

Mission:

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



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

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

Application

Application Detail

License Type:	Medical Doctor
Profession Number:	1501 - Medical Doctor
License Number:	123097
Application:	Request Address Change
Application Date:	01/21/2021

Personal Detail

Title:	MD
First Name:	PIERRE
Middle/Second Name:	BERNARD
Last Name/Surname:	EUGENE
Birthdate:	03/31/1960
Gender:	Male

Addresses

Mailing Address

Address:	3559 SOMERSET CIR OSCEOLA KISSIMMEE, FL 34746 US
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Phone Number:	917-683-4809
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E-mail Address:	beneu@hotmail.com
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Place of Practice

Address:	6464 N MIAMI AVE MIAMI-DADE
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MIAMI, FL

33150

US

Phone Number:

305 7568890

Attestation

I affirm that the provided address information is correct.

Attestation Answer: Yes

Mission:

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Application

Application Detail

License Type:	Medical Doctor
Profession Number:	1501 - Medical Doctor
License Number:	123097
Application:	Renew My Medical Doctor License
Application Date:	01/21/2021

Suitability Question(s)

Have you reviewed and confirmed your profile?	Yes
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Personal Detail

Title:	MD
First Name:	PIERRE
Middle/Second Name:	BERNARD
Last Name/Surname:	EUGENE

Addresses

Mailing Address

Address:	3559 SOMERSET CIR
	OSCEOLA
	KISSIMMEE, FL
	34746
	US

Phone Number:	917-683-4809
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E-mail Address:	beneu@hotmail.com
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Place of Practice

Address:	6464 N MIAMI AVE
	MIAMI-DADE

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Phone Number:

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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

Fees

Active Renewal	\$360.00
Unlicensed Activity	\$5.00
Total Amount Due:	\$365.00

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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Application

Application Detail

License Type:	Medical Doctor
Profession Number:	1501 - Medical Doctor
License Number:	123097
Application:	Review, Update & Confirm Profile
Application Date:	01/27/2021

Addresses

Mailing Address

Address:	3559 SOMERSET CIR
	OSCEOLA
	KISSIMMEE, FL
	34746
	US

Phone Number:	917-683-4809
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E-mail Address:	beneu@hotmail.com
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Place of Practice

Address:	6464 N MIAMI AVE
	MIAMI-DADE
	MIAMI, FL
	33150
	US

Phone Number:	305 7568890
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Education History 1

Provider Name:	UNIVERSITE D'ETAT D'HAITI
Type of Program:	N/A

Attendance From: 11/01/1980
Attendance To: 08/31/1986
Date of Graduation: 08/31/1986
School Name: N/A

Education History 2

Provider Name: OTHER
Type of Program: N/A
Attendance From: 10/01/1973
Attendance To: 06/30/1980
Date of Graduation: 08/31/1980
School Name: COLLEGE SAINT PIERRE RUE CAPOIS

Other Related Health Degrees

School Name: N/A
City: N/A
State and Country: N/A
Attended From: N/A
Attended To: N/A
Degree Title: N/A

Professional and Postgraduate Training 1

Program Name: HOSPITAL DE UEH
Program Type: INTERNSHIP
Specialty Area: OBG - OBSTETRICS AND GYNECOLOGY
Other Specialty Area: N/A
City: PORT AU PRINCE
State or Country: HAITI
Date Attended From: 10/01/1988
Date Attended To: 09/30/1991

Professional and Postgraduate Training 2

Program Name: VETERANS AFFAIRS
Program Type: RESIDENCY
Specialty Area: IM - INTERNAL MEDICINE

Other Specialty Area: N/A
City: WILKESBARRE
State or Country: PENNSYLVANIA
Date Attended From: 07/01/1999
Date Attended To: 07/31/2000

Professional and Postgraduate Training 3

Program Name: BROOKDALE HOSPITAL
Program Type: RESIDENCY
Specialty Area: OBG - OBSTETRICS AND GYNECOLOGY
Other Specialty Area: N/A
City: BROOKLYN
State or Country: NEW YORK
Date Attended From: 02/01/2002
Date Attended To: 12/31/2004

Faculty Appointments

Do you currently hold a faculty appointment at a medical school? Yes
Institution: SUNY DOWNSTATE UNIVERSITY HOSPITAL OF BROOKLYN
City: BROOKLYN
State: NEW YORK
Appointment Title: ASSISTANT PROFESSORIN OBGYN

Graduate Education

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

Staff Privileges 1

Do you currently hold staff privileges at a hospital, medical, or health institution? Yes
Institution Name: JACKSON NORTH MEDICAL CENTER
City: north miami beach
State: FLORIDA

Staff Privileges 2

Do you currently hold staff privileges at a hospital, medical, or health institution? **Yes**

Institution Name: **NORTH SHORE MEDICAL CENTER**
City: **miami**
State: **FLORIDA**

Other State Licensure 1

License #: **234914**
Type: **MEDICAL DOCTOR**
Original Date Issued: **01/08/2005**
Date of Expiration: **02/28/2023**
Country: **N/A**
State: **New York**

Other State Licensure 2

License #: **MD0715541**
Type: **N/A**
Original Date Issued: **07/27/2000**
Date of Expiration: **12/31/2014**
Country: **N/A**
State: **Pennsylvania**

Other State Licensure 3

License #: **N/A**
Type: **MEDICAL DOCTOR**
Original Date Issued: **10/01/1987**
Date of Expiration: **N/A**
Country: **N/A**
State: **New York**

Other State Licensure 4

License #: **N/A**
Type: **N/A**
Original Date Issued: **N/A**
Date of Expiration: **N/A**

Country: N/A

State: N/A

Other State Licensure 5

License #: N/A

Type: N/A

Original Date Issued: N/A

Date of Expiration: N/A

Country: N/A

State: N/A

Specialty Board Certifications 1

Board: AMERICAN BOARD OF OBSTETRICS & GYNECOLOG

Certification: OBG - OBSTETRICS AND GYNECOLOGY

Specialty Board Certifications 2

Board: AMERICAN BOARD OF INTERNAL MEDICINE

Certification: IM - INTERNAL MEDICINE

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

Have you ever been terminated for cause from participating in the Florida Medicaid Program? No

Have you ever been sanctioned by any state Medicaid program? No

Do you participate in the Medicaid program? N/A

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? **Yes**

Licensing Agency Name: **PENNSYLVANIA BOARD OF MEDICINE**
Discipline Date: **05/28/2014**
Action Description: **SUSPENDED**
Violation Description: **VIOLATE STATUT/RULE OF BOARD**
Appeal Status: **No Answer**
Applicant Statement: **N/A**

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

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: **MVP Health Plan**
Discipline Date: **12/19/2012**
Action Description: **REVOKED CLINICAL PRIVILEGES**
Violation Description: **FAIL TO KEEP ADEQ PROF RECORDS**
Under Appeal: **No Answer**
Applicant Statement: **N/A**

Committees/Memberships

Committee/Membership: **N/A**

Professional or Community Awards

Community Service/Award/Honor: **N/A**
Organization: **N/A**

Publications

Article Title: **N/A**
Publication: **N/A**

Date of Publication: N/A

Professional Web Page

Professional Web Page: N/A

Languages Other Than English 1

Language: FRENCH

Languages Other Than English 2

Language: CREOLE

Other Affiliations

Affiliation: N/A

Attestation

I affirm that the profile information is correct.

Attestation Answer: Yes