



## GERARDO REYES

License Number: ME123613

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1986
License Expiration Date	01/31/2027

## General Information

### Primary Practice Address

GERARDO REYES  
NOT PRACTICING

This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

Institution Name	City	State
	HOUSTON	TEXAS

### Email Address

Please contact at: [jerry5660@aol.com](mailto:jerry5660@aol.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NORTH CAROLINA	MEDICAL DOCTOR
CALIFORNIA	MEDICAL DOCTOR
TEXAS	MEDICAL DOCTOR
FLORIDA	MEDICAL DOCTOR
KANSAS	MEDICAL DOCTOR
GEORGIA	MEDICAL DOCTOR
ILLINOIS	MEDICAL DOCTOR
INDIANA	MEDICAL DOCTOR
WISCONSIN	MEDICAL DOCTOR
MINNESOTA	MEDICAL DOCTOR

### 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
PERELMAN SCHOOL OF MEDICINE AT UNIVERSITY OF PENNSYLVANIA	MD	8/15/1982 - 5/19/1986	05/19/1986

### 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
UNIV OF TEXAS HEALTH SCIENCE CENTER	INTERNSHIP	PD - PEDIATRICS		SAN ANTONIO	TEXAS	07/01/1986	06/30/1987
UNIV. OF TEXAS HEALTH SCIENCE CENTER	RESIDENCY	PD - PEDIATRICS		SAN ANTONIO	TEXAS	07/01/1987	06/30/1989
CHILDREN HOSPITAL LOS ANGELES	FELLOWSHIP	PD - PEDIATRIC CRITICAL CARE MEDICINE		LOS ANGELES	CALIFORNIA	07/01/1989	06/30/1992

## 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 PEDIATRICS	PD - PEDIATRICS	10/04/1989
AMERICAN BOARD OF PEDIATRICS	PD - PEDIATRIC CRITICAL CARE MEDICINE	05/17/1994

## Financial Responsibility

### Financial Responsibility

Financial Exemption

### 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 not indicated any committees on which they serve for any health entity with which they are affiliated.

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

**Affiliation**

AMERICAN TELEMEDICINE ASSOCIATION

ILLINOIS STATE MEDICAL ASSOCIATION

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