



## AAMIR JAVAID

License Number: ME98873

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 07/01/1993  
License Expiration 01/31/2027  
Date

## General Information

### Primary Practice Address

AAMIR JAVAID  
3225 HILLSDALE LANE  
KISSIMMEE, FL 34741

### 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
FLORIDA HOSPITAL - ORLANDO	ORLANDO	FLORIDA
OSCEOLA REGIONAL MEDICAL CENTER	KISSIMMEE	FLORIDA
WUESTHOFF MEMORIAL HOSPITAL	ROCKLEDGE	FLORIDA

### Email Address

Please contact at: [ajavaid66@hotmail.com](mailto:ajavaid66@hotmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NORTH CAROLINA	
MISSOURI	
ILLINOIS	
MARYLAND	
DISTRICT OF COLUMBIA	

### 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
AGA KHAN UNIVERSITY	MBBS	9/1/1986 - 11/1/1991	

## 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
KARACHI GRAMMAR SCHOOL	KARACHI	PAKISTAN	01/01/1984	12/01/1985	BS 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
DUKE UNIVERSITY MEDICAL CENTER	INTERNSHIP	IM - INTERNAL MEDICINE		DURHAM	NORTH CAROLINA	07/01/1993	06/01/1994
DUKE UNIVERSITY MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		DURHAM	NORTH CAROLINA	07/01/1994	06/30/1996
GEORGETOWN UNIVERSITY WASHINGTON HOSPITAL CENTER	FELLOWSHIP	IM-GENERAL CARDIOLOGY		WASHINGTON	DISTRICT OF COLUMBIA	07/01/2004	06/30/2006
GEORGETOWN UNIVERSITY WASHINGTON HOSPITAL CENTER	FELLOWSHIP	IC - INTERVENTIONAL CARDIOLOGY		WASHINGTON	DISTRICT OF COLUMBIA	07/01/2006	06/30/2007
DUKE UNIVERSITY MEDICAL CENTER	FELLOWSHIP	CAR - CARDIOLOGY		DURHAM	NORTH CAROLINA	07/01/1996	06/30/1998

## 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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	10/12/2006
AMERICAN BOARD OF INTERNAL MEDICINE	IM - CARDIOVASCULAR DISEASE	11/01/2006
AMERICAN BOARD OF INTERNAL MEDICINE	IC - INTERVENTIONAL CARDIOLOGY	

## 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:

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.

#### 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
08/07/2020	ORANGE	2022-CA-009988-	10/28/2023	\$250,000.00	\$250,000.00

## Optional Information

### Committees/Memberships

This practitioner has an affiliation with the following committees:  
AMERICAN COLLEGE OF CARDIOLOGY  
AMERICAN MEDICAL ASSOCIATION

**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.

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