



## JORGE ANTONIO RODRIGUEZ JR

License Number: ME64476

Profession	Medical Doctor
License Status	CLEAR/Active
Year Began Practicing	07/01/1988
License Expiration Date	01/31/2026
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

## General Information

### Primary Practice Address

JORGE ANTONIO RODRIGUEZ JR  
 FLORIDA ORTHOPAEDIC INSTITUTE  
 4600 4TH STREET NORTH  
 ST PETERSBURG, FL 33703

### 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
BAYFRONT MEDICAL CENTER	ST PETERSBURG	FLORIDA
BAYFRONT MEDICAL PLAZA SAME DAY SURGERY	ST PETERSBURG	FLORIDA
COLUMBIA CENTER FOR SPECIAL SURGERY	ST PETERSBURG	FLORIDA
ST. ANTHONYS HOSPITAL	ST PETERSBURG	FLORIDA
ALL CHILDREN'S HOSPITAL	ST PETERSBURG	FLORIDA
PALMS OF PASADENA HOSPITAL	ST PETERSBURG	FLORIDA
EDWARD WHITE HOSPITAL	ST PETERSBURG	FLORIDA
NORTHSIDE HOSPITAL	ST PETERSBURG	FLORIDA
ST. PETERSBURG GENERAL HOSPITAL	ST PETERSBURG	FLORIDA

### Email Address

Please contact at: [pstathacopoulos@floridaortho.com](mailto:pstathacopoulos@floridaortho.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
	MEDICAL
	MEDICAL
	MEDICAL

### 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
TULANE UNIVERSITY OF LOUISIANA	MD	8/1/1984 - 6/1/1988	06/01/1988

### 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
GEORGIA BAPTIST MEDICAL CENTER	INTERNSHIP	TY - TRANSITIONAL YEAR		ATLANTA	GEORGIA	07/01/1988	06/30/1989
GEORGIA BAPTIST MEDICAL CENTER	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		ATLANTA	GEORGIA	07/01/1989	06/30/1993
UNIVERSITY OF ALABAMA	FELLOWSHIP	GS - HAND SURGERY		BIRMINGHAM	ALABAMA	08/01/1993	07/31/1994

## 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
AMERICAN BOARD OF ORTHOPAEDIC SURGERY	ORS - ORTHOPAEDIC SURGERY

## 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:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

[View Board Actions](#)

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:  
CHAIRPERSON, SURGICAL EVALUATION, NORTHSIDE HOSPITAL  
DEPARTMENT CHAIR, BAYFRONT HEALTH ST. PETERSBURG

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
PRESIDENT OF THE YEAR, JUNIOR ACHIEVEMENT	NEW ORLEANS, LOUISIANA
TEAM PHYSICIAN	GEORGIA TECH, ATLANTA FALCONS & ATLANTA HAWKS
PARTICIPANT, ORTHOPAEDIC TEAM	UNIVERSITY OF ALABAMA, BIRMINGHAM

### Publications

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

Title	Publication	Date
QUANTITATIVE BONE-GALLIUM SCINTIGRAPHY IN OSTEOMYELITIS	AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS	01/01/1995

### Professional Web Page

[www.afopa.com](http://www.afopa.com)

### 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 SOCIETY OF ORTHOPAEDIC SURGEONS
FLORIDA STATE ATHLETIC COMMISSION