

# MARION COUNTY BOARD OF COUNTY COMMISSIONERS

## APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

APPLICATION DATE: May 22, 2025

BOARD NAME: Marion County Hospital District

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### PERSONAL INFORMATION

Name: Mark Timothy Ortolani Jr

Occupation: Medical Director of Emergency Medicine Advent Health Ocala

If Retired, previous occupation: \_\_\_\_\_

Address: 8 [REDACTED]

City: Ocala State: FL ZIP: 34476

Phone#: 772-342-3999

E-mail Address: markortolanijr@gmail.com

### MAILING ADDRESS (If different from residence):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Is your address or any other personal information exempt under Florida Statute 119.70? Yes \_\_\_\_ No X

If yes, please submit a signed Marion County Public Records Act Exempt Form (available upon request).

What is your preferred form of communication? Phone X Mail \_\_\_\_ Email \_\_\_\_

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The following data is collected in accordance with Florida Statute, Section 760.80, for the purpose of statistical reporting and ensuring compliance with diversity and inclusion guidelines. Your responses will be kept confidential and will not affect your application.

Gender: Male X Female \_\_\_\_ Prefer not to disclose \_\_\_\_

Physically Disabled: Yes \_\_\_\_ No X Prefer not to disclose \_\_\_\_

Race: African-American \_\_\_\_ Native-American \_\_\_\_ Caucasian X Other \_\_\_\_  
Hispanic/Latino \_\_\_\_ Asian -American \_\_\_\_ Prefer not to disclose \_\_\_\_

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Are you a registered voter? Yes X No \_\_\_\_

Do you own homestead property in Marion County? Yes \_\_\_\_ No X, (However, I recently purchased acreage in Belleview and will homestead in 2026)

Are you employed by Marion County or have relatives that are Marion County employees? Yes \_\_\_\_ No X

If yes, please provide position, department and/or relationship to County employee and their position/department

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently work for an entity or agency that either receives funding from, or has a contract with the County to perform services? Yes X No   

Are you, your spouse, or children, currently an officer, director, or partner in any entity or agency that receives funding from, or has a contract with the county? Yes    No X

If yes, please submit a signed **FORM 4a - Disclosure of Business Transaction, Relationship, or Interest**. (Available upon request).

Have you been convicted (including a withholding of adjudication), pled guilty or pled to a Nolo Contendere (no contest) to a misdemeanor or felony (including a criminal traffic violation)? Yes    No X

A 'YES' answer will not automatically disqualify you from serving on an advisory board. The nature, severity, and date of the offense will be considered in relation to the position. If unsure about the details of a criminal case, contact the relevant agency to ensure accuracy when reporting your history. Failure to do so may result in removal from the board. If you answered 'YES,' please provide details. You may use an additional sheet if needed.

### **WHY DO YOU DESIRE TO SERVE ON THIS/THESE BOARDS?**

*(Include current or previous work experience; community involvement; interests/activities)*

As a board-certified emergency medicine physician serving the residents of Marion County, I witness firsthand the impact our healthcare system and available resources have on our community. In my roles as Medical Director and an active member of our hospital's Medical Executive Committee, I help guide decisions that affect countless patients. I am seeking a position on the county hospital district board to further contribute to our community's health and well-being at a broader and more strategic level.

### **SERVING ON OTHER BOARDS**

Do you currently serve on any other boards in Florida, or are you an elected or appointed state, county (Marion County or other county) or municipal ("city") office holder? Yes    No X

If yes, which board?   

*(Important: You may not serve on more than one (1) Substantive Board: Board of Adjustment; Code Enforcement Board; License Review Board; Land Development Regulation Commission; Historical Commission; Hospital District Board of Trustees; Housing Finance Authority; Industrial Development Authority; Tourist Development Council; Parks and Recreation Advisory Council)*

Have you ever served on a City or County advisory board? Yes    No X

If yes, when, where and which board(s)?   

### **REFERENCES - Please list three (3) personal and/or business references**

**(PLEASE DO NOT USE COMMISSIONERS or COUNTY ADMINISTRATION STAFF as REFERENCES)**

Name: Bob Sledd  
Phone Number:                      Email:                     

Name: Dr. Raj Mathur  
Phone Number:                      Email:                     

Name: Joe Vorwerk  
Phone Number:                      Email:

INITIAL: MT I authorize Marion County to contact my references and I understand that all statements made on this application may be verified by Marion County.

INITIAL: MT I understand the responsibilities associated with being a board member, and I have adequate time to serve if appointed.

INITIAL: MT I agree to complete training within six (6) months from the date of my appointment.

INITIAL: MT I understand that submitting this application makes all provided information public record, subject to disclosure under applicable laws unless exempt under Florida Statute 119.071. I confirm the accuracy of all details provided and their suitability for public release.

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**By signing this application, I certify that the information I provided in this application is true and correct, and that any misstatements or material omissions on my application may result in my removal from my appointed position.**

SIGN: Mark T. Ortolani, Jr.

DATE: May 22, 2025

PRINT: Mark T. Ortolani, Jr.

RECEIVED BY BCC:

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This application will be kept on file for a period of one year from date of receipt by the Board of County Commissioners.

**RETURN FORM TO:**

MARION COUNTY BOARD OF COUNTY COMMISSIONERS 601 SE 25th Avenue, Ocala, FL 34471

Or via email to: [Commissionadmin@marionfl.org](mailto:Commissionadmin@marionfl.org)

PLEASE CALL THE COMMISSION OFFICE AT (352) 438-2323 IF YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION.

# FORM 4A DISCLOSURE OF BUSINESS TRANSACTION, RELATIONSHIP OR INTEREST

LAST NAME - FIRST NAME - MIDDLE INITIAL Ortolani, Jr. Mark T.			OFFICE / POSITION HELD Advisory Board Member
MAILING ADDRESS 8068 SW 5th Ter			AGENCY OR ADVISORY BOARD Marion County Hospital District
CITY Ocala	ZIP 34476	COUNTY Marion	ADDRESS OF AGENCY 2547 E Silver Springs Blvd. Ocala, FL. 34470

## HOW TO COMPLETE AND FILE THIS FORM:

Parts A and B of this form serve two different purposes. Part A is for advisory board members who wish to use an exemption in the ethics laws that is applicable only to advisory board members. Part B is for public officers and employees who wish to use a separate exemption that is applicable when the business entity involved is the sole source of supply within the political subdivision. In order to complete and file this form:

- **Fill out** Part A or Part B, as applicable.
- **Sign** and date the form on the reverse side.
- **File Part A** with the appointing body or person that will be waiving the restrictions of 112.313(3) or (7), Fla. Stat., prior to the waiver.
- **File Part B** with the governing body of the political subdivision in which the reporting person is serving, prior to the transaction.

## PART A - DISCLOSURE OF TRANSACTION OR RELATIONSHIP CONCERNING ADVISORY BOARD MEMBER

### WHO MUST COMPLETE THIS PART:

Sections 112.313(3) and 112.313(7), Florida Statutes, prohibit certain business relationships on the part of public officers and employees, including persons serving on advisory boards. See Part III, Chapter 112, Florida Statutes, and/or the brochure entitled "A Guide to the Sunshine Amendment and Code of Ethics for Public Officers and Employees" for more details on these prohibitions. However, Section 112.313(12), Florida Statutes, permits the appointing official or body to waive these requirements in a *particular instance* provided: (a) waiver by the appointing body must be upon a two-thirds affirmative vote of that body; or (b) waiver by the appointing person must be effected after a public hearing; *and* (c) in either case the advisory board member must fully disclose the transaction or relationship which would otherwise be prohibited by Subsections (3) of (7) of Section 112.313, Florida Statutes. This Part of Form 4A has been prescribed by the Commission on Ethics for such disclosure, *if and when applicable* to an advisory board member.

### PLEASE COMPLETE THE FOLLOWING:

1. The partnership, directorship, proprietorship, ownership of a material interest, position of officer, employment, or contractual relationship which would otherwise violate Subsection (3) or (7) of Section 112.313, Florida Statutes, is held by [please check applicable space(s)]:
  - ( ☒ ) The reporting person;
  - ( ☐ ) The spouse of the reporting person, whose name is \_\_\_\_\_; or
  - ( ☐ ) A child of the reporting person, whose name is \_\_\_\_\_.
2. The particular transaction or relationship for which this waiver is sought involves [check applicable space]:
  - ( ☒ ) Providing emergency medical care to residents of Marion County at  
Supplying the following realty, goods, and/or services: Ocala Advent Helath Emergency Departments.
  - ( ☐ ) Regulation of the business entity by the governmental agency served by the advisory board member.
3. The following business entity is doing business with or regulated by the governmental agency:
 

Advent Helath Ocala; I work for USACS and our medical group has the  
contract to staff Advent Health Ocala Emergency Departments.
4. The relationship of the undersigned advisory board member, or spouse or child of the advisory board member, to the business entity transacting this business is [check applicable spaces]:
  - ( ☐ ) Officer; ( ☐ ) Partner; ( ☐ ) Associate; ( ☐ ) Sole proprietor; ( ☐ ) Stockholder; ( ☐ ) Director; ( ☐ ) Owner of in excess of 5% of the assets of capital stock in such business entity; ( ☐ ) Employee; ( ☒ ) Contractual relationship with the business entity;
  - ( ☐ ) Other, please describe:

## PART B - DISCLOSURE OF INTEREST IN SOLE SOURCE OF SUPPLY

### WHO MUST COMPLETE THIS PART:


Sections 112.313(3) and 112.313(7), Florida Statutes, prohibit certain employment and business relationships on the part of public officers and employees. See Part III, Chapter 112, Florida Statutes, and/or the brochure entitled "A Guide to the Sunshine Amendment and Code of Ethics for Public Officers and Employees" for more details on these prohibitions. However, Section 112.313(12)(e), Florida Statutes, provides an exemption from the above-mentioned restrictions in the event that the business entity involved is the only source of supply within the political subdivision of the officer or employee. In such cases the officer's or employee's interest in the business entity must be fully disclosed to the governing body of the political subdivision. This Part of Form 4A has been prescribed by the Commission on Ethics for such disclosure, *if and when applicable*.

### PLEASE COMPLETE THE FOLLOWING:

1. The partnership, directorship, proprietorship, ownership of a material interest, position of officer, employment, or contractual relationship which would otherwise violate Subsection (3) or (7) of Section 112.313, Florida Statutes, is held by [please check applicable space(s)]:  
  
☐ The reporting person;  
  
☐ The spouse of the reporting person, whose name is \_\_\_\_\_; or  
  
☐ A child of the reporting person, whose name is \_\_\_\_\_.
2. The following are the goods, realty, or services being supplied by a business entity with which the public officer or employee, or spouse or child of such officer or employee, is involved is:  
  
\_\_\_\_\_.
3. The business entity which is the only source of supply of the goods, realty, or services within the political subdivision is:  
  
\_\_\_\_\_  

(NAME OF ENTITY)(ADDRESS OF ENTITY)
4. The relationship of the undersigned public officer or employee, or spouse or child of such officer or employee, to the business entity named in Item 3 above is [check applicable spaces]:  
☐ Officer; ☐ Partner; ☐ Associate; ☐ Sole proprietor; ☐ Stockholder; ☐ Director; ☐ Owner of in excess of 5% of the assets or capital stock in such business entity; ☐ Employee; ☐ Contractual relationship with the business entity;  
☐ Other, please describe:

### SIGNATURE

SIGNATURE 	DATE SIGNED  5/27/25	DATE FILED
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NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES s. 112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.