



NATALIA VILLATE

License Number: ME102239

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 02/19/1990
License Expiration 01/31/2026
Date

General Information

Primary Practice Address

NATALIA VILLATE
850 S PINE ISLAND RD
SUITE A100
PLANTATION, FL 33324

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
IMPERIAL POINT MEDICAL CENTER	FORT LAUDERDALE	FLORIDA
BOCA RATON OUTPATIENT SURGERY & LASER CENTER, A HEALTHS	BOCA RATON	FLORIDA
FOUNDATION FOR ADVANCED EYE CARE	SUNRISE	FLORIDA

Email Address

Please contact at: nataliavillate@aol.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
KANSAS	MEDICAL DOCTOR

Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has indicated that he/she has submitted payment of the assessment.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
MAYOR DE NUESTRA			12/14/1988

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
UNIVERSIDAD DEL ROSARIO	BOGOTA	COLOMBIA	07/01/1982	06/30/1987	M.D. MEDICAL DOCTOR
UNIVERSITE PIERRE ET MARIE CURIE	PARIS	FRANCE	11/01/1987	09/30/1988	M.D. MEDICAL DOCTOR

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
UNIVERSITE PIERRE ET MARIE CURIE	INTERNSHIP	TY - TRANSITIONAL YEAR		PARIS	FRANCE	11/01/1987	09/30/1988
INSTITUT PASTEUR	OTHER PROGRAM	AI - ALLERGY AND IMMUNOLOGY	IMMUNOPATHOLOGY COURSE	PARIS	FRANCE	04/01/1990	06/30/1990
INSTITUT NATIONAL DE SANTE ET RECHERCHE MEDICALE-INSERM	FELLOWSHIP	AI - ALLERGY AND IMMUNOLOGY	OCULAR IMMUNOPATHOLOGY	PARIS	FRANCE	07/01/1990	12/20/1990
FUNDACION OFTALMOLOGICA NACIONAL	RESIDENCY	OPH - OPHTHALMOLOGY		BOGOTA	COLOMBIA	02/01/1991	01/30/1994
FUNDACION OFTALMOLOGICA NACIONAL	FELLOWSHIP	OPH - OPHTHALMOLOGY	VITREO-RETINAL SURGERY	BOGOTA	COLOMBIA	02/01/1994	01/30/1995
BASCOM PALMER EYE INSTITUTE	FELLOWSHIP	OPH - OPHTHALMOLOGY	MEDICAL RETINA	MIAMI	FLORIDA	07/07/2002	07/06/2003
UNIVERSITY OF KANSAS	INTERNSHIP	IM - INTERNAL MEDICINE		KANSAS CITY	KANSAS	07/01/2004	06/30/2005
UNIVERSITY OF KANSAS DEPARTMENT OF OPHTHALMOLOGY	RESIDENCY	OPH - OPHTHALMOLOGY		PRAIRIE VILLAGE	KANSAS	07/01/2005	08/25/2008

Academic Appointments

Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Specialty Certification

Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification	Date Certified
AMERICAN BOARD OF OPHTHALMOLOGY	OPH - OPHTHALMOLOGY	

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self insurance as provided in s.627 .357, F.S.

Proceedings and Actions

Proceedings & Actions

Criminal Offenses

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated the following criminal offenses:

Description of Offense	Date	State or Jurisdiction	Under Appeal	Status	Date Of Corroboration
NOT CORROBORATED					

Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

The information below is self reported by the practitioner.

Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has *NEVER* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

Liability Claims Exceeding \$100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or

conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click [here](#).

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
07/17/2023			08/01/2025	\$500,000.00	\$0.00

Optional Information

Committees/Memberships

This practitioner has not indicated any committees on which they serve for any health entity with which they are affiliated.

Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

Publications

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
THE QUALITY REPORTING OF RANDOMIZED CLINICAL TRIALS IN OPHTH	OPHTHAMOLOGY 2001 108 2 415	08/28/2000
OCT FINDINGS IN ACUTE EXUDATIVE POLYMORPHOUS VITELLIFORM MAC	AM J OPHTHALMOL 2003 OCT 136 4 760-3	04/07/2003
CORNEA MELT AFTER AMNIOTIC MEMBRAND TRANSPLANT	CORNEA 2005 JAN 24 1 106-7	03/10/2004
PHOTORECEPTOR LAYER FEATURES IN EYES WITH CLOSED	AM J OPHTHALMOL 2005 FEB 139 2 280-9	09/13/2004

Professional Web Page

www.flei.com

Languages Other Than English

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.

SPANISH
FRENCH

Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN ACADEMY OF OPHTHALMOLOGY
AMERICAN SOCIETY OF RETINA SPECIALISTS
PALM BEACH SOCIETY OF OPHTHALMOLOGY