



## GINGER LYNNE MANOS

License Number: ME112123

Profession Medical Doctor  
License Status Obligations/Active  
Year Began Practicing 07/01/2005  
License Expiration 01/31/2026  
Date

## General Information

### Primary Practice Address

GINGER LYNNE MANOS  
4615 NW 53RD AVE  
SUITE A  
GAINESVILLE, FL 32653

### 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
	CRESTVIEW	FLORIDA
	FORT WALTON BEACH	FLORIDA
SACRED HEART HOSPITAL	PENSACOLA	FLORIDA
SACRED HEART HOSPITAL	DESTIN	FLORIDA
	NICEVILLE	FLORIDA
	PANAMA CITY	FLORIDA
TANNER MEDICAL CENTER - CARROLLTON	CARROLLTON	GEORGIA
CAPITAL REGIONAL MEDICAL CENTER	TALLAHASSEE	FLORIDA

### Email Address

Please contact at: [ginger.manos78@gmail.com](mailto:ginger.manos78@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
SOUTH CAROLINA	VASCULAR SURGEON
ALABAMA	VASCULAR SURGEON
GEORGIA	PHYSICIAN

### 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
AMERICAN UNIV. OF THE CARIBBEAN	MD	9/1/2001 - 4/1/2005	04/18/2005

### 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
THE UNIVERSITY OF GEORGIA	ATHENS	GEORGIA	09/01/1996	05/31/2000	BS BIOLOGY

### 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
THE UNIVERSITY OF TENNESSEE	INTERNSHIP	GS - SURGERY		KNOXVILLE	TENNESSEE	07/01/2005	06/30/2006
VIRGINIA TECH CARLION SCHOOL OF MEDICINE	RESIDENCY	GS - SURGERY		ROANOKE	VIRGINIA	07/01/2006	06/30/2010
GREENVILLE HOSPITAL SYSTEM	FELLOWSHIP	GS - VASCULAR SURGERY		GREENVILLE	SOUTH CAROLINA	07/01/2010	06/30/2012

## 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	10/01/2010
AMERICAN BOARD OF SURGERY	GS - VASCULAR SURGERY	

## Financial Responsibility

### Financial Responsibility

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), 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	02/09/2022	SUSPENSION	

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
PRN EVALUATION	2/9/2022		5/16/2023	\$ 0.00	\$ 0.00
APPEARANCES	2/9/2022			\$ 0.00	\$ 0.00
BOARD RETAINS JURISDICTION	2/9/2022			\$ 0.00	\$ 0.00
COSTS	2/9/2022	11/10/2024	10/31/2024	\$ 10,891.31	\$ 10,891.31
PETITION FOR REINSTATEMENT	5/3/2022		5/17/2022	\$ 0.00	\$ 0.00
FIRST APPEARANCE	11/10/2022			\$ 0.00	\$ 0.00
REINSTATEMENT WITHOUT NEW COND	5/16/2023			\$ 0.00	\$ 0.00
INDIRECT SUPERVISION	11/10/2022			\$ 0.00	\$ 0.00
SUBSEQUENT ORDER	11/10/2022		11/10/2022	\$ 0.00	\$ 0.00
REINSTATEMENT WITH CONDITIONS	11/10/2023		5/16/2023	\$ 0.00	\$ 0.00
PRE-APPROVAL OF SUPERVISOR/MON	11/10/2022			\$ 0.00	\$ 0.00
RESTRICTION	11/10/2022		5/16/2023	\$ 0.00	\$ 0.00
CURRICULUM VITAE	11/10/2022			\$ 0.00	\$ 0.00
PRN EVALUATION	11/10/2022		5/16/2023	\$ 0.00	\$ 0.00
SUBSEQUENT ORDER	5/16/2023		5/16/2023	\$ 0.00	\$ 0.00
SUBSEQUENT ORDER	6/29/2023			\$ 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](#).**

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

**Optional Information**

**Committees/Memberships**

This practitioner has an affiliation with the following committees:  
CRESTVIEW CHAMBER OF COMMERCE  
OKALOOSA COUNTY MEDICAL SOCIETY DELEGATE

**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
EARLY VALIDATION OF THE SVS LOWER EXT TREATENED LIMB CLASS	J VASC SURG	10/06/2014
TECHNICAL STRATEGY FOR ENDO MNGMT OF ASCENDING AORTIC ANEURY	ANNALS OF VASCULAR SURGERY	07/01/2012

**Professional Web Page**

www.EmeraldCoastVascular.net

**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 provided the following national, state, local, county, and professional affiliations:

Affiliation
BAYCARES
FLORIDA MEDICAL ASSOCIATION
OKALOOSA COUNTY MEDICAL SOCIETY
SOCIETY FOR VASCULAR SURGERY
VASCULAR QUALITY INITIATIVE