



## CARY L STOWE MD

License Number: ME49625

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 01/01/1981  
License Expiration 01/31/2027  
Date

## General Information

### Primary Practice Address

CARY L STOWE MD  
300 S INTERLACHEN AVENUE  
UNIT 602  
WINTER PARK, FL 32789

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

Institution Name	City	State
	VERO BEACH	FLORIDA

### Email Address

Please contact at: [clstowe@msn.com](mailto:clstowe@msn.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 is exempt from paying assessment.

## Education and Training

## Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF ALABAMA AT BIRMI	MD	1/1/1974 - 1/1/1978	01/01/1978

## 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
BARNES WASHINGTON HOSPITAL	INTERNSHIP	GS - SURGERY		ST. LOUIS	MISSOURI	07/01/1978	06/30/1979
BARNES WASHINGTON HOSPITAL	RESIDENCY	GS - SURGERY		ST. LOUIS	MISSOURI	07/01/1979	06/30/1982
BAYLOR COLLEGE OF MEDICINE	FELLOWSHIP	TS - THORACIC SURGERY	PERIPHERAL AND CARDIOVASCULAR SURGERY	HOUSTON	TEXAS	07/01/1982	06/30/1983
EMORY UNIVERSITY HOSPITAL	RESIDENCY	TS - THORACIC SURGERY		ATLANTA	GEORGIA	07/01/1985	06/30/1987

## 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
COURTESY STAFF	FLORIDA STATE UNIVERSITY SCHOOL OF MEDICINE	VERO BEACH	FLORIDA
CONSULTING FACULTY FOR DUKE MEDICINE	DUKE UNIVERSITY SCHOOL OF MEDICINE	DURHAM	NORTH CAROLINA

## 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 - VASCULAR SURGERY	01/01/1984
AMERICAN BOARD OF SURGERY	GS - SURGERY	01/01/1983
AMERICAN BOARD OF THORACIC SURGERY	TS - THORACIC SURGERY	01/01/1989

## Financial Responsibility

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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.

#### 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:  
Society of Thoracic Surgeons

### Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

### Publications

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

Title	Publication	Date
MITRAL VALVE RECONSTRUCTION IN THE ELDERLY POPULATION	ANNALS OF THORACIC SURGERY	08/01/1989
INTRAOPERATIVE IDENTIFICATION OF A RADIOFREQUENCY LESION	PACE	01/01/1992
SURGICAL MANAGEMENT/ASCENDING AND AORTIC ARCH DISEASE:REFI	ANNAL OF THORACIC SURGERY	08/01/1998

### 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 provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN COLLEGE OF CHEST PHYSICIANS
AMERICAN COLLEGE OF SURGEONS
AMERICAN HEART ASSOCIATION
AMERICAN MEDICAL ASSOCIATION
FLORIDA HEART INSTITUTE
FLORIDA MEDICAL ASSOCIATION
INTERNATIONAL SOCIETY FOR CARDIOVASCULAR SURGERY
ORANGE COUNTY MEDICAL ASSOCIATION
SOCIETY OF THORACIC SURGEONS
SOUTH ATLANTIC CARDIOVASCULAR SURGICAL SOCIETY
SOUTHERN THORACIC SURGICAL ASSOCIATION