#### Mission:

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



Ron DeSantis Governor

Joseph A. Ladapo, MD, PhD State Surgeon General

Vision: To be the Healthiest State in the Nation

# **Application**

	Aр	pli	icati	ion	Detai	ı
--	----	-----	-------	-----	-------	---

License Type: Osteopathic Physician

Profession Number: 1901 - Osteopathic Physician

License Number: 15568

Application: Osteopathic Renewal

Application Date: 01/09/2022

Suitability Question(s)

1. Have you reviewed and confirmed your

profile?

Yes

**Personal Detail** 

Title: Dr.

First Name: HOLLY

Middle/Second Name:

Last Name/Surname: SCHISANI

Addresses

**Mailing Address** 

Address: 2572 45TH AVE. NE

**COLLIER** 

NAPLES, FL

34120

US

Phone Number: 239-248-0187

E-mail Address: fluoby27@gmail.com

**Physical Location** 

Address: 17240 S. TAMIAMI TRAIL

**SUITE 3** 

1/9/22, 4:55 PM Page 1 of 2

LEE

FORT MYERS, FL

33908

US

Phone Number: 239-202-0606

### **Availability for Disaster**

Will you be available to provide health care services in special needs shelters or help staff disaster medical assistance teams during times of emergency or major disaster?

If you respond 'Yes', your name will be added to a data listing that is available to the Department of Health if a disaster is declared. If you live in an area where you may be able to help you will be called on if needed.

## **Financial Responsibility**

Financial Responsibility 5. NOT TO CARRY MEDICAL MALPRACTICE

**Fees** 

Unlicensed Activity \$5.00

Active Renewal \$400.00

Total Amount Due: \$405.00

#### 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

1/9/22, 4:55 PM Page 2 of 2