# PLASTIC SURGERY INSTITUTE OF THE PALM BEACHES, INC.

#### License Number: OSR1450

Data As Of 8/4/2025

Profession Office Surgery Registration

License OSR1450 License Status Suspended/

Qualifications Surgery w moderate/conscious to deep sedation

License Expiration Date 1/1/0001

License Original Issue

11/25/2019

Date

Address of Record 4601 MILITARY TRAIL

SUITE 208

JUPITER, FL 33458

Discipline on File Yes Public Complaint Yes

# **Secondary Locations**

No secondary locations found.

### Discipline/Admin Action

#### **Emergency Actions**

No Emergency Actions Found

#### **Discipline Cases**

Name	License	Profession	City	State	Case#	Action Taken
PLASTIC SURGERY INSTITUTE OF THE PALM BEACHES, INC.	1450 Л	OFFICE SURGERY	JUPITER	FL	202130542	SUSPENSION SATISFIED
PLASTIC SURGERY INSTITUTE OF THE PALM BEACHES, INC.	1450 Л	OFFICE SURGERY	JUPITER	FL	202225386	SUSPENSION SATISFIED
PLASTIC SURGERY INSTITUTE OF THE PALM BEACHES, INC.	1450 ∕I	OFFICE SURGERY	JUPITER	FL	202230287	SUSPENSION

#### **Public Complaints**

Name	License	Profession	City	State	Case #	Action Taken
PLASTIC SURGERY INSTITUTE OF THE PALM BEACHES, INC.	1450 И	OFFICE SURGERY REGISTRATION	JUPITER	FL	202230287	AC FILED
PLASTIC SURGERY INSTITUTE OF THE PALM BEACHES, INC.	1450 И	OFFICE SURGERY REGISTRATION	JUPITER	FL	202130542	AC FILED
PLASTIC SURGERY INSTITUTE OF THE PALM BEACHES, INC.	1450 И	OFFICE SURGERY REGISTRATION	JUPITER	FL	202225386	AC FILED

#### Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at: Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

#### Please include the following:

- 1. Full name and license number of the practitioner;
- 2. Name and address where documents are to be sent; and
- 3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

# **Supervising Practitioners**

Name	Relationship	Profession	License	Effective Date
ACHAMFOUR-YEBOAH, SETH	ANESTHESIA PROVIDER	ADVANCED PRACTICE REGISTERED NURSE	9413491	11/17/2022
BAFITIS, HAROLD	MEDICAL PRACTITIONER	OSTEOPATHIC PHYSICIAN	5647	11/25/2019
BAFITIS, HAROLD	OFFICER	OSTEOPATHIC PHYSICIAN	5647	02/04/2020
BAFITIS, HAROLD	OWNER	OSTEOPATHIC PHYSICIAN	5647	02/04/2020
BAFITIS, HAROLD	PRINCIPAL	OSTEOPATHIC PHYSICIAN	5647	02/04/2020
BERNARD, RAY CRNA	ANESTHESIA PROVIDER	ADVANCED PRACTICE REGISTERED NURSE	9306066	04/02/2025
BOYER GINORI CPAS ASSOCIATES LLC,	AGENT	UNLICENSED FACILITY PERSONNEL		02/04/2020
GAYLORD, DAVID C	ANESTHESIA PROVIDER	ADVANCED PRACTICE REGISTERED NURSE	1167692	04/02/2025
HARDISTY, TAYLOR LYNN	RECOVERY	REGISTERED NURSE	9440813	12/17/2024
SALMELA-PEREZ, LISA ANN	MEDICAL PRACTITIONER	REGISTERED NURSE	1904772	11/25/2019
SEKOSKI, KAREN	ANESTHESIA PROVIDER	ADVANCED PRACTICE REGISTERED NURSE	9164074	12/05/2024
WISNIEWSKI, BETHANY DANIELLE	ADDITIONAL SURGICAL STAFF	PHYSICIAN ASSISTANT	9116636	04/01/2025

Click on the License Number to view License Details for that Practitioner

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