



## REYNALDO FLORES MULINGTAPANG MD

License Number: ME58722

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 01/01/1999  
License Expiration 01/31/2027  
Date

## General Information

### Primary Practice Address

REYNALDO FLORES MULINGTAPANG MD  
4210 W LINEBAUGH AVE  
TAMPA, FL 33624

### 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
THE TAMPA GENERAL HOSPITAL	TAMPA	FLORIDA
UNIVERSITY COMMUNITY HOSPITAL	TAMPA	FLORIDA
TOWN & COUNTRY HOSPITAL	TAMPA	FLORIDA
ADVENT HEALTH WINTER PARK, FL.	WESLEY CHAPEL	FLORIDA

### Email Address

Please contact at: reymul@yahoo.com

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	MEDICAL DOCTOR
FLORIDA	MEDICAL DOCTOR
CALIFORNIA	MEDICAL DOCTOR

### 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
UNIV. OF THE PHILIPPINES	MD	1/1/1979 - 1/1/1983	05/01/1983

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 CARDIOVASCULAR DEPT	FELLOWSHIP	IM-GENERAL CARDIOLOGY		MIAMI	FLORIDA	07/01/1991	06/30/1994
SUNY DOWNSTATE MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE	CHIEF RESIDENT AND CLINICAL INSTRUCTOR	BROOKLYN	NEW YORK	07/01/1990	06/30/1991
SUNY DOWNSTATE MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		BROOKLYN	NEW YORK	07/01/1988	06/30/1990
SUNY DOWNSTATE MEDICAL CENTER	INTERNSHIP	IM - INTERNAL MEDICINE		BROOKLYN	NEW YORK	07/01/1987	06/30/1988
OCHSNER MEDICAL INSTITUTE	FELLOWSHIP	IC - INTERVENTIONAL CARDIOLOGY	PERIPHERAL VASCULAR AND ENDOVASCULAR FELLOWSHIP	NEW ORLEANS	LOUISIANA	07/01/1994	06/30/1995

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
ASSISTANT PROFESSOR	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	FLORIDA
DIRECTOR OF INTERVENTIONAL CARDIOLOGY 2003-2006	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	IC - INTERVENTIONAL CARDIOLOGY	
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](#).

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
03/10/2017			07/31/2018	\$867,300.00	\$0.00
06/21/2015		2018CA000218	04/20/2022	\$250,000.00	\$0.00

## Optional Information

### Committees/Memberships

This practitioner has not indicated any committees on which they serve for any health entity with which they are affiliated.

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
FELLOW	AMERICAN COLLEGE OF CARDIOLOGY

Publications

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

Title	Publication	Date
COMPARISON OF SX BYPASS AND PTA & STENT IN CENTRAL VEIN	ANN VASC SURG	01/01/1996
ALTERATION OF HR VARIABILITY AND IU CIRCADIAN RHYTHM		01/01/1993
PERCUTAN EDUS BALLOUT THERAPY OF PERFORATION SVG	CATN AND CARDIOVASCULAR	01/01/1996

Professional Web Page

www.floridamedicalclinic.com

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.  
TAGALOG FILIPINO

Other Affiliations

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

Affiliation
AMERICAN HEART ASSOCIATION
AMERICAN MEDICAL ASSOCIATION