

By: *[Signature]*  
Deputy Agency Clerk

STATE OF FLORIDA  
BOARD OF MASSAGE THERAPY

DEPARTMENT OF HEALTH,

Petitioner,

vs.

Case No.: 2024-09842

License No.: MA 48752

MARTIN A. MUNROE,

Respondent.

\_\_\_\_\_ /

FINAL ORDER

THIS CAUSE came before the BOARD OF MASSAGE THERAPY (Board) on July 24, 2024, in Gainesville, Florida, for the purpose of considering the agreement to voluntarily relinquish Respondent's license to practice in the State of Florida. (Attached hereto as Exhibit A.)

Upon consideration of the voluntary relinquishment, the charges, and the other documents of record, and being otherwise fully advised in the premises,

IT IS HEREBY ORDERED that Respondent's Voluntary Relinquishment of license to practice massage therapy in the State of Florida is hereby ACCEPTED, and shall constitute discipline upon Respondent's license.

DONE AND ORDERED this 24th day of October, 2024.

BOARD OF MASSAGE THERAPY

*[Signature]*

Stephanie Webster, Executive Director, for  
Christopher Brooks, LMT, Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by U.S Mail to: MARTIN A. MUNROE at 719 Pear Street, Lakeland, Florida 33815 and by email to: ALLISON DUDLEY Senior Assistant Attorney General, [allison.dudley@myfloridalegal.com](mailto:allison.dudley@myfloridalegal.com); and DANNIE HART, Assistant General Counsel, Department of Health, [dannie.hart@flhealth.gov](mailto:dannie.hart@flhealth.gov) on this 4<sup>th</sup> day of November, 2024.



**Deputy Agency Clerk**

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK: Elizabeth Eubanks  
DATE: March 19, 2024

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,  
Petitioner,

v.

DOH Case No. 202409842

MARTIN A MUNROE, LMT  
Respondent.

\_\_\_\_\_ /

VOLUNTARY RELINQUISHMENT OF LICENSE

Respondent MARTIN A MUNROE, LMT., license No. MA 48752, hereby voluntarily relinquishes Respondent's license to practice Licensed Massage Therapist 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 Massage Therapy (hereinafter the Board)/Department of Health (hereinafter Department) of this Voluntary Relinquishment shall be construed as disciplinary action against Respondent's license pursuant to Section 456.072(1)(f), Florida Statutes. As with any disciplinary action, this relinquishment will be reported to the National Practitioner Data Bank as disciplinary action. Licensing authorities in other states may impose discipline in their jurisdiction based on discipline taken in Florida.

2. Respondent agrees to never reapply for licensure as a Licensed Massage Therapist in the State of Florida.

3. Respondent agrees to voluntarily cease practicing Licensed Massage Therapist immediately upon executing this Voluntary Relinquishment. Respondent further agrees to

refrain from the practice of Licensed Massage Therapist until such time as this Voluntary Relinquishment is presented to the Board/Department and the Board/Department issues a written final order in this matter.

4. In Order to expedite consideration and resolution of this action by the Board/Department 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, 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 by the public. Respondent understands that this waiver of confidentiality is a permanent, non-revocable waiver.

5. In order to expedite consideration and resolution of this action by the Board/Department in a public meeting, Respondent, being fully advised of the consequences of so doing hereby waives a determination of probable cause, by the Probable Cause Panel, or the Department when appropriate, pursuant to Section 456.073(4), Florida Statutes.

6. Upon the Board's/Department'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/Department incorporating this Voluntary Relinquishment.

7. Petitioner and Respondent hereby agree that upon the Board's/Department'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.

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

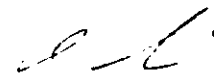
DATED this 13<sup>th</sup> day of MARCH 2024.

  
MARTIN A MUNROE, LMT.

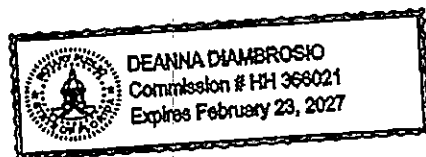
STATE OF FLORIDA  
COUNTY OF POLK

Before me, personally appeared MARTIN A MUNROE, whose identity is known to me or who produced FLORIDA DRIVERS LICENSE (type of identification) and who, under oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 13 day of MARCH, 2024.

  
DEANNA DIAMBROSIO  
NOTARY PUBLIC

My Commission Expires:





STATE OF FLORIDA

**DEPARTMENT OF HEALTH**Florida  
HEALTH

## INVESTIGATIVE REPORT

Office: TAMPA VI	Date of Complaint: 02/06/2024	Case Number: 202409842
Subject: MARTIN A MUNROE, LMT 719 PEAR ST LAKELAND, FL 33815 (863) 937-2053	Source: HAND & STONE MASSAGE AND FACIAL SPA 1664 BRUCE B DOWNS BLVD WESLEY CHAPEL, FL 33544 813-229-8700	
Profession: 1401 Massage Therapist	License Number and Status: 48752 CLEAR, ACTIVE	
Related Case(s): NONE	Period of Investigation and Type of Report: 02/06/2024 thru 02/16/2024 FINAL	
Alleged Violation: SS. 456.072(1)(k)(v)(dd) F.S., 480.046(1)(i)(p) F.S., 480.0485 F.S. and Rule 64B7-26.010(3) F.A.C.		
<p>Synopsis: This investigation is predicated upon a receipt of a complaint (Exhibit 1) submitted by HAND &amp; STONE MASSAGE AND FACIAL SPA 1664 BRUCE B DOWNS BLVD, WESLEY CHAPEL, FL 33544 in regard to MARTIN A MUNROE, LMT. On 12/20/2023 patient/client H.R. 37 YO Female informed complainant that MUNROE allegedly tried to lick her private area. H.R. also alleges that when MUNROE allegedly tried to do this her chest was exposed.</p> <p><b>Voluntary relinquishment received on 02/14/2024</b></p> <p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject Notification Completed?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject Responded?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Patient Notification Completed?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Above referenced licensure checked in database/LEIDS?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board certified? Name of Board: Date:  Specialty: </p> <p>Law Enforcement  <input type="checkbox"/> Notified Date:  <input checked="" type="checkbox"/> Involved Agency: Pasco County Sheriff's Office</p> <p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Subject represented by an attorney?  Attorneys contact information: </p>		
Investigator/Date: 02/16/2024  <i>Steven C Weeks</i> STEVEN C WEEKS Medical Quality Assurance Investigator, TI-203	Approved By/Date: 02/21/2024  <i>Christopher Wright</i> CHRISTOPHER WRIGHT Investigation Supervisor, TI-174	
Distribution: HQ/ISU	Page 1	