

LEE PHYSICIAN HOSPITAL ORGANIZATION
PHYSICIAN DIRECTORY UPDATE
2/1/2010 Through 2/28/2010

NOTIFICATION OF NEW PROVIDERS

GLOCK, JACOB L., M.D.

REPRODUCTIVE ENDO/INFERTILITY

Effective date with Multiplan (If applicable): 5/1/2010
Effective date with Beech Street, Accountable Health Plan and Wellcare/Staywell (if applicable): 4/1/2010
Effective date with all other Lee PHO managed care plans (if applicable): 3/1/2010
PRACTICE NAME: SOUTHWEST FLORIDA FERTILITY CENTER, P.A.
ADDRESS LOCATION(S):

<u>AREA</u>	<u>PHONE</u>	<u>FAX</u>
(239)	561-3430	561-6980

15730 NEW HAMPSHIRE COURT, #101, FORT MYERS, FL 33908

HUEDA, ELIZA, M.D.

PEDIATRICS

Effective date with Multiplan (If applicable): 5/1/2010
Effective date with Beech Street, Accountable Health Plan and Wellcare/Staywell (if applicable): 4/1/2010
Effective date with all other Lee PHO managed care plans (if applicable): 3/1/2010
AGES TAKEN: 0-18 YRS
PRACTICE NAME: FAMILY HEALTH CENTERS OF SW FL, INC.
ADDRESS LOCATION(S):

<u>AREA</u>	<u>PHONE</u>	<u>FAX</u>
(239)	334-2320	573-3226

305 S.W. 2ND TERRACE, CAPE CORAL, FL 33991

KOSLOFF, REBECCA A., M.D.

ONCOLOGY/HEMATOLOGY

Effective date with Multiplan (If applicable): 5/1/2010
Effective date with Beech Street, Accountable Health Plan and Wellcare/Staywell (if applicable): 4/1/2010
Effective date with all other Lee PHO managed care plans (if applicable): 3/1/2010
AGES TAKEN: 18-120 YRS
PRACTICE NAME: FLORIDA CANCER SPECIALISTS
ADDRESS LOCATION(S):

<u>AREA</u>	<u>PHONE</u>	<u>FAX</u>
(239)	947-3092	947-5298
(239)	434-2622	434-6876

9776 BONITA BEACH ROAD SE #201A, BONITA SPRINGS, FL 34135
681 4TH AVE NORTH LUGERT WEST BUILDING, NAPLES, FL 34102

LIPMAN, ANDREW J., M.D.

ONCOLOGY/HEMATOLOGY

Effective date with Multiplan (If applicable): 5/1/2010
Effective date with Beech Street, Accountable Health Plan and Wellcare/Staywell (if applicable): 4/1/2010
Effective date with all other Lee PHO managed care plans (if applicable): 3/1/2010
AGES TAKEN: 18-120 YRS
PRACTICE NAME: FLORIDA CANCER SPECIALISTS
ADDRESS LOCATION(S):

<u>AREA</u>	<u>PHONE</u>	<u>FAX</u>
(239)	434-2622	434-6876
(239)	947-3092	947-5298

681 4TH AVE NORTH, LUGERT WEST BUILDING, NAPLES, FL 34102
9776 BONITA BEACH ROAD SE, #201A, BONITA SPRINGS, FL 34135

LUNA, VICTOR M., M.D.

ENDOCRINOLOGY

Effective date with Multiplan (If applicable): 5/1/2010
Effective date with Beech Street, Accountable Health Plan and Wellcare/Staywell (if applicable): 4/1/2010
Effective date with all other Lee PHO managed care plans (if applicable): 3/1/2010
AGES TAKEN: 18 YRS & UP
PRACTICE NAME: INTERNAL MEDICINE ASSOCIATES OF LEE CTY.
ADDRESS LOCATION(S):

<u>AREA</u>	<u>PHONE</u>	<u>FAX</u>
(239)	936-1343	936-8507
(239)	458-3338	458-0666

13813 METRO PARKWAY, FORT MYERS, FL 33912
1528 DEL PRADO BLVD., S., CAPE CORAL, FL 33990

LEE PHYSICIAN HOSPITAL ORGANIZATION
PHYSICIAN DIRECTORY UPDATE
2/1/2010 Through 2/28/2010

NOTIFICATION OF NEW PROVIDERS

PURCELL, THOMAS J., M.D.

PEDIATRICS

Effective date with Multiplan (if applicable): 5/1/2010
Effective date with Beech Street, Accountable Health Plan and Wellcare/Staywell (if 4/1/2010
Effective date with all other Lee PHO managed care plans (if applicable): 3/1/2010

AGES TAKEN: 0-18 YRS
PRACTICE NAME: FAMILY HEALTH CENTERS OF SW FL, INC.
ADDRESS LOCATION(S): AREA PHONE FAX
28341 SOUTH TAMIAMI TRAIL, UNIT B-4, BONITA SPRINGS, FL 34134 (239) 344-2353 992-4984

SHUSTER, ANNA D., D.O.

FAMILY MEDICINE

Effective date with Multiplan (if applicable): 5/1/2010
Effective date with Beech Street, Accountable Health Plan and Wellcare/Staywell (if 4/1/2010
Effective date with all other Lee PHO managed care plans (if applicable): 3/1/2010

AGES TAKEN: 0-90 YRS
PRACTICE NAME: PHYSICIANS PRIMARY CARE OF SW FL.,P.L.
ADDRESS LOCATION(S): AREA PHONE FAX
1255 VISCAYA PARKWAY, SUITE 200, CAPE CORAL, FL 33990 (239) 574-1988 574-1435

REINSTATEMENT

LANTHIER, DONNA M., M.D.

PHYSICAL MEDICINE AND REHAB

Effective 12/1/2009, this physician rejoined the Lee PHO. Please note that Dr. Lanthier retired in 2004 from the Sybert Institute and recently returned to practice in Lee County. Please assure that your records reflect that Dr. Lanthier is loaded as a participating provider at the following practice:

Practice Name: SPINE & PAIN CENTER-OUTPATIENT CTR @ THE SANCTUARY
Office Location: 8960 COLONIAL CENTER DRIVE, SUITE 204, FORT MYERS, FL 33905
Phone: (239) 343-9465

DELETIONS

LO, THOMAS P., M.D.

ANESTHESIOLOGY

Termination Date: 12/31/2009
Reason for Termination: RETIRED
Practice Name: MEDICAL ANESTHESIA & PAIN MANAGEMENT

SANTIAGO, CESAR A., M.D.

COLORECTAL SURGERY

Termination Date: 2/22/2010
Reason for Termination: RESIGNED
Practice Name: THE COLORECTAL INSTITUTE

VELAMAKANNI, SHONA V., M.D.

CARDIOLOGY

Termination Date: 3/6/2010
Reason for Termination: RESIGNED
Practice Name: FLORIDA HEART ASSOCIATES, P.L.

LEE PHYSICIAN HOSPITAL ORGANIZATION
PHYSICIAN DIRECTORY UPDATE
2/1/2010 Through 2/28/2010

CHANGES

AMBACH, MARY A., M.D.

PHYSICAL MEDICINE & REHAB

Effective immediately, please note the name change for this physician's specialty. She was formerly listed under Physiatry. This specialty is now called Physical Medicine & Rehab.

Specialty Name Changed From: PHYSIATRY

Specialty Name Changed To: PHYSICAL MEDICINE AND REHAB

PRACTICE INFORMATION

Practice Name: ORTHOPEDIC CENTER OF FLORIDA, P.A.

Primary Address: 12670 CREEKSIDE LANE SUITE 202, FORT MYERS, FL 33919

Phone: (239) 482-2663

AUGUSTHY, REGGIE M., D.O.

PAIN MGT/ PHYSICAL MEDICINE & REHAB

Effective immediately, please note the name change for this physician's secondary specialty. He was formerly listed under Physiatry. This specialty is now called Physical Medicine & Rehab.

Secondary Specialty Name Changed From: PHYSIATRY

Secondary Specialty Name Changed To: PHYSICAL MEDICINE AND REHAB

Primary Specialty remains: PAIN MANAGEMENT

PRACTICE INFORMATION

Practice Name: SPINE & PAIN CENTER-OUTPATIENT CTR @ THE SANCTUARY

Primary Address: 8960 COLONIAL CENTER DRIVE, SUITE 204, FORT MYERS, FL 33905

Phone: (239) 343-9465

DAVID, NORA A., D.O.

INTERNAL MEDICINE

Effective immediately, this physician should be listed under the specialty of Internal Medicine instead of hospitalist.

Specialty Changed From: HOSPITALIST

Specialty Changed To: INTERNAL MEDICINE

PRACTICE INFORMATION

Practice Name: INTERNAL MEDICINE ASSOCIATES OF LEE CTY.

Primary Address: 13813 METRO PARKWAY, FORT MYERS, FL 33912

Phone: (239) 936-1343

DAVIS, RICHARD M., M.D.

OPHTHALMOLOGY

Effective 1/1/2010, this physician closed his solo practice and joined another practice as follows. Please note that he will only be changing his tax id number, practice name and billing address; his office location and phone number will stay the same.

Dr. Davis will close this solo practice:

Practice Name: DAVIS, RICHARD M., M.D.

Dr. Davis will join this practice:

Practice Name: EYE PHYSICIANS & SURGEONS OF FLORIDA

Office Location to remain: 9201 CYPRESS LAKE DRIVE, FORT MYERS, FL 33919

Phone: (239) 481-3343

LEE PHYSICIAN HOSPITAL ORGANIZATION
PHYSICIAN DIRECTORY UPDATE
2/1/2010 Through 2/28/2010

CHANGES

EISENBERG, HOWARD, M.D.

PULMONARY MEDICINE

Effective 10/1/2009, this physician added an additional location as follows:

*This Additional Location ADDED: 8140 COLLEGE PARKWAY, SUITE 101, FORT MYERS, FL 33919
Phone: (239) 573-8448*

*Primary Location remains: 1031 SE 9TH PLACE, SUITE 2, CAPE CORAL, FL 33990
Phone: (239) 573-8448*

PRACTICE INFORMATION

*Practice Name: EISENBERG, HOWARD, M.D.
Primary Address: 1031 SE 9TH PLACE, SUITE 2, CAPE CORAL, FL 33990*

ELMQUIST, E. TREVOR, D.O.

OPHTHALMOLOGY

Effective immediately, this physician has added an additional location as follows:

*Additional Location Added: 2336 SURFSIDE BLVD. #121, CAPE CORAL, FL 33991
Phone: (239) 936-2020*

*Primary Location remains: 12670 NEW BRITTANY BLVD. #102, FORT MYERS, FL 33907
Phone: (239) 936-2020*

PRACTICE INFORMATION

*Practice Name: ELMQUIST EYE GROUP
Primary Address: 12670 NEW BRITTANY BLVD. #102, FORT MYERS, FL 33907*

FLESNER III, WALTER B., D.O.

FAMILY MEDICINE

Effective immediately, this physician closed his additional location as follows:

This Location closed: 1140 LEE BLVD., SUITE 108, LEHIGH ACRES, FL 33971

*Primary Location remains: 1536 SE 14TH STREET, CAPE CORAL, FL 33990
Phone: (239) 772-3232*

PRACTICE INFORMATION

*Practice Name: ISLAND COAST PAIN & REHABILITATION ASSOC
Primary Address: 1536 SE 14TH STREET, CAPE CORAL, FL 33990*

FLORIDA HEART ASSOCIATES, P.L.

CARDIOLOGY

Effective 1/1/2009, this practice closed one of its additional office locations as follows:

This location Closed: 1150 LEE BLVD. SUITE B, LEHIGH ACRES, FL 33936

*Primary Location remains: 1550 BARKLEY CIRCLE, FORT MYERS, FL 33907
Phone: (239) 938-2000*

*Additional Location remains: 1002 COUNTRY CLUB BLVD., CAPE CORAL, FL 33990
Phone: (239) 938-2000*

PRACTICE INFORMATION

Practice Name: FLORIDA HEART ASSOCIATES, P.L.

Physicians: BAILEY, DAVID J., M.D.

CINTRON, ELIZABETH M., M.D.

HANLON, BRIAN A., M.D.

KSHETRAPAL, SUBHASH, M.D.

MEHTA, SHALIN B., M.D.

PRABAKARAN, BALA, M.D.

ROSEN, JEFFREY H., M.D.

SENSEQUA, JAMES E., M.D.

VELAMAKANNI, SHONA V., M.D.

CHARLES, NELSON L., M.D.

EINBINDER, LYNNE C., M.D.

HON, HENRY H., M.D.

LONGOBARDI, STEVEN L., M.D.

MULLER, ARTHUR J., D.O.

PRIEST, STEVEN V., M.D.

RUBIN, MICHAEL R., M.D.

TOWE, KENNETH M., M.D.

Primary Address: 1550 BARKLEY CIRCLE, FORT MYERS, FL 33907

LEE PHYSICIAN HOSPITAL ORGANIZATION
PHYSICIAN DIRECTORY UPDATE
2/1/2010 Through 2/28/2010

CHANGES

FLORIDA NEUROLOGY GROUP, P.L.

NEUROLOGY

Effective immediately, this practice had a change in Suite number for one of its additional locations as follows:

Address/Suite # Changed From: 10201 ARCOS AVE. #105, ESTERO, FL 33928
Address/Suite # Changed To: 10201 ARCOS AVE. #206, ESTERO, FL 33928
Phone: (239) 498-7056

Primary Location remains: 12670 WHITEHALL DRIVE , FORT MYERS, FL 33907
Phone: (239) 936-3554

Additional Locations remain: 1003 DEL PRADO BLVD #202 , CAPE CORAL, FL 33990
Phone: (239) 574-4442

&
63 BARKLEY CIRCLE SUITE 101, FORT MYERS, FL 33907
Phone: (239) 936-3554

PRACTICE INFORMATION

Practice Name: FLORIDA NEUROLOGY GROUP, P.L.

Physicians: BOND, WENDY R., M.D.

CARRACINO, JR., WILLIAM J., M.D.

HELLER, ADAM L., M.D.

MOWZON, NIMA , M.D.

CARLIN, LANE R., M.D.

DRISCOLL, PAUL F., M.D.

MARINO, CHRIS J., M.D.

Primary Address: 12670 WHITEHALL DRIVE, FORT MYERS, FL 33907

FREY, MICHAEL E., M.D.

PHYSICAL MEDICINE & REHAB/PAIN MGT

Effective immediately, please note the name change for this physician's specialty. He was formerly listed under Physiatry. This specialty is now called Physical Medicine & Rehab.

Primary Specialty Name Changed From: PHYSIATRY

Primary Specialty Name Changed To: PHYSICAL MEDICINE AND REHAB

Secondary Specialty remains: PAIN MANAGEMENT

PRACTICE INFORMATION

Practice Name: ADVANCED PAIN MANAGEMENT SPECIALISTS

Primary Address: 8255 COLLEGE PARKWAY SUITE 200, FORT MYERS, FL 33919

Phone: (239) 437-8000

GALANG, KENNETH J., M.D.

PHYSICAL MEDICINE & REHAB

Effective immediately, please note the name change for this physician's specialty. He was formerly listed under Physiatry. This specialty is now called Physical Medicine & Rehab.

Specialty Name Changed From: PHYSIATRY

Specialty Name Changed To: PHYSICAL MEDICINE AND REHAB

PRACTICE INFORMATION

Practice Name: KENNETH J. GALANG, M.D. P.A.

Primary Address: 13710 METROPOLIS AVENUE, UNIT 110, FORT MYERS, FL 33912

Phone: (239) 225-0129

GARDNER, PAUL M., M.D.

PLASTIC SURGERY

Effective 11/1/2009, this physician made a change to his additional office location.

Additional Location Changed From: 3501 HEALTH CENTER BLVD. , BONITA SPRINGS FL 34135

Additional Location Changed To: 6811 PORTO FINO CIRCLE, FORT MYERS, FL 33912

Primary Location remains: 1009 CROSSPOINTE DRIVE, SUITE 1, NAPLES, FL 34110

Phone for both locations: Phone: (239) 566-2611

PRACTICE INFORMATION

Practice Name: GARDNER PLASTIC SURGERY, INC.

Primary Address: 1009 CROSSPOINTE DRIVE, SUITE 1, NAPLES, FL 34110

LEE PHYSICIAN HOSPITAL ORGANIZATION
PHYSICIAN DIRECTORY UPDATE
2/1/2010 Through 2/28/2010

CHANGES

GULF COAST MD, PA

INTERNAL MEDICINE

Effective as noted below, this practice is adding two additional locations as follows:

Effective 3/1/2010, this Address ADDED: 3501 HEALTH CENTER BLVD. SUITE 2145, BONITA SPRINGS, FL 34135

Effective 5/15/2010, this Address ADDED: 9010 STRADA STELL COURT, #107, NAPLES, FL 34109

Other location remains: 14090 METROPOLIS AVE. #102, FORT MYERS, FL 33912
Phone and Fax for all locations: Phone: (239) 225-6304 Fax: 225-6303

PRACTICE INFORMATION

Practice Name: GULF COAST M.D., P.A.
Physicians: D'SOUZA, MELWYN S., M.D.
D'SOUZA, RAYNITA C., M.D.
Primary Address: 14090 METROPOLIS AVE. #102, FORT MYERS, FL 33912

HYPOLITE, PIERRE R., M.D.

PHYSICAL MEDICINE & REHAB

Effective immediately, please note the name change for this physician's specialty. He was formerly listed under *Physiatry*. This specialty is now called *Physical Medicine & Rehab*.

Specialty Name Changed From: PHYSIATRY
Specialty Name Changed To: PHYSICAL MEDICINE AND REHAB

PRACTICE INFORMATION

Practice Name: SYPERT INSTITUTE, P.A.
Primary Address: 12700 CREEKSIDE LANE, #101, FORT MYERS, FL 33919
Phone: (239) 432-0774

INFECTIOUS DISEASE SPECIALISTS

INFECTIOUS DISEASE

Effective 2/1/2010, this practice moved one of its locations as follows:

Location Changed From: 8380 RIVERWALK PARK BLVD. #100, FORT MYERS, FL 33919
Location Changed To: 2780 CLEVELAND AVE. SUITE 717, FORT MYERS, FL 33901
Phone: (239) 343-9680

Physicians at this location: BRUST, DOUGLAS G., M.D. MORRISON, ESTHER E., M.D.
TOOMEY, JAMES M., M.D.

Primary Location remains: 9981 S. HEALTHPARK DRIVE, SUITE 279, FORT MYERS, FL 33908
Phone: (239) 343-9710

Physicians at this location: SAUNDERS, MARY BETH, D.O. SHARMA, RAJENDRA S., M.D.

PRACTICE INFORMATION

Practice Name: INFECTIOUS DISEASE SPECIALISTS

INTERNAL MEDICINE ASSOCIATES OF LEE CTY.

Effective 12/21/2009, this practice changed one of their additional locations as follows:

Additional Location Changed From: 16251 N. CLEVELAND AVENUE, SUITE 13, N. FT. MYERS, FL 33903
Additional Location Changed To: 3571 DEL PRADO BLVD. N. SUITE 2, CAPE CORAL, FL 33909
Phone: (239) 656-6300

Physicians at this location: KUYUMJIAN, EMIE A., M.D. LEPPERT, HOLLACE D., D.O.
MORILLO-AZCUY, XIOMARA M., M.D.

LEE PHYSICIAN HOSPITAL ORGANIZATION
PHYSICIAN DIRECTORY UPDATE
2/1/2010 Through 2/28/2010

CHANGES

INTERNAL MEDICINE ASSOCIATES OF LEE CTY. (continued)

Primary Location remains: 13813 METRO PARKWAY , FORT MYERS 33912

Phone: (239) 936-1343

Physicians at this location: AARDEMA, AUSTIN A., M.D.*
BALDINGER, DAVID R., M.D.
CLARK, JACK W., D.O.
DAVID, NORA A., D.O.
HUSSAIN, REZA S., M.D.
MARTIN, DAVID T., M.D.
McALPINE, DONALD R., M.D.
STENS, MICHAEL D., D.O.
VELASQUEZ, SILVIA M., M.D.
WEISS, RICHARD J., M.D.

AXELROD, DANIEL L., M.D.
BOHM, GUILLERMO , M.D.
COLLIER, MICHAEL E., M.D.*
GLAZER, JOHN E., D.O.
LUTAREWYCH, MICHAEL A., M.D.
MATHER, SERGIO R., M.D.
MESTAS, GEORGE M., M.D.
TRITEL, PAUL , M.D.
WECKER, AMY B., M.D.
ZELLNER, STEPHEN R., M.D.

Additional Location remains: 1528 DEL PRADO BLVD., S. , CAPE CORAL 33990

Phone: (239) 458-3338

Physicians at this location: BALDINGER, DAVID R., M.D.
CLARK, JACK W., D.O.
DEL SOL, MANUEL , M.D.
FIELDS, SCOTT G., M.D.
MATHER, SERGIO R., M.D.
MESTAS, GEORGE M., M.D.
RAMIREZ, MAURICE , M.D.

BOHM, GUILLERMO , M.D.
COLLIER, MICHAEL E., M.D.*
DEPREE, DAVID N., M.D.
LAUFER, MICHAEL A., M.D.
McALPINE, DONALD R., M.D.
QUINTANA, JULEIDIS , M.D.
WEISS, RICHARD J., M.D.

Additional Location remains: 24600 S. TAMIAMI TRAIL, #400, BONITA SPRINGS, FL 34134

Phone: (239) 948-3761

Physicians at this location: KLUGE, RONICA M., M.D.*

TOMPKINS, BRICE R., M.D.

* means physician is closed to new patients

PRACTICE INFORMATION

Practice Name: INTERNAL MEDICINE ASSOCIATES OF LEE CTY.

Primary Address: 13813 METRO PARKWAY, FORT MYERS, FL 33912

KINI, VIDYA P., M.D.

PHYSICAL MEDICINE & REHAB

Effective immediately, please note the name change for this physician's specialty. She was formerly listed under *Physiatry*. This specialty is now called *Physical Medicine & Rehab*.

Specialty Name Changed From: PHYSIATRY

Specialty Name Changed To: PHYSICAL MEDICINE AND REHAB

PRACTICE INFORMATION

Practice Name: VIDYA P. KINI, M.D., P.L.

Primary Address: 35 BARKLEY CIRCLE, SUITE 1, FORT MYERS, FL 33907

Phone: (239) 274-5464

KOVACEVIC, GEORGE , M.D.

OBSTETRICS & GYNECOLOGY

Effective 3/1/2010, this physician will leave his solo practice and join a group practice as follows. Please note that he will only be changing his tax id number, practice name and billing address; his office location will remain the same.

Dr. Kovacevic will close this solo practice:

Practice Name: GEORGE KOVACEVIC OBGYN dba CAPE WOMENS CARE

Dr. Kovacevic will join this practice:

Practice Name: PHYSICIANS PRIMARY CARE OF SW FL.,P.L.

Office Location to remain: 3046 DEL PRADO BLVD. SUITE 2C-D, CAPE CORAL, FL, 33904

Phone: (239) 540-9111

LEE PHYSICIAN HOSPITAL ORGANIZATION
PHYSICIAN DIRECTORY UPDATE
2/1/2010 Through 2/28/2010

CHANGES

MEHRBERG, ROBERT D., M.D.

PHYSICAL MEDICINE & REHAB

*Effective immediately, please note the name change for this physician's specialty. He was formerly listed under **Physiatry**. This specialty is now called **Physical Medicine & Rehab**.*

Specialty Name Changed From: PHYSIATRY

Specialty Name Changed To: PHYSICAL MEDICINE AND REHAB

PRACTICE INFORMATION

Practice Name: SYPERT INSTITUTE, P.A.

Primary Address: 12700 CREEKSIDE LANE, #101 , FORT MYERS, FL 33919

Phone: (239) 432-0774

ROGGOW, DEBRA K., D.O.

PHYSICAL MEDICINE & REHAB

*Effective immediately, please note the name change for this physician's specialty. She was formerly listed under **Physiatry**. This specialty is now called **Physical Medicine & Rehab**.*

Specialty Name Changed From: PHYSIATRY

Specialty Name Changed To: PHYSICAL MEDICINE AND REHAB

PRACTICE INFORMATION

Practice Name: REHABILITATION CONSULTANTS

Primary Address: 13685 DOCTORS WAY SUITE 190, FORT MYERS, FL 33912

Phone: (239) 768-5454

SCHREIBER, PETER S., D.O.

PHYSICAL MEDICINE & REHAB

*Effective immediately, please note the name change for this physician's specialty. He was formerly listed under **Physiatry**. This specialty is now called **Physical Medicine & Rehab**.*

Specialty Name Changed From: PHYSIATRY

Specialty Name Changed To: PHYSICAL MEDICINE AND REHAB

PRACTICE INFORMATION

Practice Name: SYPERT INSTITUTE, P.A.

Primary Address: 12700 CREEKSIDE LANE, #101, FORT MYERS, FL 33919

Phone: (239) 432-0774

SCHULTZ, NEIL R., M.D.

PHYSICAL MEDICINE & REHAB

*Effective immediately, please note the name change for this physician's specialty. He was formerly listed under **Physiatry**. This specialty is now called **Physical Medicine & Rehab**.*

Specialty Name Changed From: PHYSIATRY

Specialty Name Changed To: PHYSICAL MEDICINE AND REHAB

PRACTICE INFORMATION

Practice Name: REHAB & PAIN MANAGEMENT SPECIALISTS, PA

Primary Address: 1630 MEDICAL LANE SUITE A & B, FORT MYERS, FL 33907

Phone: (239) 278-5700

LEE PHYSICIAN HOSPITAL ORGANIZATION
PHYSICIAN DIRECTORY UPDATE
2/1/2010 Through 2/28/2010

CHANGES

SYPERT INSTITUTE, P.A.

Effective immediately, this practice closed one of its additional locations as follows:

This location closed: 26800 TAMIAMI TRAIL SUITE 340, BONITA SPRINGS, FL 34134

Other locations remain: 12700 CREEKSIDE LANE, #101 , FORT MYERS, FL 33919

Phone: (239) 432-0774 Fax: 432-9404

&

632 DEL PRADO BOULEVARD N. SUITE 101, CAPE CORAL, FL 33909

Phone: (239) 772-5577 Fax: 772-8879

502 E. OLYMPIA AVENUE, SUITE A, PUNTA GORDA, FL 33950

Phone: (239) 772-5577 Fax: 772-8879

PRACTICE INFORMATION

Practice Name: SYPERT INSTITUTE, P.A.

*Physicians: ALVAREZ, JAIME A., M.D.
FAUNCE, III, WESLEY H., M.D.
MEHRBERG, ROBERT D., M.D.
SARZIER, JOHN S., M.D.
SCHREIBER, PETER S., D.O.*

*CORRENTI, GARY J., M.D.
HYPPOLITE, PIERRE R., M.D.
MOYER, DONALD J., M.D.
SAVAGE, DOUGLAS F., M.D.
WEINER, JAMES P., M.D.*

Primary Address: 12700 CREEKSIDE LANE, #101 , FORT MYERS, FL 33919

TAFEL, ALLEN C., M.D.

PHYSICAL MEDICINE & REHAB

Effective immediately, please note the name change for this physician's specialty. He was formerly listed under Physiatry. This specialty is now called Physical Medicine & Rehab.

Specialty Name Changed From: PHYSIATRY

Specialty Name Changed To: PHYSICAL MEDICINE AND REHAB

PRACTICE INFORMATION

Practice Name: ORTHOPEDIC SPECIALISTS OF SW FLORIDA, PA

Primary Address: 2531 CLEVELAND AVENUE SUITE 1, FORT MYERS, FL 33901

Phone: (239) 334-7000

TYSON, II, FARRELL C., M.D.

OPHTHALMOLOGY

Effective immediately, this physician moved his additional practice location as follows:

Additional Location Changed From: 5781 BAYSHORE ROAD, UNIT 101 , N. FT. MYERS, FL 33917

Additional Location Changed To: 18770 N. TAMIAMI TRAIL , N. FT. MYERS, FL 33903

Phone: (239) 542-2020 Fax: 731-9393

Primary location remains: 4120 DEL PRADO BOULEVARD, CAPE CORAL, FL 33904

Phone: (239) 542-2020 Fax: 542-0175

PRACTICE INFORMATION

Practice Name: CAPE CORAL EYE CENTER

Primary Address: 4120 DEL PRADO BOULEVARD, CAPE CORAL, FL 33904

WEINER, JAMES P., M.D.

PHYSICAL MEDICINE & REHAB

Effective immediately, please note the name change for this physician's specialty. He was formerly listed under Physiatry. This specialty is now called Physical Medicine & Rehab.

Specialty Name Changed From: PHYSIATRY

Specialty Name Changed To: PHYSICAL MEDICINE AND REHAB

PRACTICE INFORMATION

Practice Name: SYPERT INSTITUTE, P.A.

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