



## MARK LEEDS

License Number: OS7559

Profession	Osteopathic Physician
License Status	Obligations/Active
Year Began Practicing	01/06/1998
License Expiration Date	03/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

MARK LEEDS  
3290 NE 33RD ST  
FORT LAUDERDALE, FL 33308

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

### Email Address

Please contact at: [drleeds@gmail.com](mailto:drleeds@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
UNIVERSITY OF OSTEOPATHIC MEDI			06/01/1996
UNIVERSITY OF OSTEOPATHIC MEDI	DO	1/1/1992 - 6/30/1996	06/30/1996

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
WESTCHESTER GEN RESIDENCY HOS		FP - FAMILY PRACTICE		***	FLORIDA	07/01/1996	06/30/1999

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 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 OSTEOPATHIC BOARD OF FAMILY PHY	FAMILY PRACTICE	

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
RECKLESS DRIVING	12/21/1996	MIAMI DADE COUNTY FL		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	07/18/2016	PROBATION	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
CURRICULUM VITAE	8/17/2016		8/17/2016	\$ 0.00	\$ 0.00
FIRST APPEARANCE	7/18/2016		11/18/2016	\$ 0.00	\$ 0.00
PRE-APPROVAL OF SUPERVISOR/MON	8/17/2016		8/23/2016	\$ 0.00	\$ 0.00
MONITOR REPORTS	8/23/2016	11/22/2016	11/23/2016	\$ 0.00	\$ 0.00
SUPERVISION RESTRICTION	7/18/2016			\$ 0.00	\$ 0.00
RESTRICTION	7/18/2016		8/15/2017	\$ 0.00	\$ 0.00
FINE	7/18/2016	10/17/2016	9/15/2016	\$ 10,000.00	\$ 10,000.00
MONITOR REPORTS	8/23/2016	2/22/2017	3/15/2017	\$ 0.00	\$ 0.00
MONITOR REPORTS	8/23/2016	5/22/2017	5/18/2017	\$ 0.00	\$ 0.00
MONITOR REPORTS	8/23/2016	8/22/2017	8/15/2017	\$ 0.00	\$ 0.00
PRE-APPROVAL OF SUPERVISOR/MON	8/17/2016		8/23/2016	\$ 0.00	\$ 0.00
MONITOR APPEARANCE	8/23/2016		11/18/2016	\$ 0.00	\$ 0.00
CURRICULUM VITAE	7/18/2016		7/29/2016	\$ 0.00	\$ 0.00
RESPONDENT REPORT	8/23/2016	11/22/2016	11/23/2016	\$ 0.00	\$ 0.00
RETURN TO PRACTICE	7/18/2016			\$ 0.00	\$ 0.00
PERMANENT PRACTICE RESTRICTION	7/18/2016			\$ 0.00	\$ 0.00
PRE-APPROVAL OF SUPERVISOR/MON	7/18/2016		8/1/2016	\$ 0.00	\$ 0.00
RESPONDENT REPORT	8/23/2016	2/22/2017	3/15/2017	\$ 0.00	\$ 0.00
RESPONDENT REPORT	8/23/2016	5/22/2017	5/18/2017	\$ 0.00	\$ 0.00
RESPONDENT REPORT	8/23/2016	8/22/2017	8/15/2017	\$ 0.00	\$ 0.00
COSTS	7/18/2016	10/17/2016	9/7/2016	\$ 6,657.75	\$ 6,657.75
FAILURE TO COMPLY	7/18/2016			\$ 0.00	\$ 0.00
INDIRECT SUPERVISION	7/18/2016			\$ 0.00	\$ 0.00
LAST APPEARANCE	7/18/2016	10/1/2017	11/17/2017	\$ 0.00	\$ 0.00
CHANGE OF SUPERVISOR	7/18/2016			\$ 0.00	\$ 0.00
RECORDS REVIEW	7/18/2016			\$ 0.00	\$ 0.00
TOLLING	7/18/2016			\$ 0.00	\$ 0.00
CONTROLLED SUBSTANCE	7/18/2016			\$ 0.00	\$ 0.00
CONTINUING EDUCATION	7/18/2016		8/15/2017	\$ 0.00	\$ 0.00
CONTROLLED SUBSTANCE	7/18/2016		8/15/2017	\$ 0.00	\$ 0.00
MOTIONS FILED WITH CRU	8/9/2017			\$ 0.00	\$ 0.00
PETITION FOR TERMINATION OF PR	8/9/2017		8/9/2017	\$ 0.00	\$ 0.00

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
CE: DRUG COURSE	6/3/2016	7/17/2017	6/3/2016	\$ 0.00	\$ 0.00
CE: RISK MANAGEMENT	2/24/2017	7/17/2017	2/24/2017	\$ 0.00	\$ 0.00
CE: LAWS AND RULES	4/9/2016	7/17/2017	4/9/2016	\$ 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 \$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 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 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**

This practitioner has not provided any professional web page information.

#### **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.