# STEVEN LLOYD RHODES

# License Number: CH3753

ProfessionChiropractic PhysicianLicense StatusProbation/ActiveYear Began PracticingNot ProvidedLicense Expiration03/31/2026DateDate

# **General Information**

# **Primary Practice Address**

STEVEN LLOYD RHODES NOT PRACTICING

This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.

# Medicaid

This practitioner DOES 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: surfdr1@yahoo.com

# **Other State Licenses**

This practitioner has not indicated any additional state licensures.

# **Education and Training**

# **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
LIFE CHIROPRACTIC COLLEGE-WEST	DOC		06/06/1980

# **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
UNIVERSITY OF FLORIDA	GAINESVILLE	FLORIDA	01/01/1974	01/01/1976

# **Professional and Postgraduate Training**

This practitioner has not completed any graduate medical education.

# Academic Appointments

# **Graduate Medical Education**

The practitioner did not provide this mandatory information.

### **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 ANESTHESIOLOGY	AN - ANESTHESIOLOGY	

# **Financial Responsibility**

## **Financial Responsibility**

FINANCIAL EXEMPTION

**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	08/31/2021	PROBATION			NO
Туре	Imposed	Due	Completed	Amt Due	Amt Recvd
FINE	8/31/2021	8/30/2026	5/2/2024	\$ 5,000.00	\$ 5,000.00
INDIRECT SUPERVISION	8/31/2021			\$ 0.00	\$ 0.00
TOLLING	8/31/2021			\$ 0.00	\$ 0.00
COSTS	8/31/2021	8/30/2026		\$ 10,000.00	\$ 3,574.00
ANNUAL PAYMENT	8/31/2021	8/30/2023	8/7/2023	\$ 0.00	\$ 0.00
PRE-APPROVAL OF SUPERVISOR/MON	8/31/2021			\$ 0.00	\$ 0.00
CURRICULUM VITAE	8/31/2021			\$ 0.00	\$ 0.00
LAST APPEARANCE	8/31/2021			\$ 0.00	\$ 0.00
MONITOR	8/31/2021			\$ 0.00	\$ 0.00
RESPONDENT REPORT	8/31/2021			\$ 0.00	\$ 0.00
RETURN TO PRACTICE	8/31/2021			\$ 0.00	\$ 0.00

Туре	Imposed	Due	Completed	Amt Due	Amt Recvd
FIRST APPEARANCE	8/31/2021			\$ 0.00	\$ 0.00
CHANGE OF SUPERVISOR	8/31/2021			\$ 0.00	\$ 0.00
MONITOR APPEARANCE	8/31/2021			\$ 0.00	\$ 0.00
MONITOR REPORTS	8/31/2021			\$ 0.00	\$ 0.00
ANNUAL PAYMENT	8/31/2021	8/30/2022	9/19/2022	\$ 0.00	\$ 0.00
ANNUAL PAYMENT	8/31/2021	8/30/2024	5/2/2024	\$ 0.00	\$ 0.00
ANNUAL PAYMENT	8/31/2021	8/30/2025		\$ 0.00	\$ 0.00
ANNUAL PAYMENT	8/31/2021	8/30/2026		\$ 0.00	\$ 0.00
PRACTICE RESTRICTION DURING PR	8/31/2021			\$ 0.00	\$ 0.00
ETHICS & BOUNDARIES EXAMINATIO	8/31/2021	8/30/2022		\$ 0.00	\$ 0.00
RESTRICTION	8/31/2021			\$ 0.00	\$ 0.00
CE: ETHICS AND BOUNDARIES		8/30/2022		\$ 0.00	\$ 0.00
CE: RECORD KEEPING AND DOCUME		8/30/2022		\$ 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 \$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.

Organization

# **Optional Information**

#### **Committees/Memberships**

This practitioner has an affiliation with the following committees: FLORIDA W/C IMPAIRMENT CERTIFICATION STAN KAPLAN IMPAIRMENT RATING CERTIFICATION

#### **Professional or Community Service Awards**

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

LEADER IN CHIROPRACTIC CARE	AUTO INJURIES, WORKMEN'S COMPENSATION

## **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**

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

## Affiliation

CERTIFIED IN MANIPULATION UNDER ANAESTHESIA

FLORIDA CHIROPRACTIC ASSOCIATION SEMINCUS IN ROENTGENOLOGY