



## JOHN RICHARD MORITZ

License Number: OS6700

Profession                      Osteopathic Physician  
License Status                 DELINQUENT/  
Year Began Practicing       Not Provided  
License Expiration            03/31/2026  
Date

## General Information

### Primary Practice Address

JOHN RICHARD MORITZ  
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 NOT participate in the Medicaid program.

### Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

| Institution Name           | City     | State   |
|----------------------------|----------|---------|
| SARASOTA MEMORIAL HOSPITAL | SARASOTA | FLORIDA |

### Email Address

Please contact at: [gratefulberean@gmail.com](mailto:gratefulberean@gmail.com)

### Other State Licenses

This practitioner has not indicated any additional state licensures.

### 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 |
|--|--------------|---------------------|-----------------|
| SOUTHEASTERN UNIVERSITY OF THE<br>NOVA SE UNIV HLTH PROF DIV. FT |              |                     | 01/01/1989      |

## 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 | State or City | Country | Dates Attended From | Dates Attended To |
|------------------------|--------------|---------------------------|----------------------|---------------|---------|---------------------|-------------------|
| AKRON CITY<br>HOSPITAL | RESIDENCY    | IM - INTERNAL<br>MEDICINE |                      | ***           | OHIO    | 07/01/1990          | 10/31/1993        |

## 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 CLINICAL PROFESSOR                            | FSU SCHOOL OF<br>MEDICINE            | SARASOTA<br>CAMPUS | FLORIDA |
| CORE FACULTY AND DIRECTOR OF INPATIENT MEDICINE<br>IM R | FSH-SMH<br>FSU SCHOOL OF<br>MEDICINE | SARASOTA           | 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 - INTERNAL MEDICINE |                |

## Financial Responsibility

### Financial Responsibility

I have decided not to carry malpractice insurance or otherwise demonstrate financial responsibility; however, I agree to satisfy any adverse judgments pursuant to the terms and conditions contained in s.459.0085(5)(g),FS. I understand that I shall be required to either post notice in the form of a sign prominently displayed in the reception area and clearly noticeable by all patients and provide a written statement to any person to whom medical services are being provided. Such sign and statement shall state that: Under Florida law, osteopathic physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. YOUR OSTEOPATHIC PHYSICIAN HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This is permitted under Florida law subject to certain conditions. Florida law imposes strict penalties against noninsured osteopathic physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is provided pursuant to Florida law.

## 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 the following criminal offenses:

| Description of Offense            | Date       | State or Jurisdiction | Under Appeal | Status           | Date Of Corroboration |
|-----------------------------------|------------|-----------------------|--------------|------------------|-----------------------|
| MISDEMEANOR                       | 02/01/1999 | PASCO COUNTY          | NO           | NOT CORROBORATED |                       |
| MISDEMEANOR WITHDRAWN             | 12/02/2000 | PASCO                 | NO           | NOT CORROBORATED |                       |
| MISDEMEANOR ADJUDICATION WITHHELD | 11/23/1998 | PASCO                 | NO           | NOT CORROBORATED |                       |
| VIOLATION OF INJUNCTION DISMISSED | 01/21/2000 | PASCO                 | NO           | NOT CORROBORATED |                       |
| MISDEMEANOR ADJUDICATION WITHHELD | 07/27/2000 | CLEARWATER            | NO           | NOT CORROBORATED |                       |

### 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 | 05/16/2025     | SUSPENSION                         | NO           |

| Type                       | Imposed   | Due | Completed | Amt Due     | Amt Recvd |
|----------------------------|-----------|-----|-----------|-------------|-----------|
| BOARD RETAINS JURISDICTION | 5/30/2025 |     |           | \$ 0.00     | \$ 0.00   |
| FINE                       | 5/30/2025 |     |           | \$ 5,000.00 | \$ 0.00   |
| PETITION FOR REINSTATEMENT | 5/30/2025 |     |           | \$ 0.00     | \$ 0.00   |
| PRN EVALUATION             | 5/30/2025 |     |           | \$ 0.00     | \$ 0.00   |
| APPEARANCES                | 5/30/2025 |     |           | \$ 0.00     | \$ 0.00   |
| COSTS                      | 5/30/2025 |     |           | \$ 1,431.30 | \$ 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:

The practitioner did not provide this mandatory information pertaining to final disciplinary action taken by a specialty board within the last 10 years

### 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.

**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:

MEDICAL EXECUTIVE COMMITTEE SARASOTA MEMORIAL HOSPITAL  
QUALITY ASSURANCE COMMITTEE SARASOTA MEMORIAL HOSPITAL  
CRITICAL CARE COMMITTEE SARASOTA MEMORIAL HOSPITAL  
IN PATIENT DIRECTOR FSU-SMH IM RESIDENCY PROGRAM  
FACULTY SUPERVISOR JOURNAL CLUB FSU-SMH IM RESIDENCY PROGRAM  
MEDICAL GOVERNANCE COMMITTEE SMH  
DRUG ADDICTED-CV SURGERY PATIENT PILOT PROGRAM SMH  
CAPACITY PROJECT SMH  
SOCIETY OF HOSPITAL MEDICINE  
AMERICAN COLLEGE OF PHYSICIANS  
SARASOTA COUNTY MEDICAL SOCIETY

### Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

### 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

SMH.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 not provided any national, state, local, county, or professional affiliations.

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