



## MAHFOUZ EL SHAHAWY MD

License Number: ME20619

Profession Medical Doctor  
License Status CLEAR/Active  
Year Began Practicing 01/01/1973  
License Expiration 01/31/2026  
Date

## General Information

### Primary Practice Address

MAHFOUZ EL SHAHAWY MD  
1950 ARLINGTON ST #300  
SARASOTA, FL 34239-3598

### 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
COLUMBIA DOCTORS HOSPITAL OF SARASOTA	SARASOTA	FLORIDA
HEALTHSOUTH SURGERY CNTR. OF SARASOTA	SARASOTA	FLORIDA
SARASOTA MEMORIAL HOSPITAL	SARASOTA	FLORIDA
LAKEWOOD RANCH MEDICAL CENTER	BRADENTON	FLORIDA

### Email Address

Please contact at: [mshahawy@cardiologycenter.net](mailto:mshahawy@cardiologycenter.net)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
GEORGIA	MEDICAL

### 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 VIENNA; AUSTRIA	MD	1/1/1955 - 6/1/1962	06/01/1962

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
MAYO CLINIC UNIVERSITY OF MINNESOTA	ROCHESTER	MINNESOTA	07/01/1968	06/01/1971	MS IN MEDICINE

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
FLUSHING HOSPITAL MEDICAL CENTER	INTERNSHIP	TY - TRANSITIONAL YEAR		NEW YORK	NEW YORK	07/01/1967	06/30/1968
MAYO GRAD SCHOOL OF MEDICINE	RESIDENCY	IM - INTERNAL MEDICINE		ROCHESTER	MINNESOTA	07/01/1968	06/30/1971
MEDICAL COLLEGE OF GEORGIA	FELLOWSHIP	IM - CARDIOVASCULAR DISEASE	INSTRUCTOR IN DEPARTMENT OF MEDICINE	AUGUSTA	GEORGIA	07/01/1971	06/30/1973
UNIVERSITY OF VIENNA GENERAL HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE	CARDIOLOGY	VIENNA	AUSTRIA	01/06/1962	01/01/1967

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:

Title	Institution	City	State
CLINICAL PROFESSOR OF MEDICINE	UNIVERSITY OF FLORIDA COLLEGE OF MEDICIN	GAINESVILLE	FLORIDA
CLINICAL PROFESSOR OF MEDICINE	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	FLORIDA

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 INTERNAL MEDICINE	IM - CARDIOVASCULAR DISEASE	

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:

**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](#).**

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:

DIRECTOR, CARDIAC CATH LAB, DOCTORS HOSPITAL  
PRESIDENT, CARDIOVASCULAR INSTITUTE OF SARASOTA  
AMERICAN HEART ASSOCIATION

CHAIRMAN, CME, DOCTORS HOSPITAL, SARASOTA, FLORIDA  
MEMBER BOARD OF TRUSTEES AMERICAN SOCIETY OF PREVENTIVE CARD

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
RING OF HONOR	AUSTRIAN PRESIDENT
MEMBER, SARASOTA COUNTY PUBLIC HOSPITAL BOARD	ELECTED BY SARASOTA COUNTY RESIDENCES
BEST INTERN AWARD	FLUSHING HOSPITAL & MEDICAL CENTER
DISTINGUISHED ALUMNUS AWARD	MAYO CLINIC
ELECTED LIFE MEMBER	THE MAYO DOCTORS SOCIETY
LIFE MEMBER	SARSOTA COUNTY MEDICAL SOCIETY
PROCLAMATION 2001	CITY OF SARASOTA
MAYOR CITATION 2006	CITY OF SARASOTA
MAJOR CITATION 2007	CITY OF SARASOTA

Publications

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

Title	Publication	Date
DIRECT EFFECT OF TYROID HORMONE ON INTRACARDIAC CONDUCTION	CARDIOVASCULAR RESEARCH JOURNAL	01/01/1975
NON-INVASIVE STUDY OF THE EFFECT OF ISOMETRIC EXERCISE ON	BRITISH HEART JOURNAL	01/01/1974
ECHOCARDIOGRAPHY	JOURNAL OF FLORIDA MEDICAL ASSOCIATION	01/01/1974
THE EFFECT OF ISOMETRIC EXERCISE ON LEFT VENTRICULAR VOLUM	CIRCULATION V, XLIX	06/01/1974
MAGNESIUM DEFICIENCY AND THE HYPERTHYROID HEART		01/01/1973
UNEXPLAINED FEVER AND CHILLS ASSOCIATED WITH MYOCARDIAL IN	CHEST VOLUME	
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		

Professional Web Page

www.cardiologycenter.net

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.

ARABIC  
GERMAN

Other Affiliations

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

Affiliation
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOCIETY OF ECHOCARDIOGRAPHY
FELLOW AMERICAN COLLEGE OF CARDIOLOGY FACC
FELLOW AMERICAN COLLEGE OF CHEST PHYSICIANS FACC
FELLOW EUROPEAN SOCIETY OF CARDIOLOGY FESC
FELLOW AMERICAN COLLEGE OF PHYSICIANS FACP
FELLOW AMERICAN HEART ASSOCIATION FAHA
SARASOTA COUNTY MEDICAL SOCIETY

