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MEDICINE & SURGERY OF THE FOOT, ANKLE, AND LOWER EXTREMITY

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APPLICATION CHECK-OFF LIST

- () I have completed the application form and will mail it to FPMA, 410 N. Gadsden Street, Tallahassee, FL 32301, or fax it to 850/681-0899.
- () Check is enclosed for \$400, payable to the FLORIDA PODIATRIC MEDICAL ASSOCIATION if you have practiced four years or more, or \$250 if you have practiced for one to three years. You may also phone FPMA with a credit card for payment. You will be billed for any remaining dues.
- () Affirmation Sheet is signed and enclosed.
- () Confirmation letter from your local Component President. Alternative: email or phone call by your Component President to the FPMA Office, 800/277-3338 or bhowell@fpma.com. (This confirmation may be obtained at a later date as you start attending the local component meetings.)
- () If possible, please forward your curriculum vitae for your file.

In the event the applicant has knowingly misstated any of the information or facts required above, such misstatement shall be grounds for denial of this application or for revocation if such misstatement is discovered after application has been favorably acted upon by the association.

Please return your application and the required information to the Membership Coordinator, Bernadine Howell, 410 North Gadsden Street, Tallahassee, Florida 32301, or fax to 850/681-0899. You may also email her at bhowell@fpma.com or phone her at 800/277-3338.



AMERICAN PODIATRIC MEDICAL ASSOCIATION

This modifiable PDF document may be completed in two different ways,
1. Save the document to your desktop. Complete form, save, then e-mail it
to membership_ask_apma@apma.org
2. Print the document. Manually complete and either fax to 301-530-2752
or scan and e-mail to membership_ask_apma@apma.org

Website: www.apma.org

E-mail: membership_ask_apma@apma.org

800-ASK-APMA

Application for Membership

I hereby apply for membership in the component association of the state in which I have my principal practice and to the American Podiatric Medical Association (APMA). If elected, I agree to uphold and abide by the purposes, bylaws, code of ethics, and all rules and regulations of my component association and the APMA. I understand that no one has an automatic right to be elected to membership in this voluntary organization.

**Please type or
print clearly.**

Attach additional sheet
of paper if needed.

Birth date, gender,
and ethnic group are
requested for statistical
purposes.

Last Name _____ First _____ Middle _____

Previous Last Name (*changed due to marriage, divorce, etc.*) _____

Birth Date ____ / ____ / ____ Nickname _____

Gender: ☐ M ☐ F Ethnic Group (*for demographic use only*): ☐ American Indian/Alaska Native

☐ Asian* ☐ Black or African-American ☐ Native Hawaiian or Other Pacific Island

☐ Spanish/Hispanic/Latino/Latina** ☐ White ☐ Do not wish to report

*This category includes Asian Indian, Cambodian, Chinese, Filipino, Japanese, Korean, Malaysian, Pakistani, or Vietnamese

**This category includes Cuban, Mexican, Mexican American, Chicano/Chicana, Puerto Rican, South, or Central American

Spouse's Name _____ US Citizen (*optional*): ☐ Yes ☐ No

**Complete all
addresses below.**

Please note your
preferred mailing
address by placing a
check mark in the box to
the left of that address.

*Your home address is
essential for identifying
and contacting your
federal and state
legislators through
APMA's e-Advocacy
program.

**Please include your
e-mail address as
APMA communicates
many important issues
via e-mail.

☐ **Home Address*:** _____

_____ County _____

Telephone () _____ Fax () _____

Home e-mail** : _____ Cell () _____

Pager () _____

☐ **Principal Office/Residency Address:** _____

_____ County _____

Telephone () _____ Fax () _____

Office e-mail** : _____ Office Web Site: _____

☐ **Second Office Address:** _____

_____ County _____

Telephone () _____ Fax () _____

Office e-mail** : _____ Office Web Site: _____

☐ **Third Office Address:** _____

_____ County _____

Telephone () _____ Fax () _____

Office e-mail** : _____ Office Web Site: _____

If you have more than three office addresses, please list on a separate sheet.

Education

Undergraduate Degree Year _____ State _____ Institution _____ Degree _____

Graduate Degree Year _____ State _____ Institution _____ Degree _____

Podiatric Medical Degree

(See back panel for listings)

Check College Below Year of Graduation _____
☐ Arizona ☐ Barry ☐ California
☐ Des Moines ☐ New York ☐ Ohio ☐ Temple ☐ Scholl ☐ Western ☐ Other

Postgraduate Education

☐ Yes (If yes, complete) ☐ No

If you have more than two fellowships or residencies, please list on a separate sheet.

☐ Preceptorship

☐ Fellowship

☐ Residency Program Type (PMSR, PM&S36, etc) _____

Begin Date _____ State _____ Institution _____ Completion Date _____
mo / yr mo / yr

☐ Preceptorship

☐ Fellowship

☐ Residency Program Type (PMSR, PM&S36, etc) _____

Begin Date _____ State _____ Institution _____ Completion Date _____
mo / yr mo / yr

Military

Military Service

☐ USA ☐ USAF ☐ USN ☐ USMC ☐ USCG Other _____

Date Entered _____ Date Separated _____ Current Rank _____

☐ Reserves If yes, branch of service _____

Professional Licensure

National Provider Identifier (NPI) Number

Podiatric Medical Licenses

Year _____ State _____ Number _____ Year _____ State _____ Number _____

Year _____ State _____ Number _____ Year _____ State _____ Number _____

Year _____ State _____ Number _____ Year _____ State _____ Number _____

Have you ever had a license to practice podiatric medicine suspended, denied, or revoked by any licensure authority?

☐ Yes (If yes, please explain on a separate sheet.) ☐ No

Are you currently, or have you ever been, on probation, suspension, or investigation by any licensure authority, state, or federal agency?

☐ Yes (If yes, please explain on a separate sheet.) ☐ No

Podiatric Medical Practice

Original Practice Start Date

Month _____ Day _____ Year _____

APMA-Recognized Organizations

(check only those in which you have certification/membership)

Board Certification

(See back panel for listings) If you are interested in learning more about qualification or certification in these organizations, go to www.apma.org/certifyingboards

☐ ABFAS (formerly ABPS) ☐ ABPM (formerly ABPOPPM)

Affiliated Membership

(See back panel for listings) If you are interested in learning more about membership in these organizations, go to www.apma.org/affiliated

☐ AAHP ☐ AAPP ☐ AAPSM ☐ AAWP ☐ ACFAOM
☐ ACFAP ☐ AENS ☐ APMWA ☐ ASPD ☐ ASPM ☐ ASPS

Previous Member of APMA

☐ Yes (If yes, complete) ☐ No

Dates _____ Component Association _____

Signature/Instructions

Please be aware that you may be required to provide additional documentation (copy of all state licenses, business card, sample of stationery, etc.) to your component society.

I understand that dual membership (state component and national association) is required to be a member in good standing. I agree not to represent myself as a member of APMA or my component, if for any reason, I cease to be a member in good standing. I also understand that a portion of my annual dues is in payment for a one year subscription for the **APMA NEWS** and for the **Journal of the American Podiatric Medical Association**. I agree that incomplete or false information may be grounds for denial or termination of membership.

APMA dues are not deductible as a charitable contribution for federal tax purposes but may be deductible as a business expense.

If you are a practicing DPM, it is important to contact the state component in which your primary practice is located. Contact information can be found on-line at www.apma.org/StateComponents. Your component will inform you of the amount of dues to remit as well as any other required documentation. An overview of membership processing procedures of each component can be viewed at www.apma.org/Join. Your completed application and dues payment must be sent directly to your component, not the APMA.

If you are a DPM in post-graduate training, send your completed application and dues payment directly to APMA. A current dues chart for DPMs in post-graduate training can be viewed at www.apma.org/PostGraduateDuesSchedule.

If you have any questions, please contact the APMA Membership Services department at 800-ASK-APMA.

Applicant Signature: _____, DPM Date: _____

I was recruited for APMA membership by the following APMA member:

Listing of Podiatric Medical Colleges

Arizona:	Arizona Podiatric Medicine Program at Midwestern University—Glendale
Barry:	Barry University School of Podiatric Medicine
California:	California School of Podiatric Medicine at Samuel Merritt University
Des Moines:	Des Moines University College of Podiatric Medicine & Surgery
New York:	New York College of Podiatric Medicine
Ohio:	Kent State University College of Podiatric Medicine
Temple:	Temple University School of Podiatric Medicine
Scholl:	Dr. William M. Scholl College of Podiatric Medicine at Rosalind Franklin University of Medicine & Science
Western:	Western University of Health Sciences College of Podiatric Medicine

Listing of Boards

If you are interested in learning more about qualification or certification in these organizations, go to www.apma.org/certifyingboards

ABPM (formerly ABPOPPM)	American Board of Podiatric Medicine (formerly American Board of Podiatric Orthopedics and Primary Podiatric Medicine)
ABFAS (formerly ABPS)	American Board of Foot & Ankle Surgery (formerly American Board of Podiatric Surgery)

Listing of Affiliated Organizations

If you are interested in learning more about membership in these organizations, go to www.apma.org/affiliated

AAHHP	American Association of Hospital and Healthcare Podiatrists
AAPPM	American Academy of Podiatric Practice Management
AAPSM	American Academy of Podiatric Sports Medicine
AAWP	American Association for Women Podiatrists
ACFAOM	American College of Foot and Ankle Orthopedics and Medicine
ACFAP	American College of Foot and Ankle Pediatrics
AENS	Association of Extremity Nerve Surgeons
APMWA	American Podiatric Medical Writers' Association
ASPD	American Society of Podiatric Dermatology
ASPM	American Society of Podiatric Medicine
ASPS	American Society of Podiatric Surgeons

For Component Society Use

Component name: _____

Division (If applicable): _____

Date application was received: _____

Date sent to APMA: _____

Join date: _____

Member category: _____

For APMA Use Only

Dues Amount _____

Member No. _____

Member Type _____

Date Received _____

Elect Date _____

AFFIRMATIONS

I, Dr. _____(please print) do hereby affirm that I have received, read, fully understand, and do agree to comply with all of the provisions contained the APMA Code of Ethics and the FPMA Code of Ethics.

Further, I understand and agree that if I attend a Science and Management Symposium and I do not follow through and pay that year's dues, I am liable for payment of the non-member fee (\$900) for attending said Symposium.

SIGNATURE: _____

DATE: _____

Please return this to FPMA with your application and corresponding materials.

American Podiatric Medical Association, Inc.

Code of Ethics

AVAILABLE UPON REQUEST - Contact Bernie Howell, FPMA Membership Coordinator, to request a copy.

FPMA CODE OF ETHICS

A. Obligation to the Profession.

The prime object of the profession of Podiatric Medicine is the service it can render humanity. In choosing this profession, the individual assumes the obligation to conduct himself or herself according to its ideals.

1. He or she should ever strive to advance the art of Podiatric Medicine by availing himself or herself to all its courses, symposia and literature that will aid in his or her advancement.

2. He or she should use meticulous care in the exercise of his or her learning and experience.

3. He or she should thoroughly acquaint himself or herself with all the laws governing his or her practice and meticulously observe these laws, never treating conditions beyond the legal province in his or her field, but always referring such cases to competent practitioners in whose field the case belongs.

B. Safeguarding the Profession.

Every Podiatric Physician shall guard and protect this profession against those who are morally unfit or professionally inept as professional associates. Corrupt or dishonest members of the profession, or those of rank incompetence, or those whose abuse of alcohol or drugs endanger the public welfare or reflect upon the profession should be exposed before the Executive Board as provided in the Bylaws.

C. Guarding the Patient's Confidences.

The confidences entrusted by a patient to a Podiatric Physician concerning the patient's individual or domestic life, or flaws, physical, mental or of the patient's character, shall be held in trust and never revealed to anyone, except governmental authorities when specifically required by law.

D. Commissions or Bonuses.

Paying or receiving any commission, bonus, kickback, rebate or engaging in any split-fee arrangement in any form whatsoever with a physician, organization, department or person, either directly or indirectly, for patients referred to providers of health care goods and services, including but not limited to hospitals, nursing homes, clinical laboratories, ambulatory surgical centers or pharmacies is prohibited.

E. Rebates on Remedies, Etc.

A Podiatric Physician shall not request, solicit, accept or receive any rebates or commissions for prescribing

or

recommending any clinical laboratory tests, footwear, drug, medicine or any other article.

F. Secret Remedies and Guarantees.

1. A Podiatric Physician shall not prescribe, dispense, or pretend to use in treatment any secret remedial agent or manufacture or promote their use in any way.

2. A Podiatric Physician shall not guarantee or be implied to guarantee any treatment or therapy or remedy whatsoever.

G. Compensation for Services.

A Podiatric Physician shall not impose unreasonable charges for professional services.

H. Self Aggrandizement.

A Podiatric Physician, whether by direct statement or inference, shall not represent himself or herself, nor shall he or she knowingly allow himself or herself to be represented as possessing exceptional skill, qualifications, achievements, attainments, associations, affiliations, or honors, which statement, inference, or representation would tend to place him on a professional plane superior to that of his or her Podiatric Medical associates. Furthermore, he or she shall not boast of his or her cases, operations, cures or remedies, or permit or aid in the dissemination of reports thereof. However, the normal newsworthy items of an individual Podiatric Physician attending bona fide scientific seminars, post-graduate courses, or the receiving of honors when related to Podiatric Medicine or civic endeavors are permitted.

I. Public Education.

1. The profession has the obligation to furnish the public necessary and desirable information for the promotion and preservation of foot health; thus, addresses before lay audiences, radio broadcasts, and articles in lay publications are valuable and proper channels of presentation.

2. A Podiatric Physician may, in accordance with 1. above, allow his or her name to be announced in connection with such addresses, broadcasts or printed articles, together with announcements of such position as held by the speaker or author, when this information will serve to add the "weight of authority" to the address or article. However, the speaker or author shall not refer, or allow to be referred, either directly or by implication, to his or her accomplishments.

3. When such articles or broadcasts are presented, scrupulous care shall be exercised in assuring that accuracy

and correctness of all statements in accordance with current knowledge and opinion rather than personal opinion of the individual Podiatric Physician.

4. Scrupulous care shall always be exercised to assure that the dictates of good taste are observed.

J. Advertising.

The following Rules Governing Advertising and Solicitation are the Rules and Regulations of the Florida Board of Podiatric Medicine, pursuant to Section L, as of this date.

1. It is the policy of the ASSOCIATION that advertising by licensed practitioners of the profession of Podiatric Medicine in this state should be regulated so as to effectuate the duty of the State of Florida to protect the health, safety, and welfare of its residents, while not abridging any rights guaranteed to such practitioners or to the public by the Constitution of the United States and the State of Florida, as construed by the United States Supreme Court and the Florida Supreme Court. To that end, the ASSOCIATION encourages the dissemination to the public of legitimate information, in accordance with the ASSOCIATION'S rules, regarding Podiatric Medicine and where and from whom services may be obtained, so long as such information is in no way false, deceptive, or misleading.

2. Definition. For purposes of these rules "advertising" or "advertisement" means any statement, oral or written, disseminated to or before the public or any portion thereof, with the intent or purpose, either directly or indirectly of selling professional services, or offering to perform professional services, or inducing members of the public to enter into any obligation relating to such professional services. The terms "advertising" or "advertisement" shall include the name under which professional services are performed.

3. Any advertisement or advertising shall be deemed by the ASSOCIATION to be false, deceptive or misleading, and shall be prohibited, if it:

- (a) Contains a misrepresentation of facts; or
- (b) Is misleading or deceptive because in its content or in the context in which it is presented it makes only a partial disclosure of relevant facts; or
- (c) Creates false or unjustified expectations of beneficial treatment of successful cures; or
- (d) Contains representations relating to the quality of the Podiatric medical services offered; or
- (e) Conveys the impression that the Podiatric Physician disseminating the advertising or referred to

therein possesses qualifications, skills, or other attributes, which are superior to other Podiatric Physicians; or

(f) Fails to conspicuously identify the Podiatric Physician or Podiatric Physicians by name in the advertisement or fails to conspicuously identify the Podiatric Physician or Podiatric Physicians referred to in the advertising as a Podiatric Physician; or

(g) Contains any representations or claims to which the Podiatric Physician, referred to in the advertising, fails to perform; or

(h) Otherwise, contains any representation, statement, or claim which is misleading or deceptive.

(i) Solicitation.

(1) Solicitation shall mean any oral recommendation by a Podiatric Physician or agent of a Podiatric Physician to a layman that he requires the services of a Podiatric Physician, made for the purpose of procuring the employment of the Podiatric Physician making said recommendation.

(2) Solicitation as defined in subsection (1), either personally or through an agent, is prohibited.

K. Enforcement and Discipline.

Any violation of this Code of Ethics, hereby adopted, by any member of the FLORIDA PODIATRIC MEDICAL ASSOCIATION shall subject that member to the Grievance Procedures provided in these Bylaws.

L. The provisions of the Article XV are consistent and in conformance with those Rules and Regulations of the Florida Board of Podiatric Medicine (hereafter referred to as the State Board), where applicable to the same subject matter and fact circumstances. In the event the State Board or its successor agency adopts new rules, or amends existing rules affecting the same subject matter and fact circumstances addressed by this Article XV so as to cause conflict or inconsistency between the two sets of rules, then the provisions of the Rules of the State Board or its successor agency shall be deemed adopted as the Rules of the ASSOCIATION and shall continue to govern the activity of the members of the ASSOCIATION until said rules are addressed and otherwise modified or amended at such time and in such manner as is provided by these Bylaws.

The Value of Membership

What Have FPMA/APMA Accomplished?

- The right for Podiatric Physicians to perform surgery within their scope of practice.
- The right to administer local anesthetics.
- The right to prescribe medications and controlled substances.
- Passage of the anti-discrimination bill prohibiting hospitals from discriminating against Podiatric Physicians.
- The Veterans Administration's inclusion of Podiatric Medicine in the division of medicine and surgery.
- Joint Commission on Accreditation of Hospitals' recognition of Podiatric Physicians as acceptable members of hospital staffs.
- Establishment of Podiatric Medicine residency programs.
- Availability of state funds for podiatric medical students.
- Full Medicare and Medicaid recognition for Podiatric Physicians.
- Ensure that doctors of Podiatric Medicine are not discriminated against in their right to perform hospital history and physicals.
- Surgery center privileges for Podiatric Physicians.
- Redefined Podiatric medical education by standardizing residency programs and college curriculums.
- Launched the Preferred Podiatric Network to provide panels of member Podiatric Physicians for union insurance plans.
- Medicaid -- Budget recommendations were to eliminate Podiatric Medical services for adults. Through FPMA's efforts, no cuts were made to Podiatric Physician services, saving Podiatric Physicians thousands yearly.
- FPMA successfully defeated proposed legislation that would have raised Podiatric Physician liability coverage to \$1,000,000.
- FPMA was instrumental in the appeal of the 1992 fee cap on X-rays, physical therapy, and lab services performed by Podiatric Physicians, limiting those fees to 115% of the Medicare fee schedule.
- FPMA secured physician status for Florida's doctors of Podiatric Medicine.

What Are FPMA/APMA Working On Now?

- Working with unions to allow full Podiatric Medical coverage in ERISA plans.
- Partnering with other medical specialties on legislative issues whenever possible to create a larger impact.
- Creating parity that will require insurers to reimburse Podiatric Physicians the same amount per procedure as other providers.
- Working to ensure that Podiatric Medicine is included in managed care reform.
- Ongoing work with Medicare carriers on issues impacting Podiatric Physicians.
- Working to enforce the law when hospitals continue to discriminate against Podiatric Physicians' right to perform hospital history and physicals.
- Continuous monitoring of legislation that could severely impair a Podiatric Physician's right to practice his/her chosen profession.

Additional Benefits of Membership

In addition to realizing the accomplishments of a strong organization, there are several real, tangible benefits only Podiatric Physicians belonging to the Florida Podiatric Medical Association receive (some are listed below). These benefits are updated and improved on a regular basis. These are in addition to discounts on goods and services, including car rentals, office supplies, telephone services, hotels, HCFA forms, and so forth offered by the American Podiatric Medical Association and the National Guild of Healthcare Professionals.

AS A MEMBER OF THE AMERICAN AND FLORIDA PODIATRIC MEDICAL ASSOCIATIONS, YOU WILL HAVE ACCESS TO:

- Publications/Blast E-mails from FPMA and APMA, including *FPMA Footprints Magazine*, *APMA News Magazine*, *Journal of the American Podiatric Medical Association (JAPMA)*, *APMA News Brief*, and *APMA Weekly Focus*.
- The FPMA and APMA websites, which offer numerous resources for Podiatric Physicians, including links to information pertinent to the podiatric profession.
- The “Find a Podiatrist” feature, which is available on both the FPMA and APMA websites and is used as a referral service to the public.
- 800 phone numbers for FPMA and APMA, serving as Information Clearinghouses for members and their staffs.
- No additional charge for attending the FPMA Science & Management Symposium (SAM) every January and the FPMA June Conference, which offer members all the CME credits they need in Florida.
- Reduced fees for continuing education programs around the country.
- The FPMA Insurance Committee, which handles billing disputes and problems that members may have and work toward parity in disbursements. Members of this committee also offer advice to members on practice management and insurance issues.
- Local component meetings, where networking and lectures on current clinical and management techniques take place on a regular basis.
- Membership in affiliated organizations, including the American College of Foot and Ankle Surgeons, the American College of Foot and Ankle Orthopedics and Medicine, and the National Guild of Healthcare Professionals.
- Successful public relations campaigns to educate the public about foot care, which provides referrals to members.
- Public Relations materials and consultations available at no cost.

- Reduced costs for insurance provided through the Guild and APMA.
- Free consultations with committee experts on Medicare/Medicaid, third party payers, hospital privileges, OSHA, Workers' Compensation, CLIA, etc.
- Discounts on ICD and CPT Code Books.

FPMA COMPONENT PRESIDENTS 2017

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