

## Practitioner Profile

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Profession: **Osteopathic Physician**  
Year Began Practicing: **1/1/1973**  
Expiration Date: **3/31/2008**  
Status: [Retired/](#)

General Information	Education and Training	Academic Appointments	Specialty Certification	Financial Responsibility	Proceedings and Actions	Optional Information	License Verification
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**Financial Responsibility**

I do not practice in the state of Florida.

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