ANTHONY IAN NUNEZ

License Number: ME121555

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	06/24/1991
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

ANTHONY IAN NUNEZ
737 W. OAK ST
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
HEART OF FLORIDA REGIONAL MEDICAL CENTER	DAVENPORT	FLORIDA

Email Address

Please contact at: **anthony.nunez@cardiovox.net**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
OHIO	MEDICAL DOCTOR
ILLINOIS	MEDICAL DOCTOR
NEBRASKA	MEDICAL DOCTOR
DISTRICT OF COLUMBIA	MEDICAL DOCTOR
MARYLAND	MEDICAL DOCTOR
PENNSYLVANIA	MEDICAL DOCTOR
ALABAMA	MEDICAL DOCTOR
ARIZONA	MEDICAL DOCTOR
MASSACHUSETTS	MEDICAL DOCTOR
NEW YORK	MEDICINE
NEW MEXICO	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 is exempt from paying assessment.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
HOWARD UNIVERSITY	BACHELOR D	1/4/1985 - 5/9/1987	05/09/1987
HOWARD UNIVERSITY COLLEGE OF MEDICINE	MD	7/30/1987 - 5/11/1991	05/11/1991

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

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
HOWARD UNIVERSITY HOSPITAAL	INTERNSHIP	GS - SURGERY		WASHINGTON	DISTRICT OF COLUMBIA	06/24/1991	06/26/1992
HOWARD UNIVERSITY HOSPITAL	RESIDENCY	GS - SURGERY		WASHINGTON	DISTRICT OF COLUMBIA	06/27/1992	06/30/1993
HOWARD UNIVERSITY HOSPITAL	RESIDENCY	GS - SURGERY		WASHINGTON	DISTRICT OF COLUMBIA	07/01/1996	06/30/1999
NATIONAL INSTITUTES OF HEALTH	OTHER PROGRAM	OTHER	RESEARCH IN CARDIOVASCULAR MEDICINE - GENE THERAPY	BETHESDA	MARYLAND	07/01/1993	06/30/1996
UPMC	RESIDENCY	IM - ONCOLOGY		PITTSBURGH	PENNSYLVANIA	07/01/1999	12/31/2000
UPMC	FELLOWSHIP	CARDIAC SURGERY		PITTSBURGH	PENNSYLVANIA	01/01/2001	06/30/2001
BETH ISRAEL DEACONESS MEDICAL CENTER	FELLOWSHIP	CARDIAC SURGERY		BOSTON	MASSACHUSETTS	07/01/2001	06/30/2002
UNIVERSITY OF ALABAMA	FELLOWSHIP	CARDIAC SURGERY		BIRMINGHAM	ALABAMA	07/01/2002	06/30/2005
ARIZONA HEART INSTITUTE	FELLOWSHIP	GS - VASCULAR SURGERY		PHOENIX	ARIZONA	07/01/2005	09/30/2005
CLEVELAND CLINIC MECHANICAL ASSIST AND HEART TRANSPLANT	FELLOWSHIP	CARDIAC SURGERY		CLEVELAND	OHIO	07/01/2007	06/30/2009

Academic Appointments

Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

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 SURGERY	GS - SURGERY	09/13/2000
AMERICAN BOARD OF THORACIC SURGERY	TS - THORACIC SURGERY	06/10/2005

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.
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:
STS

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 not provided any national, state, local, county, or professional affiliations.