuing through on or about the date of the return of this Indictment, the exact dates being unknown to the Grand Jury, in the Southern District of Florida, and elsewhere, the defendant,

**JASON BOYD,**

did knowingly combine, conspire, confederate, and agree with other persons known and unknown to the Grand Jury to commit certain offenses against the United States, in violation of Title 18, United States Code, Section 1956, that is,

(A) to knowingly conduct a financial transaction affecting interstate and foreign

commerce, which transaction involved the proceeds of specified unlawful activity, knowing that the property involved in the financial transaction represented the proceeds of some form of unlawful activity, knowing that the transaction was designed in whole or in part to:

(1) conceal and disguise the nature, the location, the source, the ownership and the control of the proceeds of specified unlawful activity, in violation of Title 18, United States Code, Section 1956(a)(1)(B)(I); and

(2) avoid a transaction reporting requirement under State and Federal law, in violation of Title 18, United States Code, Section 1956(a)(1)(B)(ii).

It is further alleged that the specified unlawful activity is the distribution, dispensing and possession with intent to distribute and dispense, oxycodone, a Schedule II narcotic controlled substance, outside the scope of professional practice and not for a legitimate medical purpose, in violation of Title 21, United States Code, Section 841(a)(1).

All in violation of Title 18, United States Code, Section 1956(h).

#### **COUNTS 18-20**

1. Paragraphs 1-26 of the General Allegations section, and the Manner and Means of the Conspiracy section of Count 1 of this Indictment, are re-alleged and expressly incorporated herein as if set forth in full.

2. On or about the dates noted below, in the Southern District of Florida, and elsewhere, the defendant,

#### **JASON BOYD,**

did knowingly engage and attempt to engage in monetary transactions affecting interstate and foreign commerce, by, through, and to a financial institution, as specified below with respect to each count, each such transaction involving criminally derived property of a value greater than \$10,000, such

property having been derived from a specified unlawful activity, that is, the conspiracy charged in Count 1 of this Indictment, in violation of Title 21, United States Code, Sections 841(a)(1) and 846:

COUNT	DATE	MONETARY TRANSACTION
18	10/26/2010 - 11/03/2010	Defendant purchased a 1969 Chevrolet Camaro VIN 124379N598210 for \$43,000 which consisted of (1) a \$9,000 wire transfer on October 26, 2010; (2) a \$9,000 wire transfer on October 27, 2010; (3) a \$7,000 wire transfer on October 28, 2010; (4) a \$9,000 wire transfer on November 2, 2010; and (5) a \$9,000 wire transfer on November 3, 2010. Each wire transfer was from the Bank of America account ending in 6624 to the seller in Utah.
19	4/06/2012 - 4/23/2012	Defendant purchased a 1990 General Custom Military Truck VIN 032513926NKOFN from the Barrett-Jackson Auction Company for \$47,102.40 which consisted of (1) a \$7,000 cash payment made on April 6, 2012; (2) a \$9,000 cash payment made on April 7, 2012; (3) a \$30,090 cash payment made on April 7, 2012; (4) a \$1,000 cash payment made on April 7, 2012; and (5) check number 5088 dated April 23, 2012 in the amount of \$12.40 and drawn on the Bank of America Account ending in 8557.
20	7/13/2012 - 10/26/2012	The purchase of the residence located at 14650 SW 29 <sup>th</sup> Place, Davie, Florida. The purchase money for the residence included multiple cash deposits into the Bank of America Account ending in 3044 beginning on July 13, 2012; a \$10,000 cashier's check deposited into this same account on October 9, 2012; a transfer of \$90,000 from the Bank of America Account ending in 3044 to the account ending in 4629 on October 26, 2012; a \$19,705 cash deposit into the Bank of America account ending in 4629 on October 26, 2012; and the transfer of \$135,613 from the Bank of America Account ending in 4629 to Shore to Shore Title on or about October 26, 2012.

In violation of Title 18, United States Code, Sections 1957 and 2.

## FORFEITURE ALLEGATIONS

1. The allegations of Counts 1 through 16, for violations of Title 21, United States Code, Sections 841, 846 and 856, as charged in this Indictment are re-alleged and by this reference fully incorporated for the purpose of alleging forfeiture to the United States of America pursuant to the provisions of Title 21, United States Code, Section 853.

2. Upon conviction of any of the counts alleged in this Indictment, the defendants, **JASON BOYD, JASON RODRIGUEZ, VIJAY CHOWDHARY, HARISH CHOWDHARY, AMANDA BOZER, a/k/a, AMANDA BELLEME, NESTOR MERCED, JR., and HECTOR BRUNO, JR.,** shall forfeit to the United States, pursuant to the provisions of Title 21, United States Code, Section 853, any property constituting or derived from any proceeds that the defendants obtained, directly or indirectly, as the result of such violation(s), and any property used or intended to be used by the defendants, in any manner or part, to commit or to facilitate the commission of such violation(s), including but not limited to the following property:

- A. Approximately Four Million, Two Hundred Seventy-Three Thousand, Nine Hundred Forty Dollars (\$4,273,940.00) in U.S. currency, in that such sum in aggregate was received in exchange for the distribution of controlled substances or is traceable thereto.
- B. Real property:
  - (1.) 9320 NW 26th Street, Sunrise, FL 33322
  - (2.) 14650 SW 29th Place, Davie, FL 33330
- C. U.S. currency:
  - (a.) Approximately \$20,000.00 on deposit in Wells Fargo Bank account number 8914894533, located at 2577 East Sunrise Boulevard, Fort Lauderdale, Florida 33304, in the names of Vijay Chowdhary and S.L.D.
  - (b.) Approximately \$7,000.00 on deposit in Wells Fargo Bank account number 1010272930243, located at 2577 East Sunrise Boulevard, Fort Lauderdale, Florida 33304, in the names of Jason Darrell Boyd and M.R.

- (c.) Approximately \$30,000.00 on deposit in Wells Fargo Bank account number 109000976623, located at 2577 East Sunrise Boulevard, Fort Lauderdale, Florida 33304, in the names of Vijay K. Chowdhary and M.M.C.

D. Vehicles:

- (1.) 1969 Chevrolet, VIN: 124379N598210, CO Tag BOLTNEK; and
- (2.) 1990 AM General, VIN: 032513926NK0FCN, TX Tag 269PMU;

3. The allegations of Counts 17 through 20 for violations of Title 18, United States Code, Sections 1956 and 1957, of this Indictment are re-alleged and by this reference fully incorporated for the purpose of alleging forfeiture to the United States of America pursuant to the provisions of Title 18, United States Code, Section 1956(h).

4. Upon conviction of any of the counts alleged in this Indictment, the defendant, **JASON BOYD**, shall forfeit to the United States, pursuant to the provisions of Title 18, United States Code, Section 982(a)(1), any property, real or personal, involved in such offense, or any property traceable to such property, including but not limited to the following property:

- A. Approximately Four Million, Two Hundred Seventy-Three Thousand, Nine Hundred Forty Dollars (\$4,273,940.00) in U.S. currency, in that such sum in aggregate was received in exchange for the distribution of controlled substances or is traceable thereto.
- B. Real property:
  - (1.) 9320 NW 26th Street, Sunrise, FL 33322
  - (2.) 14650 SW 29th Place, Davie, FL 33330
- C. U.S. currency:
  - (a.) Approximately \$20,000.00 on deposit in Wells Fargo Bank account number 8914894533, located at 2577 East Sunrise Boulevard, Fort Lauderdale, Florida 33304, in the names of Vijay Chowdhary and S.L.D.
  - (b.) Approximately \$7,000.00 on deposit in Wells Fargo Bank account number 1010272930243, located at 2577 East Sunrise Boulevard, Fort Lauderdale, Florida 33304, in the names of Jason Darrell Boyd and M.R.
  - (c.) Approximately \$30,000.00 on deposit in Wells Fargo Bank account number

109000976623, located at 2577 East Sunrise Boulevard, Fort Lauderdale, Florida 33304, in the names of Vijay K. Chowdhary and M.M.C.

D. Vehicles:

- (1.) 1969 Chevrolet, VIN: 124379N598210, CO Tag BOLTNEK; and
- (2.) 1990 AM General, VIN: 032513926NK0FCN, TX Tag 269PMU;

5. If the property described above as being subject to forfeiture, as a result of any

act or omission of the defendants,

- (1) cannot be located upon the exercise of due diligence;
- (2) has been transferred or sold to, or deposited with a third person;
- (3) has been placed beyond the jurisdiction of the Court;
- (4) has been substantially diminished in value; or
- (5) has been commingled with other property which cannot be subdivided without difficulty;

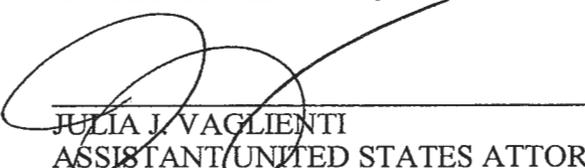
it is the intent of the United States, pursuant to Title 21, United States Code, Section 853(p), to seek forfeiture of any other property of the defendants up to the value of the above forfeitable property.

All pursuant to the provisions of Title 21, United States Code, Section 853.

A TRUE BILL

FOREPERSON

  
\_\_\_\_\_  
WIFREDO A. FERRER  
UNITED STATES ATTORNEY

  
\_\_\_\_\_  
JULIA J. VAGLIANTI  
ASSISTANT UNITED STATES ATTORNEY