

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH Surgeon
General and Secretary
State Surgeon General & Secretary

Vision: To be the **Healthiest State** in the Nation

Application Summary

Application Detail

License Type:	Medical Doctor
Profession Number:	1501 - Medical Doctor
License Number:	88404
Application:	Review, Update & Confirm Profile
Application Date:	01/17/2018

Addresses

Mailing Address

Address: **19111 WEST OAKMONT DRIVE**
MIAMI-DADE
MIAMI, FL
33015
US

Phone Number: **(305) 975-0435**

Extension:

E-mail Address: **andree36@hotmail.com**

Home

Fax

Place of Practice

Address: **1880 NE 163 STREET**
SUITE 102
MIAMI-DADE
NORTH MIAMI BEACH, FL
33162
US

Phone Number: **(305) 975-0435**

Extension:

Satellite Location

Address: **1880 N.E 163RD STREET**

**MIAMI-DADE
NORTH MIAMI BEACH, FL
33162
US**

Phone Number:

Extension:

E-mail Address:

Education History

Attendance From: **08/01/1995**
Attendance To: **05/01/1999**
Date of Graduation: **05/08/1999**
School Name: **HOWARD UNIVERSITY**

Other Related Health Degrees

School Name: **TEMPLE UNIVERSITY**
City: **PHILDELPHIA**
State and Country: **PENNSYLVANIA**
Attended From: **09/01/1988**
Attended To: **08/01/1992**
Degree Title: **BS - BACHELOR OF SCIENCE**

Professional and Postgraduate Training 1

Program Name: **NASSAU UNIVERSITY MEDICAL CENTER**
Program Type: **RESIDENCY**
Specialty Area: **OBG - OBSTETRICS AND GYNECOLOGY**
Program City: **EAST MEADOW**
Program State or Country: **NEW YORK**
Attended From (mm/dd/yyyy): **07/01/1999**
Attended To (mm/dd/yyyy): **06/01/2001**

Professional and Postgraduate Training 2

Program Name: **BOSTON MEDICAL CENTER**
Program Type: **RESIDENCY**
Specialty Area: **OBG - OBSTETRICS AND GYNECOLOGY**
Program City: **BOSTON**
Program State or Country: **MASSACHUSETTS**
Attended From (mm/dd/yyyy): **07/01/2001**

Graduate Medical Education Responsibility and Faculty Appointments

Do you currently hold a faculty appointment at a medical school? **Yes**

Name of Institution: **ROSS UNIVERSITY MEDICAL SCHOOL**
City: **Portsmouth, Dominica**
State: **FLORIDA**
Title of Appointment: **Clinical Professor**

Graduate Education

Do you currently, or have you had, responsibility for graduate medical education within the last 10 years? **Yes**

Staff Privileges

Do you currently hold staff privileges in any hospital, health institution, clinic or medical facility? **Yes**

The facilities listed are Florida facilities. If your privileges are for a facility in another state, select "Out of State".

Name of Facility: **NORTH SHORE MEDICAL CENTER**
City: **MIAMI**
State: **FLORIDA**

Other State Licensure 1

License #: **220187**
Type: **MD**
Original Date Issued: **01/23/2001**

Other State Licensure 2

License #: **212521**
Type: **MD**
Original Date Issued: **03/27/2002**
Date of Expiration: **11/05/2004**

Other State Licensure 3**Other State Licensure 4****Other State Licensure 5****Specialty Board Certifications**

Board: **AMERICAN BOARD OF OBSTETRICS & GYNECOLOG**

Certification: **OBG - OBSTETRICS AND GYNECOLOGY**

Financial Responsibility/Exemption

Financial Responsibility **5. NOT TO CARRY MEDICAL MALPRACTICE**

Criminal History

Have you ever been convicted or found guilty, regardless of adjudication, or pled guilty or nolo contendere (no contest) to a criminal misdemeanor or felony in any jurisdiction? **No**

If "Yes", submit the arrest and court records along with a disposition of the case to the Board.

Medicaid Program Questions 1

Do you participate in the Medicaid program? **Yes**

Medicaid Program Questions 2

Do you participate in the Medicaid program? **Yes**

Specialty Board Discipline History

Within the previous ten (10) years, have you ever had any final disciplinary action taken against you by a specialty board recognized by the American Board of Medical Specialties, the American Osteopathic Association, the American Chiropractic Association, or other similar national organization? **No**

Final Disciplinary Action - Licensing

Within the previous ten (10) years, Have you ever had any final disciplinary action taken against you by the LICENSING AGENCY in this state or any jurisdiction? **No**

Final Disciplinary Action - Institution

Within the previous ten (10) years, Have you ever had any final disciplinary action taken against you by a licensed hospital, health maintenance organization, pre-paid health clinic, nursing home, or ambulatory surgical center in this state or any jurisdiction? **No**

Final Disciplinary Action - Facility Resignation 1

Within the previous ten (10) years have you ever been asked to or allowed to resign from or had any staff privileges restricted or not renewed by any medical health-related institution in lieu of or in settlement of a pending disciplinary action related to competence or character? **No**

Final Disciplinary Action - Facility Resignation 2

Within the previous ten (10) years have you ever been asked to or allowed to resign from or had any staff privileges restricted or not renewed by any medical health-related institution in lieu of or in settlement of a pending disciplinary action related to competence or character? **No**

Final Disciplinary Action - Facility Resignation 3

Within the previous ten (10) years have you ever been asked to or allowed to resign from or had any staff privileges restricted or not renewed by any medical health-related institution in lieu of or in settlement of a pending disciplinary action related to competence or character? **Yes**

Entity Name: **Jackson Health System**
Discipline Date: **07/10/2017**
Action Description: **VOLUNTARY/SURRENDER**
Violation Description: **QUALITY OF CARE**

Under Appeal:

Yes

Applicant Statement:

Privileges were suspended following the transfer of a mother with a pre viable fetus from a low resource hospital to their competitor with an appropriate level NICU. This was frowned upon and an authorization was not obtained. Therefore, though she was properly medically accepted the competitor refused to allow the transfer to proceed due to financial reasons. She was transferred to the sister hospital several hours later. There was no untoward outcome. An investigatory committee was appointed which concluded there were absolutely no issues regarding quality of care. They made some recommendations including no restriction to privileges. The medical executive committee curiously went against them. An appeal process is underway.

Committees/Memberships

Committee/Membership:

Delta Sigma Theta Sorority, Inc.

Professional or Community Awards

Community Service/Award/Honor:

VOLUNTEER SERVICE FOR FIMR PROJECT

Community Service/Award/Honor:

HEALTHY START COALITION OF MIAMI
DADE COUNTY

Languages Other Than English 1

Language:

HAITIAN

Languages Other Than English 2

Language:

SPANISH

Languages Other Than English 3

Language:

CREOLE

Other Affiliations 1

Affiliation:

National Medical Association

Other Affiliations 2

Affiliation:

American College fo Obstetricians &
Gynecologists

Other Affiliations 3

Affiliation:

American Medical Women's Association

Attestation

I affirm that the profile information is correct.

Attestation Answer: Yes

Mission:

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Application Summary

Application Detail

License Type:	Medical Doctor
Profession Number:	1501 - Medical Doctor
License Number:	88404
Application:	Renew My Medical Doctor License
Application Date:	01/17/2018

Personal Detail

Title:	Dr.
First Name:	CHRIST-ANN
Middle/Second Name:	A.E.
Last Name/Surname:	MAGLOIRE

Addresses

Mailing Address

Address:	19111 WEST OAKMONT DRIVE
	MIAMI-DADE
	MIAMI, FL
	33015
	US

Phone Number:	(305) 975-0435
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E-mail Address:	andree36@hotmail.com
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NORTH MIAMI BEACH, FL

33162

US

Phone Number:

Extension:

E-mail Address:

Availability for Disaster

Are you willing to provide health care services in special need shelters or to work with disaster medical teams during times of emergency or major disasters? **Yes**

Financial Responsibility/Exemption

Financial Responsibility

5. NOT TO CARRY MEDICAL MALPRACTICE

Attestation

By submitting the appropriate renewal fees to the Department, I certify compliance with all requirements for renewal. I am responsible for knowing these requirements as set forth in the laws and rules that govern my profession.

Attestation Answer: Yes

Mission:

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Personal Detail

Title:	Dr.
First Name:	CHRIST-ANN
Middle/Second Name:	A.E.
Last Name/Surname:	MAGLOIRE

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Financial Responsibility

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Fees

FDLE Background Chec	\$24.00
Active Renewal	\$350.00
Unlicensed Activity	\$5.00
Dispensing	\$100.00
Total Amount Due:	\$479.00

Attestation

By submitting the appropriate renewal fees to the Department, I certify compliance with all requirements for renewal. I am responsible for knowing these requirements as set forth in the laws and rules that govern my profession.

Attestation Answer: Yes

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FLORIDA DEPARTMENT OF HEALTH
CONFIRMATION OF LICENSE AT RENEWAL

NAME: CHRIST-ANN A.E. MAGLOIRE
PROFESSION: MEDICAL DOCTOR
LICENSE NUMBER: ME88404
EFFECTIVE DATE: 01/17/2018
FEE PAID: \$479.00
MAILING ADDRESS: 19111 WEST OAKMONT DRIVE
MIAMI, FL 33015
ATTENTION:
PRACTICE ADDRESS: 1880 NE 163 STREET
SUITE 102
NORTH MIAMI BEACH, FL 33162
ATTENTION:

NOTE:

This document confirms receipt of a timely renewal application and fee for the above-named practitioner. You should receive your renewed license in the mail within 5-7 business days. Confirmation of your renewal can be viewed by visiting <http://www.FLHealthsource.gov> and selecting "Verify A License". This document has been issued from a secure online site and provides authorization for practice until you receive your printed certificate.

AC# **COPY**

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE**

DATE	LICENSE NO.	CONTROL NO.
01/18/2018	ME 88404	613751

The **MEDICAL DOCTOR** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2020**
CHRIST-ANN A.E. MAGLOIRE
1880 NE 163 STREET
SUITE 102
NORTH MIAMI BEACH, FL 33162

**QUALIFICATION(S):
DISPENSING PRACTITIONER**

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	AC#	CONTROL NO.
DATE	LICENSE NO.	613751
01/18/2018	ME 88404	

The **MEDICAL DOCTOR** named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: **JANUARY 31, 2020**

COPY - NOT A VALID LICENSE - COPY

LICENSEE SIGNATURE

COPY - NOT A VALID LICENSE - COPY

GOVERNOR

Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

QUALIFIC
Dispensing Practitioner

EXPIRATION DATE: **JANUARY 31, 2020**

Your license number is ME 88404. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

Medical Quality Assurance has a new and improved Online Services Portal. In the new system, you have the ability to renew your license, update your mailing and practice location addresses, request a name change, request a duplicate license and update your profile information all from the convenience of your online account.

1. Go to www.FLHealthSource.gov.
2. Click on "Provider Services" and select "Manage Your License."
3. Select your profession and license type and click "Submit."
4. The question "Have you Registered in Our New Online Service S
 - a. Click on "No" if you have not registered for an account in the new system and follow the instructions provided for new user registration.
 - b. Click on "Yes" if you are a returning user. Enter the user ID and password you selected during the registration process, then select "Sign In" to access your MQA Online Services Portal account.

IMPORTANT ANNOUNCEMENTS

Are You Renewal Ready?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit www.FLHealthSource.gov/AYRR

Grounds for Discipline

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed.

Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SUPPORT SERVICES UNIT
4052 BALD CYPRESS WAY, BIN #C-10
TALLAHASSEE, FLORIDA 32399-3260



PRSR. FIRST-CLASS
U.S. POSTAGE
PAID
TALLAHASSEE, FL-32301
PERMIT NO. 552

***** **AUTO** *****

CHRIST-ANN A.E. MAGLOIRE
19111 WEST OAKMONT DRIVE
MIAMI, FL 33015

COPY

COPY COPY COPY

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COPY - NOT A VALID LICENSE - COPY

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