

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:	127866
Application:	Renew My Medical Doctor License
Application Date:	01/05/2018

Personal Detail

Title:	DR.
First Name:	CHINEDU
Middle/Second Name:	KINGSLEY
Last Name/Surname:	NWABUOBI

Addresses

Mailing Address

Address:	4003 Lady Palm Court
	HILLSBOROUGH
	TAMPA, FL
	33624
	US

Phone Number:	9178262047
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Extension:

E-mail Address:	cknwabuobi@gmail.com
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Home

Place of Practice

Address:	2 TAMPA GENERAL CIRCLE
	HILLSBOROUGH
	TAMPA, FL
	33606
	US

Phone Number:	(914) 438-5798
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Extension:

Satellite Location

Address:

736 CENTRAL AVENUE

SARASOTA

SARASOTA, FL

34236

US

Phone Number:

Extension:

E-mail Address:

Satellite Location

Address:

236 E. BEARSS AVENUE

HILLSBOROUGH

TAMPA, FL

33613

US

Phone Number:

Extension:

E-mail Address:

Satellite Location

Address:

610 OAK COMMONS BLVD.

OSCEOLA

KISSIMMEE, FL

34741

US

Phone Number:

Extension:

E-mail Address:

Satellite Location

Address:

1105 53RD AVENUE E., SUITE 201

MANATEE

BRADENTON, FL

34203

US

Phone Number:

Extension:

E-mail Address:

Satellite Location

Address:

8595 COLLEGE PARKWAY, SUITE 250

LEE

FORT MYERS, FL

33919

US

Phone Number:

Extension:

E-mail Address:

Satellite Location

Address:

419 NORTH FIRST STREET

COLLIER

IMMOKALEE, FL

34142

US

Phone Number:

Extension:

E-mail Address:

Satellite Location

Address:

2250 E. EDGEWOOD DRIVE

POLK

LAKELAND, FL

33803

US

Phone Number:

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Address:

11500 UNIVERSITY BLVD.

ORANGE

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1425 CREECH ROAD

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NAPLES, FL

34103

US

Phone Number:

Extension:

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Address:

33 6TH STREET SOUTH, SUITE 110

PINELLAS

SAINT PETERSBURG, FL

33702

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 **4. LIABILITY NOT LESS THAN \$250,000**

Fees

Active Renewal TRNG	\$200.00
Unlicensed Activity	\$5.00
Dispensing	\$100.00
Total Amount Due:	\$305.00

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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