Mission:

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

Physical Location

Address:



Ron DeSantis Governor

Joseph A. Ladapo, MD, PhD 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:	136691
Application:	Renew My Medical Doctor License
Application Date:	01/25/2022
Suitability Question(s)	
Have you reviewed and confirmed your profile?	Yes
Personal Detail	
Title:	Dr
First Name:	KARA
Middle/Second Name:	LANE
Last Name/Surname:	CADWALLADER
Addresses	
Mailing Address Address:	1019 NORTH 9TH STREET
	Out of State
	BOISE, ID
	83702
	US
Phone Number:	208-369-0862
E-mail Address:	Clinician1@kaleido-health.com

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2001 EAST MADISON STREET

Out of State

SEATTLE, WA

98122

US

Phone Number: 208-367-6042

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?

Financial Responsibility/Exemption

i manolar responsibility/Exemption	
Financial Responsibility	3. LIABILITY NOT LESS THAN \$100,000
Fees	
Active Renewal	\$350.00
Unlicensed Activity	\$5.00
Dispensing	\$100.00

\$455.00

Attestation

Total Amount Due:

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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Have you reviewed and confirmed your

profile?

Yes

Personal Detail

Title: Dr

First Name: KARA

Middle/Second Name: LANE

Last Name/Surname: CADWALLADER

Addresses

Mailing Address

Address: 1019 NORTH 9TH STREET

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Attestation Answer: Yes

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