



ANGELA RENEE WALKER-GILLIS

License Number: CH11840

Profession Chiropractic Physician
License Status Clear/Active
Year Began Practicing 01/01/2015
License Expiration 03/31/2026
Date

General Information

Primary Practice Address

ANGELA RENEE WALKER-GILLIS
2431 ALOMA AVENUE
SUITE 128
WINTER PARK, FL 32792

Medicaid

This practitioner does NOT participate in the Medicaid program.

Staff Privileges

This practitioner has not indicated any staff privileges. Chiropractic physicians typically do not hold staff privileges.

Email Address

Please contact at: drwalker@angelwalkchiro.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MASSACHUSETTS	CHIROPRACTIC PHYSICIAN

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
LIFE UNIVERSITY	DC	7/14/2010 - 12/19/2014	12/19/2014

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
NC A&T STATE UNIVERSITY	GREENSBORO	NORTH CAROLINA	01/04/1990	06/01/1994	BS - HEALTH SCIENCE

Professional and Postgraduate Training

This practitioner has not completed any graduate medical education.

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

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This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

Financial Responsibility

Financial Responsibility

I have obtained and will maintain an unexpired, irrevocable letter of credit, established pursuant to Chapter 675, F.S., in an amount not less than \$100,000 per claim, with a minimum aggregate availability of credit of not less than \$300,000. This letter of credit is payable to me as beneficiary upon presentation of a final judgement indicating liability and awarding damages to be paid by me or upon a settlement agreement signed by all parties to such agreement when such final judgement or settlement is a result of a claim arising out of the rendering of , or the failure to render, chiropractic care and services, pursuant to rule 64B2-17.009(2), F.A.C.

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:

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 \$5,000.00 Within last 10 years.

This profession is not required by F.S., to report bankruptcy and liability claims.

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:
Florida Chiropractic Society

Professional or Community Service Awards

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
SOUTH FLORIDA'S TOP HEALTHCARE PROFESSIONALS 2019 & 2020	MIA MEDIA GROUP, LLC

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

This practitioner has not provided any professional web page information.

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

Other Affiliations

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