



## STEPHEN JOSEPH LAQUIS

License Number: ME82974

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing Not Provided  
License Expiration 01/31/2027  
Date

## General Information

### Primary Practice Address

STEPHEN JOSEPH LAQUIS  
7331 COLLEGE PARKWAY  
SUITE 200  
FORT MYERS, FL 33907

### 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
TAMPA (JAMES A. HALEY VA MEDICAL CENTER)	TAMPA	FLORIDA
NORTH COLLIER HOSPITAL	NAPLES	FLORIDA
NAPLES COMMUNITY HOSPITAL	NAPLES	FLORIDA
PHYSICIANS REGIONAL HOSPITAL	NAPLES	FLORIDA
LEE MEMORIAL HOSPITAL	FORT MYERS	FLORIDA
LEE MEMORIAL HOSPITAL-HEALTHPARK	FORT MYERS	FLORIDA
SOUTHWEST FLORIDA REGIONAL MEDICAL CENTER	FORT MYERS	FLORIDA
GULF COAST HOSPITAL	FT MYERS	FLORIDA

### Email Address

Not Provided

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
TENNESSEE	
KENTUCKY	

### 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
NEW YORK MEDICAL COLLEGE	MD	8/15/1992 - 5/20/1996	05/20/1996

## Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
BOSTON UNIVERSITY	BOSTON	MASSACHUSETTS	08/31/1988	05/20/1992	BA - BIOLOGY

## 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
GREENWICH HOSPITAL	INTERNSHIP	IM - INTERNAL MEDICINE		GREENWICH	CONNECTICUT	07/01/1996	06/30/1997
YALE UNIVERSITY	RESIDENCY	OPH - OPHTHALMOLOGY		NEW HAVEN	CONNECTICUT	07/01/1997	06/30/2000
UNIVERSITY OF TENNESSEE	FELLOWSHIP	OTHER	OPHTHALMIC ONCOLOGY	MEMPHIS	TENNESSEE	07/01/2000	01/01/0001
RALPH E. WESLEY/VANDERBILT UNIVERSITY		OTHER	OPHTHALMIC FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY	NASHVILLE	TENNESSEE	07/02/2001	06/30/2002

# 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
CLINICAL ASSISTANT PROFESSOR	NOVA SOUTHEASTERN UNIVERSITY	FORT LAUDERDALE	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 OPHTHALMOLOGY	OPH - OPHTHALMOLOGY	
AMERICAN BOARD OF OPHTHALMOLOGY	OCU - OCULOPLASTICS	

# 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:

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		05/15/2017		OBLIGATION(S) SATISFIED	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
				\$ 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 an affiliation with the following committees:

CHIEF OF OPHTHALMOLOGY - LEE MEMORIAL HS  
AMERICAN COLLEGE OF SURGEONS  
AMERICAN ACADEMY OF COSMETIC SURGERY  
LEE COUNTY MEDICAL SOCIETY  
COLLIER COUNTY MEDICAL SOCIETY  
FLORIDA MEDICAL ASSOCIATION  
AMERICAN MEDICAL ASSOCIATION  
AMERICAN SOCIETY OF OPHTHALMIC PLASTIC AND RECONSTRUCTIVE SU

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
ALPHA OMEGA ALPHA	

### 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

www.laquis.net

### 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 ACADEMY OF OPHTHALMOLOGY
AMERICAN MEDICAL ASSOCIATION
FLORIDA MEDICAL ASSOCIATION
LEE AND COLLIER COUNTY MEDICAL SOCIETY