



## ANGEL MORROBEL

License Number: ME70304

Profession Medical Doctor  
License Status CLEAR/Active  
Year Began Practicing 01/01/1987  
License Expiration 01/31/2027  
Date

## General Information

### Primary Practice Address

ANGEL MORROBEL  
129E REDSTONE AVE, SUITE A  
STE. A  
CRESTVIEW, FL 32539

### 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
	DESTIN	FLORIDA
	PENSACOLA	FLORIDA
NORTH OKALOOSA MEDICAL CENTER	CRESTVIEW	FLORIDA
FORT WALTON BEACH MEDICAL CENTER	FORT WALTON BEACH	FLORIDA
TWIN CITIES HOSPITAL	NICEVILLE	FLORIDA

### Email Address

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

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
	MEDICAL DOCTOR
ILLINOIS	

### 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
UNIVERSIDAD NACIONAL PEDRO HEN	MD		12/18/1980

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		Other Specialty Area	State or City Country	Dates Attended From	Dates Attended To
	Type	Specialty Area				
COOK COUNTY HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		ILLINOIS	07/01/1987	06/30/1990
COOK COUNTY HOSPITAL	FELLOWSHIP	IM - CARDIOVASCULAR DISEASE		ILLINOIS	07/01/1991	11/30/1993
	OTHER PROGRAM	OTHER	NUCLEAR CARDIOLOGY & ECHOCARDIOGRAPHY		01/01/0001	01/01/0001

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
ASSOCIATE PROFESSOR	UNIVERSITY OF ILLINOIS COLLEGE OF MEDICI	URBANA	ILLINOIS

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:  
AMERICAN HEART ASSOCIATION

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
BOARD MEMBER	AMERICAN HEART ASSOCIATION
SPEAKER FOR NURSES ASSOCIATION OF CRITICAL CARE	

Publications

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

Title	Publication	Date
ASTHMA TREATMENT IN THE ER		01/01/1991
ENDOCARDITIS IN IVDA	ARCHIVES OF INTERNAL MEDICINE	01/01/1993

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

Affiliation
AMERICAN MEDICAL ASSOCIATION
FELLOW OF AMERICAN COLLEGE OF CHEST PHYSICIANS
FELLOW OF COMM OF ANES/PHYS
FLORIDA LIPIDS ASSOCIATION
OKALOOSA COUNTY MEDICAL SOCIETY
SOCIETY OF NUCLEAR CARDIOLOGY