



## MICHAEL ANTHONY LAMPE

License Number: CH8529

Profession                      Chiropractic Physician  
License Status                DISCP RELINQ/  
Year Began Practicing      01/01/2003  
License Expiration          03/31/2022  
Date

## General Information

### Primary Practice Address

MICHAEL ANTHONY LAMPE  
4040 UPPER CREEK DRIVE  
SUITE 104  
SUN CITY CENTER, FL 33573

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges. Chiropractic physicians typically do not hold staff privileges.

### Email Address

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

### Other State Licenses

This practitioner has not indicated any additional state licensures.

## Education and Training

### Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
PARKER COLLEGE OF CHIROPRACTIC	DC	3/1/1998 - 1/1/2002	01/11/2002

### 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
IOWA STATE UNIVERSITY	AMES	IOWA	08/01/1994	05/01/1998	BS - BACHELOR OF SCIENCE

### Professional and Postgraduate Training

This practitioner has not completed any graduate medical education.

## 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 does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

## Financial Responsibility

### Financial Responsibility

I have obtained and will maintain professional liability coverage in an amount not less than \$100,000 per claim with a minimum annual aggregate of at least \$300,000 from an authorized insurer as defined under section 624.09, F.S., from an eligible surplus lines insurer as defined under s. 626.914(2), F.S., from the Joint Underwriting Association established under s.627.351(4), 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	11/22/2024	OBLIGATIONS IMPOSED	NO
FLORIDA DEPARTMENT OF HEALTH	11/08/2022	VOLUNTARY SURRENDER	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
INDIRECT SUPERVISION	9/18/2019			\$ 0.00	\$ 0.00
MONITOR REPORTS	9/18/2019			\$ 0.00	\$ 0.00
RESPONDENT REPORT	9/18/2019			\$ 0.00	\$ 0.00
FIRST APPEARANCE	9/18/2019			\$ 0.00	\$ 0.00
PRACTICE RESTRICTION DURING PR	9/18/2019			\$ 0.00	\$ 0.00
LAST APPEARANCE	9/18/2019			\$ 0.00	\$ 0.00
PRE-APPROVAL OF SUPERVISOR/MON	9/18/2019			\$ 0.00	\$ 0.00

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
FINE	9/18/2019	9/17/2021		\$ 6,500.00	\$ 0.00
COSTS	9/18/2019	9/17/2021		\$ 3,500.00	\$ 0.00
CHANGE OF SUPERVISOR	9/18/2019			\$ 0.00	\$ 0.00
MONITOR	9/18/2019			\$ 0.00	\$ 0.00
CHANGE OF SUPERVISOR	9/18/2019			\$ 0.00	\$ 0.00
TOLLING	9/18/2019			\$ 0.00	\$ 0.00
CURRICULUM VITAE	9/18/2019			\$ 0.00	\$ 0.00
MONITOR APPEARANCE	9/18/2019			\$ 0.00	\$ 0.00
CE: LAWS AND RULES		9/17/2020		\$ 0.00	\$ 0.00
CE: ETHICS AND BOUNDARIES		9/17/2020		\$ 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 \$5,000.00 Within last 10 years.**

This profession is not required by F.S., to report bankruptcy and liability claims.

**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 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
FLORIDA CHIROPRACTIC ASSOCIATION
INTERNATIONAL CHIROPRACTIC ASSOCIATION