



## PAUL ALEXANDER ARMSTRONG

License Number: OS9982

Profession	Osteopathic Physician
License Status	CLEAR/Active
Year Began Practicing	01/01/1994
License Expiration Date	03/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

PAUL ALEXANDER ARMSTRONG  
3000 MEDICAL PARK DRIVE  
SUITE 170  
TAMPA, FL 33613

### 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
ADVENT HEALTH	WESLEY CHAPPEL	FLORIDA
TAMPA (JAMES A. HALEY VA MEDICAL CENTER)	TAMPA	FLORIDA
H. LEE MOFFITT CANCER CTR & RESEARCH INST	TAMPA	FLORIDA
ADVENT HEALTH	TAMPA	FLORIDA

### Email Address

Please contact at: [parmstrong1223@yahoo.com](mailto:parmstrong1223@yahoo.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
OHIO	PHYSICIAN
NORTH CAROLINA	PHYSICIAN
ARKANSAS	PHYSICIAN
TENNESSEE	RN
WEST VIRGINIA	DO
OHIO	

### 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/NOVA	DO	8/1/1989 - 5/30/1993	05/30/1993

### 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
METHODIST HOSPITAL SCHOOL OF NURSING	MEMPHIS	UNITED STATES	08/01/1982	05/01/1984	REGISTERED NURSE

### 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
WRIGHT STATE UNIVERSITY SCHOOL OF MEDICINE	INTERNSHIP	GS - SURGERY	AOA APPROVED INTERNSHIP	DAYTON	OHIO	07/01/1993	06/30/1994
WRIGHT STATE UNIVERSITY SCHOOL OF MEDICINE	RESIDENCY	GS - SURGERY		DAYTON	OHIO	07/01/1993	06/30/1998
NORTHSIDE HOSPITAL & HEART INSTITUTE	RESIDENCY	IM - INTERNAL MEDICINE		ST. PETERSBURG	FLORIDA	05/01/2003	06/30/2003
UNIVERSITY OF SOUTH FLORIDA	FELLOWSHIP	GS - VASCULAR SURGERY		TAMPA	FLORIDA	07/01/2003	06/30/2005

## 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
CLINICAL	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	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 SURGERY	GS - SURGERY	12/16/1999
AMERICAN BOARD OF SURGERY	GS - VASCULAR SURGERY	

# Financial Responsibility

## Financial Responsibility

I have hospital staff privileges and I have obtained and maintain 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 FS, from a surplus lines insurer as defined under s.626.914(2)FS, from a risk retention group as defined under s.627.942 FS, from the Joint Underwriting Association established under s.627.351(4)FS, or through a plan of self-insurance as provided in s.627.357 FS, or through a plan of self-insurance which meets the conditions specified for satisfying financial responsibility in s.766.110 FS.

## 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:

Florida Osteopathic Medical Association  
American College of Surgeons  
American Osteopathic Association  
FLORIDA VASCULAR SOCIETY  
AMERICAN REGISTRY FOR DIAGNOSTIC MEDICAL SONOGRAPHY  
Society of Vascular Surgery

### 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 MEDICAL HONOR SOCIETY	WRIGHT STATE UNIVERSITY
HELEN A POPAWAY AWARD-RESIDENT RESEARCH CONFERENCE	WRIGHT STATE UNIVERSITY
HONORABLE MENTION RESIDENT ESSAY CONTEST MIAMI VALLEY HOSP	WRIGHT STATE UNIVERSITY
GORE AWARD-FLORIDA VASCULAR SOCIETY	FLORIDA VASCULAR SOCIETY
CHAIRMAN'S AWARD-WRIGHT STATE UNIVERSITY	WRIGHT STATE UNIVERSITY
1ST PLACE RESIDENT ESSAY CONTEST-MIAMI VALLEY HOSPITAL	WRIGHT STATE UNIVERSITY
HONORABLE MENTION RESIDENT ESSAY CONTEST-MIAMI VALLEY HOSP	WRIGHT STATE UNIVERSITY
HONORABLE MENTION RESIDENT ESSAY CONTEST MIAMI VALLEY HOSP	WRIGHT STATE UNIVERSITY
OUTSTANDING RESIDENT TEACHER IN GENERAL SURGERY	UNIVERSITY OF SOUTH FLORIDA

### Publications

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

Title	Publication	Date
IMPROVED OUTCOMES IN RECENT MANAGEMENT SECONDARY	JOURNAL OF VASCULAR SURGERY	01/01/2005
CURRENT INDICATIONS PREOPERATIVE INFERIOR VENA CAVA FILTER	OBESITY SURGERY	01/01/2005
OPTIMIZING INFRAINGUINAL ARM VEIN BYPASS W/DUPLEX ULTRASOUND	JOURNAL OF VASCULAR SURGERY	01/01/2004
MIDFOOT AMPUTATIONS EXPAND LIMB SALVAGE RATES FOR DIABETIC	ANNALS OF VASCULAR SURGERY	01/01/2005
GRAFT INFECTIVITY RIFAMPIN & SILVER BONDED POLYESTER GRAFT	VASCULAR & ENDOVASCULAR SURGERY	01/01/2005
VALUE OF DUPLEX SURVEILLANCE AFTER OPEN & ENDOVASCULAR	JOURNAL OF VASCULAR SURGERY	01/01/2005
PSUEDOANEURYSM OF THE SUPERFICIAL FEMORAL ARTERY	VASCULAR & ENDOVASCULAR SURGERY	01/01/2005
ENDOVASCULAR REPAIR IS AN EFFECTIVE ALTERNATIVE TO SURGERY	PERSPECTIVES IN VASCULAR SURGERY	01/01/2004

### Professional Web Page

paul.armstrong@adventhealth.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.