



## Department of Health



### STRICKER COLES MAYS II

License Number: ME42462

|                         |                |
|-------------------------|----------------|
| Profession              | Medical Doctor |
| License Status          | CLEAR/ACTIVE   |
| Year Began Practicing   | Not Provided   |
| License Expiration Date | 01/31/2022     |

### Primary Practice Address

STRICKER COLES MAYS II  
131 REDSTONE AVE  
STE 109  
CRESTVIEW, FL 32539

### 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   |
|-------------------------------|-----------|---------|
| NORTH OKALOOSA MEDICAL CENTER | CRESTVIEW | FLORIDA |

### Email Address

Please contact at: [strickmays@gmail.com](mailto:strickmays@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

| State | Profession     |
|-------|----------------|
|       | MEDICAL DOCTOR |

### Education and Training

| Institution Name               | Degree Title | Dates of Attendance | Graduation Date |
|--------------------------------|--------------|---------------------|-----------------|
| UNIVERSITY OF ALABAMA AT BIRMI | MD           | 1/1/1978 - 1/1/1982 | 01/01/1982      |

## Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

## 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 FLORIDA COLLEGE MEDICAL | INTERNSHIP   | OBG - OBSTETRICS AND GYNECOLOGY |                      | GAINESVILLE | FLORIDA          | 07/01/1982          | 06/30/1983        |
| UNIVERSITY OF FLORIDA COLLEGE MEDICAL | RESIDENCY    | OBG - OBSTETRICS AND GYNECOLOGY |                      | GAINESVILLE | FLORIDA          | 07/01/1983          | 06/30/1986        |

## Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

## Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

## Specialty Certification

This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

## Financial Responsibility

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), F.S.

## 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.

## Committees/Memberships

This practitioner has not indicated any committees on which they serve for any health entity with which they are affiliated.

## Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

## Publications

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

**Professional Web Page**

This practitioner has not provided any professional web page information.

**Languages Other Than English**

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

**Other Affiliations**

This practitioner has not provided any national, state, local, county, or professional affiliations.