



## GUILLERMO SANABRIA MD

License Number: ME49856

Profession	Medical Doctor
License Status	CLEAR/Active
Year Began Practicing	06/01/1992
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

## General Information

### Primary Practice Address

GUILLERMO SANABRIA MD  
153 N CAYMAN ISLES BLVD  
ENGLEWOOD, FL 34223

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

Institution Name	City	State
		FLORIDA

### Email Address

Please contact at: [bilsurg@hotmail.com](mailto:bilsurg@hotmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ALABAMA	MEDICAL
NORTH DAKOTA	
MINNESOTA	
WISCONSIN	MEDICAL
OKLAHOMA	MEDICAL
MISSISSIPPI	MEDICAL
NEW MEXICO	MEDICAL
MICHIGAN	MEDICAL
LOUISIANA	
KENTUCKY	
IOWA	MEDICAL
PENNSYLVANIA	MEDICAL
INDIANA	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 is exempt from paying assessment.

## Education and Training

### Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSIDAD AUTONOMA DE GUADALAJARA		7/1/1981 - 7/1/1983	07/01/1983
UNIVERSITY OF MIAMI SCH OF MEDICINE	MD	7/1/1983 - 5/1/1985	05/12/1985

### Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

### 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
UNIVERSITY OF MIAMI JACKSON MEMORIAL HOSPITAL	RESIDENCY	GS - SURGERY		MIAMI	FLORIDA	06/24/1985	06/30/1990
UNIVERSITY OF MIAMI JACKSON MEMORIAL HOSPITAL	FELLOWSHIP	TS - THORACIC SURGERY		MIAMI	FLORIDA	07/01/1990	06/30/1992

## 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 currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
ASSISTANT PROFESSOR OF ANATOMY ( UNDER DEPT OF SURGERY)	UNIVERSITY OF CENTRAL FLORIDA COLLEGE OF MEDICINE	ORLANDO	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 THORACIC SURGERY	TS - THORACIC SURGERY	06/05/1995
AMERICAN BOARD OF SURGERY	GS - SURGERY	12/17/1992

## Financial Responsibility

## Financial Responsibility

I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2).

## 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](#)

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 had final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
IOWA BOARD OF MEDICINE	12/14/2018	CONSENT AGREEMENT	NO

#### 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:  
FLORIDA SOCIETY OF THORACIC AND CARDIOVASCULAR SURGERY  
SOCIETY OF THORACIC SURGEONS  
FELLOW OF THE 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 authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
BIOPROSTHESIS VALVE LONGEVITY IN THE ELDERLY	ANNALS OF THORACIC SURGERY 1995	01/01/1995
BIOPROSTHESIS VALVE LONGEVITY IN THE ELDERLY	YEARBOOK OF THORACIC AND CARDIOVASCULAR SURGERY	01/01/1997
LONG-TERM RESULT OF THE BIOPROTHESIS IN ELDERLY PATIENTS	ANNALS OF THORACIC SURGERY	01/01/2001

## 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.