



OBINNA UCHENNA NWOB

License Number: ME106633

Profession Medical Doctor
License Status Probation/Active
Year Began Practicing 07/01/2002
License Expiration 01/31/2026
Date

General Information

Primary Practice Address

OBINNA UCHENNA NWOB
1121 1ST ST SOUTH
WINTER HAVEN, FL 33880

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

This practitioner has not indicated any staff privileges.

Institution Name	City	State
	ORLANDO	FLORIDA

Email Address

Please contact at: onwobi@veinhealthclinics.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
GEORGIA	MD
WISCONSIN	MD
WISCONSIN	
MAINE	
CONNECTICUT	

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
UNIVERSITY OF TENNESSEE COLLEGE OF MEDICINE	MD	8/1/1998 - 6/1/2002	06/07/2002

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
EAST TENNESSEE STATE UNIVERSITY	JOHNSON CITY	TENNESSEE	08/01/1994	05/01/1998	B.A. - CHEMISTRY

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
NEW JERSEY MEDICAL SCHOOL UNIVERSITY HOSPITAL	RESIDENCY	GS - SURGERY		NEWARK	NEW JERSEY	07/01/2002	06/01/2007
ALBANY MEDICAL CENTER	FELLOWSHIP	GS - VASCULAR SURGERY		ALBANY	NEW YORK	07/01/2008	06/01/2010

Academic Appointments

Graduate Medical Education

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

This practitioner does not currently hold faculty appointments at any 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 SURGERY	GS - SURGERY	09/01/2008

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 that he/she has no criminal offenses required to be published on this profile.

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:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

View Discipline Narratives

View Board Actions

Taken By	Date Of Action	Description of Disciplinary Action			Under Appeal
FLORIDA DEPARTMENT OF HEALTH	06/17/2021	OBLIGATIONS IMPOSED			NO
FLORIDA DEPARTMENT OF HEALTH	12/15/2023	PROBATION			NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
COSTS	6/17/2021	7/16/2021	9/22/2021	\$ 7,340.20	\$ 7,340.20
FINE	6/17/2021	7/16/2021	7/14/2021	\$ 9,000.00	\$ 9,000.00
CE: ENDOVASCULAR INTERVENTION	1/9/2022	6/16/2022	1/9/2022	\$ 0.00	\$ 0.00
CE: RISK MANAGEMENT		6/16/2022		\$ 0.00	\$ 0.00
INDIRECT SUPERVISION	12/15/2023			\$ 0.00	\$ 0.00
APPEARANCES	12/15/2023			\$ 0.00	\$ 0.00
TOLLING	12/15/2023			\$ 0.00	\$ 0.00
COSTS	12/15/2023	6/14/2024	6/11/2024	\$ 8,690.52	\$ 8,690.52
FINE	12/15/2023	6/14/2024	6/10/2024	\$ 8,500.00	\$ 8,500.00
PRE-APPROVAL OF SUPERVISOR/MON	12/15/2023		7/12/2024	\$ 0.00	\$ 0.00
MONITOR APPEARANCE	12/15/2023		7/25/2024	\$ 0.00	\$ 0.00
ALTERNATE MONITOR	12/15/2023		3/27/2025	\$ 0.00	\$ 0.00
LECTURES	12/15/2023	6/14/2024	6/28/2024	\$ 0.00	\$ 0.00
LAST APPEARANCE	12/15/2023			\$ 0.00	\$ 0.00
FIRST APPEARANCE	12/15/2023		7/25/2024	\$ 0.00	\$ 0.00
MONITOR	12/15/2023		12/19/2024	\$ 0.00	\$ 0.00
CHANGE OF SUPERVISOR	12/15/2023		3/5/2025	\$ 0.00	\$ 0.00
TRIANNUAL RESPONDENT REPORT	12/15/2023	11/11/2024		\$ 0.00	\$ 0.00
SUPERVISION RESTRICTION	12/15/2023			\$ 0.00	\$ 0.00
TRIANNUAL RESPONDENT REPORT	12/15/2023	3/11/2025		\$ 0.00	\$ 0.00
RECORDS REVIEW	12/15/2023	3/11/2025		\$ 0.00	\$ 0.00
RECORDS REVIEW	12/15/2023			\$ 0.00	\$ 0.00
TRIANNUAL MONITOR REPORT	12/15/2023	3/11/2025		\$ 0.00	\$ 0.00
TRIANNUAL MONITOR REPORT	12/15/2023	7/11/2025		\$ 0.00	\$ 0.00
TRIANNUAL RESPONDENT REPORT	12/15/2023	7/11/2025		\$ 0.00	\$ 0.00
RETURN TO PRACTICE	12/15/2023			\$ 0.00	\$ 0.00
TRIANNUAL MONITOR REPORT	12/15/2023	11/11/2024		\$ 0.00	\$ 0.00
PRE-APPROVAL OF SUPERVISOR/MON	4/11/2025		3/5/2025	\$ 0.00	\$ 0.00
PRE-APPROVAL OF SUPERVISOR/MON	4/11/2025		3/5/2025	\$ 0.00	\$ 0.00
CE: RISK MANAGEMENT		12/14/2024		\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

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
12/04/2013			11/09/2015	\$250,000.00	\$0.00
02/07/2021	POLK	186275634	02/06/2025	\$250,000.00	\$250,000.00

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:
AMERICAN COLLEGE OF SURGEONS

Professional or Community Service Awards

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

Publications

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

Professional Web Page

www.veinhealthclinics.com

Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

Other Affiliations

This practitioner has not provided any national, state, local, county, or professional affiliations.