



STUART LEONARD BOE M.D.

License Number: ME44403

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1976
License Expiration Date	01/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

STUART LEONARD BOE M.D.  
5333 N DIXIE HWY SUITE 206  
FT LAUDERDALE, FL 33334

### 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
HOLY CROSS HOSPITAL, INC.	FT LAUDERDALE	FLORIDA
IMPERIAL POINT MEDICAL CENTER	FT LAUDERDALE	FLORIDA
VENCOR HOSPITAL-FORT LAUDERDALE	FT LAUDERDALE	FLORIDA
BROWARD GENERAL MEDICAL CENTER	FORT LAUDERDALE	FLORIDA
BOCA RATON COMMUNITY HOSPITAL	BOCA RATON	FLORIDA
NORTH BROWARD MEDICAL CENTER	POMPANO	FLORIDA

### Email Address

Please contact at: [hsa5601@aol.com](mailto:hsa5601@aol.com)

### Other State Licenses

This practitioner has not indicated any additional state licensures.

### 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
BROWN UNIVERSITY	MD	9/1/1970 - 6/1/1975	06/01/1975

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
BROWN UNIVERSITY	PROVIDENCE	RHODE ISLAND	01/01/1975	06/30/1998	MASTERS 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
RHODE ISLAND HOSPITAL	RESIDENCY	GS - SURGERY		PROVIDENCE	RHODE ISLAND	07/01/1976	06/30/1981
ALLEGHENY GENERAL HSOP.	FELLOWSHIP	TS - THORACIC SURGERY		PITTSBURGH	PENNSYLVANIA	07/01/1981	06/30/1982
ALLEGHNEY GENERAL	FELLOWSHIP	TS - THORACIC SURGERY		PITTSBURGH	PENNSYLVANIA	07/01/1982	06/30/1984
BROWN UNIVERSITY	INTERNSHIP	IM - INTERNAL MEDICINE		PROVIDENCE	RHODE ISLAND	07/01/1975	06/30/1976

Academic Appointments

Graduate Medical Education

This practitioner has not 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 THORACIC SURGERY	TS - THORACIC SURGERY	
AMERICAN BOARD OF SURGERY	GS - SURGERY	

Financial Responsibility

Financial Responsibility

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), 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:  
CREDENTIALS COMM/NORTH RIDGE MEDICAL CENTER  
SECTION CHIEF/DEPT CARDIAC SURGERY/NORTH RIDGE MED CTR  
MEDICAL EXECUTIVE COMMITTEE  
VICE CHIEF MEDICAL STAFF NORTHRIDGE MEDICAL STAFF 2006-2008

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
FELLOW	AMERICAN COLLEGE OF SURGEONS

Community Service/Award/Honor	Organization
FELLOW	AMERICAN COLLEGE OF CARDIOLOGY

## Publications

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

Title	Publication	Date
ABDOMINAL AORTIC ENDOVASCULAR STENTS	VOL. 63, NO 3	01/01/2001
UPDATE OF CARDIAC DEFIBRILLATORS	BROWARD COUNTY MEDICAL REVIEW	06/01/1990

## 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
AMERICAN HEART ASSOCIATION-CARDIOVASCULAR COUNCIL
AMERICAN MEDICAL ASSOCIATION
BROWARD COUNTY MEDICAL ASSOCIATION
FLORIDA LAUDERDALE SURGICAL SOCIETY
FLORIDA MEDICAL ASSOCIATION
SOCIETY OF THORACIC SURGEONS