## MICKEL WRAY ANGLIN

#### License Number: ME91647

Profession Medical Doctor
License Status CLEAR/Active
Year Began Practicing 07/01/2003
License Expiration 01/31/2027

Date

## General Information

## **Primary Practice Address**

MICKEL WRAY ANGLIN 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
BRANDON REGIONAL HOSPITAL	BRANDON	FLORIDA

#### **Email Address**

Please contact at: mickelanglin@gmail.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession	
FLORIDA	FAMILY AND SPORT MEDICINE	

## 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 FLORIDA	MD	8/1/1999 - 5/1/2003	05/24/2003

#### **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
UNIVERSITY OF SOUTH FLORIDA	TAMPA	FLORIDA	08/01/1995	05/01/1999	BS - BACHELOR OF SCIENCE

## **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
BAYFRONT MEDICAL CENTER	RESIDENCY	FP - FAMILY MEDICINE		ST PETERSBURGH		07/01/2003	06/30/2006
BAYFRONT MEDICAL CENTER SPORTS MEDICINE FELLOWSHIP	FELLOWSHIP	FP - SPORTS MEDICINE		SAINT PETERSBURG	UNITED STATES	07/01/2006	06/30/2007

# **Academic Appointments**

#### **Graduate Medical Education**

The practitioner did not provide this mandatory information.

## **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 BOARD OF FAMILY MEDICINE	FP - SPORTS MEDICINE	

# Financial Responsibility

## **Financial Responsibility**

I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2).

# **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	11/05/2005	FLORIDA	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:

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
12/22/2015	HILLSBOROUGH	17-CA-001668	01/03/2018	\$140,000.00	\$250,000.00
11/26/2018	HILLSBOROUGH	21-CA-002682	10/18/2021	\$250,000.00	\$250,000.00

## **Optional Information**

#### Committees/Memberships

This practitioner has an affiliation with the following committees: AMERICAN MEDICAL SOCIETY FOR SPORTS MEDICINE AMERICAN ACADEMY OF FAMILY PHYSICIANS AMERICAN SOCIETY OF BARIATRIC PHYSICIANS FLORIDA ACADEMY OF FAMILY PHYSICIANS

#### **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
FLORIDA REPRESENTATIVE	NATIONAL TAR WARS ANTI-TOBACCO AWARENESS CAMPAIGN
MEDICAL SELECTION COMMITTEE UNIVERSITY OF FLORIDA COLLEGE O	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE
DEANS SCHOLARSHIP UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE
FAFP FOUNDATION EXCEPTIONAL RESIDENT SCHOLAR	FAFP
CHIEF RESIDENTBAYFRONT MEDICAL CENTER 2005-2006	BAYFRONT MEDICAL CENTER

## **Publications**

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

Title	Publication	Date
TYPE A BEHAVIOR PATTERNS AND THE EXERCISE	CLINICAL JOURNAL OF SPORTS MEDICINE	04/21/2007
PRESCRIPTION		

## **Professional Web Page**

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

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Affiliation							
ALPHA PHI ALPI	HA FRATERNITY INC	CORPORATED					
BLOOMINGDAL	E HIGH SCHOOL7	TEAM PHYSICIAN					
KFL NON-PROF	IT ORGANIZATION-	- CO-DIRECTOR					
UNIVERSITY OF	SOUTH FLORIDA -	-ASSISTING TEAM	/I PHYSICIAN	I			
UNIVERSITY OF	TAMPAASSISTIN	IG TEAM PHYSICIA	AN				