



LEONIK ANGELO AHUMADA

License Number: ME92891

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 06/01/1997
License Expiration 01/31/2027
Date

General Information

Primary Practice Address

LEONIK ANGELO AHUMADA
8620 E COUNTY ROAD 466
THE VILLAGES, FL 32162

Medicaid

This practitioner does NOT participate in the Medicaid program.

Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
OCALA REGIONAL MEDICAL CENTER	OCALA	FLORIDA
MUNROE REGIONAL MEDICAL CENTER	OCALA	FLORIDA
WEST MARION COMMUNITY HOSPITAL	OCALA	FLORIDA
THE VILLAGES REGIONAL HOSPITAL	THE VILLAGES	FLORIDA

Email Address

Please contact at: leonika@yahoo.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ALABAMA	MD
ALABAMA	

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
UNIVERSITY OF MIAMI SCHOOL MD	MD	8/1/1993 - 5/1/1997	05/09/1997
HARVARD UNIVERSITY	BA	9/1/1989 - 6/1/1993	

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
HARVARD UNIVERSITY	CAMBRIDGE	MASSACHUSETTS	09/01/1989	06/01/1993	BA - BIOLOGY

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
UNIVERSITY OF ALABAMA HOSPITAL	RESIDENCY	GS - SURGERY		BIRMINGHAM	ALABAMA	06/01/2000	06/30/2001
UNIVERSITY OF ALABAMA HOSPITAL	RESIDENCY	GS - SURGERY		BIRMINGHAM	ALABAMA	06/01/1997	06/30/2003
UNIVERSITY OF ALABAMA HOSPITAL	INTERNSHIP	GS - SURGERY		BIRMINGHAM	ALABAMA	06/01/1997	06/30/1998
UNIVERSITY OF ALABAMA HOSPITALS	RESIDENCY	PS - PLASTIC SURGERY		BIRMINGHAM	ALABAMA	07/01/2003	06/30/2005

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

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	
AMERICAN BOARD OF PLASTIC SURGERY	PS - PLASTIC 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:

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:
Staff Priv.; West Marion Community Hospital.

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
HARVARD COLLEGE HONORARY SCHOLARSHIP 1991 1992	HARVARD UNIVERSITY
DEAN RESEARCH AWARD 1994	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE
OUTSTANDING RESIDENT 1998	UNIVERSITY OF ALABAMA

Community Service/Award/Honor	Organization
MIAMI HERALD SCHOLAR ATHLETE 1989	MIAMI HERALD
EXCELLENCE IN CLINICAL RESEARCH 2004	UNIVERSITY OF ALABAMA AT BIRMINGHAM
EXCELLENCE IN BASIC SCIENCE RESEARCH 2001	UNIVERSITY OF ALABAMA AT BIRMINGHAM
OUTSTANDING CHIEF SURGICAL RESIDENT 2003	UNIVERSITY OF ALABAMA AT BIRMINGHAM
RESEARCH AWARD 2004	SOUTHERN MEDICAL ASSOCIATION
RESEARCH AWARD 2004 2005	SOUTHEASTERN SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGEONS

Publications

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

Title	Publication	Date
COMORBIDITY TRENDS IN PATIENTS REQ STERNECTOMY AND FLAPS	ANNALS OF PLASTIC SURGERY	03/01/2005
MOLECULAR AND CELLULAR MECHANISM OF DONOR CELL INDUCED TOL	IMMUNOLOGY RESEARCH	
ATHLETIC PUBALGIA DEFINITION AND TREATMENT	ANNALS OF PLASTIC SURGERY	10/01/2005

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
FLORIDA MEDICAL ASSOCIATION