

5500000141353311

Process Date: 12/04/2018

Page: 1 of 1

To: CALDERIN, JULIO A

1205 N CENTRAL AVE

KISSIMMEE, FL 34741-4407

From: Re:

National Practitioner Data Bank Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

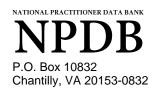
Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the NPDB is considered confidential and must be used solely for the purpose for which it was disclosed. Further, ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB web site (https://www.npdb.hrsa.gov) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.



5500000141353311

Process Date: 12/04/2018

01/25/2018

Page: 1 of 1

CALDERIN, JULIO A - SELF-QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: CALDERIN, JULIO A

Date of Birth: 01/05/1975 Gender: MALE

Organization Name: SOLEIL SURGICAL LLC

Organization Type: MEDICAL GROUP/PRACTICE (365)

Delivery Address: 1205 N CENTRAL AVE, KISSIMMEE, FL 34741-4407

Social Security Number: ***-**-2149 DEA: FC0333788

NPI: 1669688834

License: PHYSICIAN (MD), ME121162, FL, UNSPECIFIED Professional School(s): NORTH SHORE UNIVERSITY HOSPITAL (2010)

B. PAYMENT INFORMATION

Credit Card Information: XXXXXXXXXXX1054 (12/2021)

NPDB Charge: \$4.00 NPDB Bill Reference Number: N60427220 Transaction Date: 12/04/2018 Additional Paper Copies Requested: 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 12/04/2018

The following report types have been searched:

Medical Malpractice Payment Report(s): No Reports Health Plan Action(s): No Reports State Licensure Action(s): Yes, See Below Professional Society Action(s): No Reports Exclusion or Debarment Action(s): No Reports DEA/Federal Licensure Action(s): No Reports Government Administrative Action(s): No Reports Judgment or Conviction Report(s): No Reports Clinical Privileges Action(s): No Reports Peer Review Organization Action(s): No Reports

Copies of these reports are enclosed for restricted/limited use as prescribed by statutes listed on the preceding cover page.

PA STATE BOARD OF MEDICINE

STATE LICENSURE

Basis for Action: - SUBSTANDARD OR INADEQUATE CARE

Initial Action: - REPRIMAND OR CENSURE Date of Action:

- PUBLICLY AVAILABLE FINE/MONETARY PENALTY **DCN:** 5500000131835398

DIVISION OF MEDICAL QUALITY ASSURANCE

STATE LICENSURE

Basis for Action: - VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES

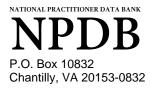
Initial Action: - PUBLICLY AVAILABLE FINE/MONETARY PENALTY Date of Action: 06/29/2017

- OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT

FOR DETAILS

DCN: 5500000137258356

	Unabridged Report(s) F	Follow	
--	------------------------	--------	--



DCN: 5500000131835398 Process Date: 02/14/2018

Page: 1 **of** 3

CALDERIN, JULIO ANGEL

CALDERIN, JULIO ANGEL

PA STATE BOARD OF MEDICINE

STATE LICENSURE ACTION

Basis for Initial Action

Date of Action: 01/25/2018

Initial Action

- REPRIMAND OR CENSURE

- PUBLICLY AVAILABLE FINE/MONETARY PENALTY

- SUBSTANDARD OR INADEQUATE CARE

A. REPORTING **ENTITY**

Entity Name: PA STATE BOARD OF MEDICINE

Address: 2601 N 3RD ST

City, State, Zip: HARRISBURG, PA 17110-2046

Country:

Name or Office: MCARE

Title or Department: ADMINISTRATIVE OFFICER

Telephone: (717) 783-1400

Entity Internal Report Reference:

Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: CALDERIN, JULIO ANGEL

Other Name(s) Used:

Gender: MALE

Date of Birth: 01/05/1975

Organization Name: Work Address:

City, State, ZIP:

Organization Type:

Home Address: 50 MOISEY DR STE 214

City, State, ZIP: HAZLE TOWNSHIP, PA 18202-9297

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN):

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: UNIVERSIDAD CENTRAL DEL CARIBE SCHOOL OF MEDICINE OF

CAYEY (2002)

Occupation/Field of Licensure (Code): PHYSICIAN (MD)

State License Number, State of Licensure: MD446691, PA Specialty: UNSPECIFIED

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is

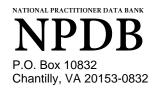
Affiliated or Associated (Inclusion Does Not Imply Complicity in

the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):



DCN: 5500000131835398 Process Date: 02/14/2018

Page: 2 of 3

CALDERIN, JULIO ANGEL

C. INFORMATION **REPORTED**

Type of Adverse Action: STATE LICENSURE

Basis for Action: SUBSTANDARD OR INADEQUATE CARE (F6)

Name of Agency or Program That Took the Adverse Action

Specified in This Report: PA STATE BOARD OF MEDICINE

Adverse Action

Classification Code(s): REPRIMAND OR CENSURE (1140)

PUBLICLY AVAILABLE FINE/MONETARY PENALTY (1173)

Date Action Was Taken: 01/05/2018 Date Action Became Effective: 01/25/2018 Length of Action: PERMANENT

Total Amount of Monetary Penalty,

Assessment and/or Restitution: \$ 2,000.00

Is Subject Automatically Reinstated After Adverse Action Period Is Completed?: NO

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken

by Reporting Entity:

Action Taken: REPRIMAND OF LICENSE AND CIVIL PENALTY. The Board ORDERED that the licnse to practice medicine and surgery issued to the Respondent, Julio A Calderin, be REPRIMANDED. It is further ordered that he pay a civil penalty of \$2,000.00 within 30 days of the Board's final order. It is further ordered that he shall document completion of 5 hours of continuing education in Risk Management and document his presentation of the 1 hour lecture/seminar on wrong site surgery ORDERED by the Florida Board of Medicine. Reason For Action: Having a license or other authorization to practice the profession revoked or suspended or having other disciplinary action taken, or an application for license or other authorization refused, revoked or suspended by a proper licensing authority of another state, territory, possession or country, or a branch of the Federal Government. The Florida State Board of Medicine noted that he violated Florida law on or about October 14, 2015 by performing a wrong-site procedures, a procedure that is medically unnecessary and/or a procedure unrelated to the patient's medical condition, when he performed a right carotid artery endarterectomy on the patient.

Is the Adverse Action Specified in This Report Based on the Subject's Professional Competence or Conduct, Which Adversely Affected, or Could Have Adversely Affected, the Health or Welfare of Patient(s)?: YES

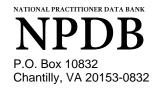
Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT **STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

Date Submitted: 02/21/2018

at the time the Florida Board of Medicine filed an Administrative Complaint in the matter of Department of Health, Petitioner v. Julio Angel Calderin, MD, Respondent at Case No.: 2015-29852, I no longer held an active Medical License in the state of Pennsylvania.

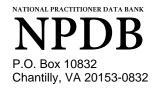


DCN: 5500000131835398 Process Date: 02/14/2018

Page: 3 of 3

CALDERIN, JULIO ANGEL

E. REPORT STATUS	Unless a box below is checked, the	e subject of this report identified in Section B has not contested this report.
	This report has been disputed	d by the subject identified in Section B.
		dentified in Section B, this report is being reviewed by the Secretary of the nd Human Services to determine its accuracy and/or whether it complies with lecision has been reached.
		dentified in Section B, this report was reviewed by the Secretary of the U.S. man Services and a decision was reached. The subject has requested that original decision.
		dentified in Section B, this report was reviewed by partment of Health and Human Services. The Secretary's decision
	Date of Original Submission:	02/14/2018
	Date of Most Recent Change:	02/14/2018
This report is maintaine	ed under the provisions of: Title	IV; Section 1921
provisions of Title IV of P information is confidentia	ublic Law 99-660, as amended, \$ I and may be used only for the pu	ne National Practitioner Data Bank for restricted use under the Section 1921 of the Social Security Act, and 45 CFR Part 60. All rpose for which it was disclosed. Disclosure or use of confidential For additional information or clarification, contact the reporting entity
	FN	ID OF REPORT



DCN: 5500000131835398 Process Date: 02/14/2018

Page: 1 of 2

CALDERIN, JULIO ANGEL

DISCLOSURE HISTORY

Report Number: 5500000131835398

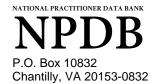
F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released	Entity Name
02/14/2018	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
Date Released	Entity Name
02/14/2018	ORLANDO VA MEDICAL CENTER 13800 VETERANS WAY ORLANDO, FL 32827 (407) 631-4000
Date Released	Entity Name
02/14/2018	WELLMED MEDICAL MANAGEMENT 12459 NETWORK BLVD SAN ANTONIO, TX 78249 (210) 617-4029
Date Released	Entity Name
02/22/2018	WELLMED MEDICAL MANAGEMENT 12459 NETWORK BLVD SAN ANTONIO, TX 78249 (210) 617-4029
Date Released	Entity Name
02/22/2018	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399

(850) 245-4120



DCN: 5500000131835398 Process Date: 02/14/2018

Page: 2 of 2

CALDERIN, JULIO ANGEL

Date Released Entity Name

05/07/2018 GLOBAL TPA, LLC

5403 N CHURCH AVE TAMPA, FL 33614 (813) 506-6000

Date Released Entity Name

06/06/2018 MOLINA HEALTHCARE OF FLORIDA, INC.

1330 N WASHINGTON ST STE 4000

SPOKANE, WA 99201

(509) 321-1320

Date Released Entity Name

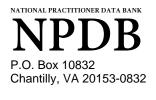
08/25/2018 SIMPLY HEALTHCARE PLANS INC

9250 W FLAGLER ST STE 600

MIAMI, FL 33174 (305) 421-1956

Date Released Entity Name

12/04/2018 SELF-QUERIER



DCN: 5500000137258356 Process Date: 08/01/2018

Page: 1 of 3

CALDERIN, JULIO ANGEL

CALDERIN, JULIO ANGEL

DIVISION OF MEDICAL QUALITY ASSURANCE

STATE LICENSURE ACTION

Basis for Initial Action

Date of Action: 06/29/2017

Initial Action

- PUBLICLY AVAILABLE FINE/MONETARY PENALTY - OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS

- VIOLATION OF FEDERAL OR STATE STATUTES. **REGULATIONS OR RULES**

A. REPORTING **ENTITY**

Entity Name: DIVISION OF MEDICAL QUALITY ASSURANCE

Address: BUREAU OF OPERATIONS

4052 BALD CYPRESS WAY BIN C-01 City, State, Zip: TALLAHASSEE, FL 32399-0001

Country:

Name or Office: AMY CARRAWAY, OPERATIONAL SUPPORT SVC

Title or Department: FLORIDA DEPARTMENT OF HEALTH

Telephone: (850) 245-4120 Entity Internal Report Reference: 2015-29852 (AG)

Type of Report: CORRECTION

Previous Report Number: 5500000125373774 (Please destroy all copies of the

previous report)

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: CALDERIN, JULIO ANGEL

Other Name(s) Used:

Gender: MALE

Date of Birth: 01/05/1975

Organization Name:

Work Address: City, State, ZIP:

Organization Type:

Home Address: 8536 ADALINA PL

City, State, ZIP: ORLANDO, FL 32827-7276

Deceased: UNKNOWN

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-2149

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: UNIVERSIDAD CENTRAL DEL CARIBE SCHOOL OF MEDICINE OF

CAYEY (2002)

Occupation/Field of Licensure (Code): PHYSICIAN (MD) State License Number, State of Licensure: ME121162, FL

Specialty: UNSPECIFIED

Drug Enforcement Administration (DEA) Numbers:

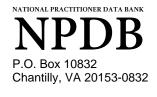
Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is

Affiliated or Associated (Inclusion Does Not Imply Complicity in

the Reported Action.):

Business Address of Affiliate:



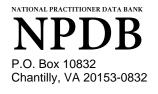
DCN: 5500000137258356 Process Date: 08/01/2018

Page: 2 of 3

CALDERIN, JULIO ANGEL

	City, State, ZIP:	
	Nature of Relationship(s):	
C. INFORMATION	NOTE: Information marked with a	n asterisk (*) was added, corrected, or removed.
REPORTED	Type of Adverse Action:	
		VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES (A6)
	Name of Agency or Program That Took the Adverse Action	
	Specified in This Report:	FLORIDA BOARD OF MEDICINE
	Adverse Action Classification Code(s):	PUBLICLY AVAILABLE FINE/MONETARY PENALTY (1173) OTHER LICENSURE ACTION - NOT CLASSIFIED, SPECIFY (1199)
	Other, as Specified:	LETTER OF CONCERN
	Date Action Was Taken:	06/29/2017
	Date Action Became Effective:	06/29/2017
	* Length of Action:	PERMANENT
	Total Amount of Monetary Penalty,	
	Assessment and/or Restitution:	\$ 8,358.58
	Subject Automatically Reinstated After	VEC
	Adverse Action Period Is Completed?:	YES
	Subject's Act(s) or Omission(s) or Other ken and Description of Action(s) Taken	
* Is the Adverse Action Subject's Professional Com	Specified in This Report Based on the neetence or Conduct, Which Adversely or Could Have Adversely Affected, the	Allegation that on or about October 12, 2015, the Respondent performed a wrong-site procedure on patient when he performed a right carotid artery endarterectomy instead of a left carotid artery endarterectomy. The Respondent violated section 456.072(1)(bb), Florida Statutes (2015), by performing a wrong-site procedure, a procedure that is medically unnecessary and/or procedure unrelated to patients diagnosis or medical condition. The board has ordered a letter of concern and to pay an administrative fine and investigative costs. Information regarding the Department's actions is publicly available upon request.
, modea,	Health or Welfare of Patient(s)?:	YES
		s appealed the reported adverse action.
D. SUBJECT STATEMENT	If the subject identified in Section B o	f this report has submitted a statement, it appears in this section.
E. REPORT STATUS	Unless a box below is checked, the s	ubject of this report identified in Section B has not contested this report.
	This report has been disputed b	y the subject identified in Section B.
		ntified in Section B, this report is being reviewed by the Secretary of the Human Services to determine its accuracy and/or whether it complies with

reporting requirements. No decision has been reached.



identified in Section A.

DCN: 5500000137258356 Process Date: 08/01/2018

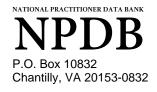
Page: 3 of 3

CALDERIN, JULIO ANGEL

dentified in Section B, this report was reviewed by the Secretary of the U.S. man Services and a decision was reached. The subject has requested that original decision.
dentified in Section B, this report was reviewed by artment of Health and Human Services. The Secretary's decision
07/06/2017
08/01/2018
IV; Section 1921 e National Practitioner Data Bank for restricted use under the
֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜

provisions of Title IV of Public Law 99-660, as amended, Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity

END OF REPORT —



DCN: 5500000137258356 Process Date: 08/01/2018

Page: 1 of 4

CALDERIN, JULIO ANGEL

DISCLOSURE HISTORY

Report Number: 5500000137258356

F. DISCLOSURE HISTORY

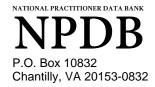
Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released	Entity Name	
08/01/2018	WELLMED MEDICAL MANAGEMENT 12459 NETWORK BLVD SAN ANTONIO, TX 78249 (210) 617-4029	
Date Released	Entity Name	
08/01/2018	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120	
Date Released	Entity Name	
08/01/2018	MOLINA HEALTHCARE OF FLORIDA, INC. 1330 N WASHINGTON ST STE 4000 SPOKANE, WA 99201 (509) 321-1320	
Date Released	Entity Name	
08/25/2018	SIMPLY HEALTHCARE PLANS INC 9250 W FLAGLER ST STE 600 MIAMI, FL 33174 (305) 421-1956	
Date Released	Entity Name	
12/04/2018	SELF-QUERIER	

Recipient(s) of the Earlier Version of this Report

An earlier version of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report.



DCN: 5500000137258356 Process Date: 08/01/2018

Page: 2 of

CALDERIN, JULIO ANGEL

Date Released Entity Name

07/06/2017 DIVISION OF MEDICAL QUALITY ASSURANCE

BUREAU OF OPERATIONS

4052 BALD CYPRESS WAY BIN C-01

TALLAHASSEE, FL 32399

(850) 245-4120

Date Released Entity Name

07/06/2017 WELLMED MEDICAL MANAGEMENT

12459 NETWORK BLVD SAN ANTONIO, TX 78249

(210) 617-4029

Date Released Entity Name

07/06/2017 WEATHERBY ASSOCIATES, INC.

6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308

(800) 586-5022

Date Released Entity Name

07/10/2017 ST. CLOUD REGIONAL MEDICAL CENTER

2906 17TH ST

SAINT CLOUD, FL 34769

(407) 498-3433

Date Released Entity Name

07/28/2017 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES

151 FARMINGTON AVENUE HARTFORD, CT 06156

(860) 257-3946

Date Released Entity Name

08/08/2017 WELL CARE OF FLORIDA, INC.

8735 HENDERSON RD

REN2

TAMPA, FL 33634 (813) 206-3839

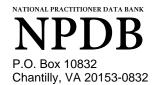
Date Released Entity Name

09/15/2017 OSCEOLA REGIONAL MEDICAL CENTER

700 W OAK ST

KISSIMMEE, FL 34741

(407) 518-3514



DCN: 5500000137258356 Process Date: 08/01/2018

Page: 3 of

CALDERIN, JULIO ANGEL

Date Released Entity Name

10/21/2017 BEECH STREET CORPORATION

6116 SHALLOWFORD RD STE 109B

CHATTANOOGA, TN 37421

(423) 553-6512

Date Released Entity Name

11/08/2017 CIGNA HEALTHCARE OF NEW HAMPSHIRE

2 COLLEGE PARK DR HOOKSETT, NH 03106

(603) 268-7440

Date Released Entity Name

11/21/2017 BLUE CROSS BLUE SHIELD

4800 DEERWOOD CAMPUS PKWY BLDG 800

JACKSONVILLE, FL 32246

(904) 905-1996

Date Released Entity Name

12/28/2017 HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I

2025 CRYSTAL WOOD DR LAKELAND, FL 33801

(863) 665-6060

Date Released Entity Name

01/02/2018 BLUE CROSS BLUE SHIELD

4800 DEERWOOD CAMPUS PKWY BLDG 800

JACKSONVILLE, FL 32246

(904) 905-1996

Date Released Entity Name

01/16/2018 ORLANDO VA MEDICAL CENTER

13800 VETERANS WAY ORLANDO, FL 32827

(407) 631-4000

Date Released Entity Name

02/06/2018 SUNSHINE STATE HEALTH PLAN

1301 INTERNATIONAL PKWY STE 400

SUNRISE, FL 33323

(954) 514-1721



DCN: 5500000137258356 Process Date: 08/01/2018

Page: 4 of 4

CALDERIN, JULIO ANGEL

Date Released Entity Name

05/07/2018 GLOBAL TPA, LLC

5403 N CHURCH AVE TAMPA, FL 33614 (813) 506-6000

Date Released Entity Name

06/06/2018 MOLINA HEALTHCARE OF FLORIDA, INC.

1330 N WASHINGTON ST STE 4000

SPOKANE, WA 99201

(509) 321-1320