

# Bulletin

Physicians Caring for Our Community

Improving  
Patient Health  
Literacy  
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Meet Your  
2026  
Leadership  
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Optimize  
Your  
Practice's  
Performance

President Dr. Asif Azam



## BULLETIN

Lee County Medical Society is a Virtual Operation  
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 Retired Member Representative      Resident Member Representative  
 Amber Jandik, MD      Lane Sager, DO  
 Julie Ramirez, CAE, Executive Director

### Lee County Medical Society Mission Statement

*The mission of Lee County Medical Society is to advocate for physicians and their relationships with patients; promote public health and uphold the professionalism of the practice of medicine.*

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*Cover Photo: The 99<sup>th</sup> President of the Lee County Medical Society, Dr. Asif Azam, moments before accepting the presidential gavel on the sunset deck overlooking the Caloosahatchee River at the Oxbow. Members are encouraged to submit photos to be considered for the Bulletin cover. Must be large format/300dpi. Email photos to [marketing@lcmsfl.org](mailto:marketing@lcmsfl.org)*

## UPCOMING EVENTS

**THUR, MAR 5<sup>th</sup>**  
**6:00pm - 9:00pm**

**LCMS Foundation Dinner Show**  
 Enjoy a hip-shaking evening with an Elvis tribute artist & a band  
 Commons Event Center

**THUR, MAR 12<sup>th</sup>**  
**6:30pm - 8:30pm**

**LCMS Member Meeting**  
 Dinner and a featured speaker, TBA  
 Host/Sponsor: FineMark Bank & Trust

**FRI, MAR 13<sup>th</sup>**  
**5:30pm - 7:30pm**

**LCMS Cocktail Hour**  
 Millennial Brewing Company

**SAT, MAR 28<sup>th</sup>**  
**10:00am - 12:00pm**

**LCMS Job Fair**  
 New Hope Church, Cape Coral

**TUE, APR 7<sup>th</sup>**  
**11:30am - 1:00pm**

**LCMS Practice Administrators & Marketing Managers Luncheon**  
 Olive Garden  
 Sponsor: iBusiness Solutions

**FRI, APR 10<sup>th</sup>**  
**5:30pm - 7:30pm**

**LCMS Cocktail Hour**  
 FSW Medical Museum

**SAT, APR 25<sup>th</sup>**  
**6:00pm**

**LCMS Family Event**  
 Pinheads Bowling

**THUR, APR 30<sup>th</sup>**  
**6:30pm - 8:30pm**

**LCMS Spring Women Physicians Event**  
 Board & Brush, Ft. Myers

**FRI, MAY 8<sup>th</sup>**  
**5:30pm - 7:30pm**

**LCMS Cocktail Hour**  
 with Collier County Medical Society  
 Tacos & Tequila, Estero

**THUR, MAY 14<sup>th</sup>**  
**6:30pm - 8:30pm**

**LCMS Member Meeting**  
 TBD

**Details & RSVP at [www.lcmsfl.org/events](http://www.lcmsfl.org/events)**

## NEW MEMBERS



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OB/GYN  
Locum Tenens



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Bonita Springs, FL 34135-4698  
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**Brianna Schumaker-Nguyen, DO**  
OB/GYN  
Premier Women's Care of Southwest Florida  
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[www.pwswfl.com](http://www.pwswfl.com)



**Davek Sharma, MD**  
Plastic & Reconstructive Surgery  
Sharma Plastic Surgery  
12640 Creekside Lane  
Fort Myers, FL 33919-3359  
Practice: 239.482.7676  
[www.mazzaplasticsurgery.com](http://www.mazzaplasticsurgery.com)

## MEMBER NEWS

Watch **10 virtual presentations** that were included in the 2026 LCMS CME weekend for just \$25. This package provides access to video presentations on the following topics: Nutrition, AI in Medicine, Weight Loss Medications, Periodontal Disease, Physician Leadership, Dementia Care, Mental Wellness, Emergencies at Sea, Advancements in Cardiothoracic Surgery, and Living & Healing Well. Videos are informational only and do not qualify for CME credits. Purchase at [www.lcmsfl.org/products/2026-cme-recordings](http://www.lcmsfl.org/products/2026-cme-recordings)

### NEW BACKGROUND SCREENING PROCESS

As of July 1, 2025, all health care practitioners must comply with background screening requirements when applying for initial licensure or renewing their license. The link below includes instructions on where to access fingerprinting.

Go here to start the process: <https://flhealthsource.gov/background-screening>

**Dr. Randolph Knific**, an abdominal and interventional radiologist with Radiology Regional has retired. We wish him the best and look forward to seeing him at our retired member luncheons.

### IN MEMORIAM

It is with deep sympathy that we announce the passing of:

**Dr. Kenneth Alan Berdick**



**Membership has its Benefits!**  
Only members whose dues are paid by March 31<sup>st</sup> will be included in the 2026 Physician Directory!

# IN THIS TOGETHER: COLLECTIVE LEADERSHIP

## PRESIDENT'S MESSAGE: Asif Azam, MD



I am deeply humbled and honored to accept the role of president of the Lee County Medical Society. Not just as a personal milestone, but a shared moment built on the trust you have placed on me and the dedication we all collectively bring to the noble call of medicine.

I want to express heartfelt gratitude to Dr. Soori for his leadership, vision and tireless commitment to the Society. Your example inspires me and I know I speak on behalf of all of us when I say *thank you* for guiding

us with wisdom and compassion.

Our mission statement is to advocate for physicians and their relationship with patients, promote public health and uphold the professionalism of the practice of medicine. In the year ahead, my vision is anchored on:

### Advancing Medical Excellence

Continue to foster cutting edge education, research, and clinical collaboration, ensuring our members remain at the forefront of medical knowledge and practice.

### Strengthening Physician Advocacy

Amplifying our collective voice to influence policies that protect patient care, uphold ethical standards and support the well being of all healthcare professionals.

### Building a Stronger Community

Creating more opportunities for mentorship, interdisciplinary dialogue and outreach so that our society is not only a professional network but also a family that supports one another.

I hope to continue to advance the three-year strategic plan for LCMS which focuses on:

- **Membership growth and engagement**
- **Community advocacy and public health**
- **Leadership and operations**
- **Education and communication**

I cannot and will not lead alone. The challenges ahead require all of us — your ideas, your expertise and your passion. Together we can shape a future where our patients receive the best care possible. Where physicians are supported and respected.

I accept this presidency with humility, determination and hope. Let's move forward together guided by science, grounded in compassion and united in purpose. Thank you for allowing me this opportunity to serve our society.



2026 LCMS Officers and Directors (l-r): 2026 President Dr. Asif Azam, Chair/Past President Dr. Soori Gamini, VP Dr. Jordan Taillon, Dr. Diana Khalil, Dr. Adriene Argenio, Dr. Fadi Abu Shahin, Dr. Ariel Pollock, Julie Ramirez, CAE, Dr. Amber Jandik, and Dr. Andres Laufer. Not pictured: Dr. Magali Van Den Bergh, Dr. Kelly Elleson, Dr. Julio Conrado, and Dr. Lane Sager



Event Sponsor Paolo Morin, Bank of America with 2026 LCMS President Dr. Asif Azam



2026 Vice President  
Dr. Jordan Taillon and  
Amanda Gonzalez



Past Presidents of  
LCMS (l-r): Dr. George  
Kalemaris, Dr. Bruce  
Lipschutz, Dr. Scott  
Caesar, Dr. Daniel De La  
Torre, Dr. Gamini Soori

# VANISHING OVERSIGHT: PRACTICE CREEP LOSSES AFFECT YOU

THE RAMIREZ REPORT: Julie Ramirez, CAE, LCMS Executive Director



**W**elcome to 2026! This is my 11<sup>th</sup> year as your Executive Director of Lee County Medical Society. I love being your exec and the adventures that it takes me on.

In early December I had the privilege of traveling to Tallahassee to meet our local legislators and their staff. Then in January I traveled there again with LCMS member and Florida Medical Association Board Treasurer Dr. Rebekah Bernard, who spoke to the House Health and Human Services Committee in opposition of two bills that would expand scope of practice.

Dr. Bernard presented testimony against **HB #301**: *Authorizes certain advanced practice registered nurses to engage in autonomous mental health practice. Permits psychiatric mental health advanced practice registered nurses to provide mental health services under autonomous practice, as defined by board rule. Clarifies that these nurses may independently admit, manage, and discharge patients in a health care facility, unless otherwise prohibited by law. Potential effective date: July 1, 2026.*

Testimony started with the committee leader reading the eight nursing-related organizations that were in support of the bill. Once those were presented, the leader allowed for in-person testimony. There were a few in the nurses camp in support that spoke. And then a physician member of the Florida Psychiatry Society and Dr. Bernard, representing the Florida Medical Association, were allowed to speak. They gave very good arguments against the bill with data and references about current primary care autonomous ARNPs that are not following the intended scope of practice.

Right after the physicians spoke a member of the Florida Nursing Association began to discredit the data that had just been shared by the two physicians. I was shocked by the direct attacks. Once testimony was complete, the committee took a vote. One by one voting with far more yays than nays. I was upset and a little angry that the bill was passed in committee. Where were the other physician entities to help put a stop to this? Why were our local legislators not listening to our cries to have the best care possible?

**HB #375** was next. This bill attempts to authorize certain certified registered nurse anesthetists to practice anesthesia services autonomously. *Exempt autonomous certified registered nurse anesthetists from the requirement of onsite medical direction when administering anesthesia. Allow autonomous certified registered nurse anesthetists to perform anesthesia-related acts without an established protocol. Permit facilities to require an established protocol for certified registered nurse anesthetists practicing under autonomous registration. Expand autonomous practice authority of advanced practice registered nurses to*

*include certain anesthesia services for patients in health care facilities. Potential effective date: July 1, 2026.*

This bill's testimony was very similar but with less deliberate discreditation. The committee vote was more varied but still passed. I wonder if I, as a patient, can request/insist that I have an MD/DO anesthesiologist present when I have surgery next? I definitely want the highest care I can get when I am unconscious.

As of the date of writing (Feb 4, 2026) it looks like there is not a Senate companion bill that will match these two house bills. But these two bills could be added to something else at the end; we will know by March 13th.

On the six-hour car ride home, I asked Dr. Bernard what could be done to avoid these outcomes in the future. She explained that legislative choices and opinions are relationship based. In order to have a memorable relationship with even the newest of representatives, you have to contribute to their campaign.

Since Lee County Medical Society currently does not have a Political Action Committee, the easiest way to show your support is to contribute through the Florida Medical Association PAC.

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Please consider making a donation to the FMA PAC in 2026. Click the button below in the digital version of this Bulletin or go to the home page of our website, [www.lcmsfl.org](http://www.lcmsfl.org), and click the button in the footer.

**DONATE TO  
FMA PAC**

Please take a quick, two-question survey to help us determine whether an LCMS PAC should be created in order to better develop relationships with our local legislators. Click the button below in the digital version of this Bulletin or go to the home page of our website, [www.lcmsfl.org](http://www.lcmsfl.org), and click the button in the footer.

**TAKE SURVEY**

# ADVISORY STRATEGIES FOR PRACTICE PERFORMANCE AND PHYSICIAN WEALTH

by Julie Simpson, Director/Advisory Services, Medical & Healthcare Practice, MarkhamNorton

**R**unning a successful medical office requires more than delivering excellent patient care. Behind every thriving practice is a strong financial foundation that supports daily operations, long-term growth, and the personal wealth goals of physician owners. When operational discipline is paired with strategic tax and retirement planning, physicians can strengthen practice sustainability while building meaningful long-term wealth.

## OPTIMIZING the Business of Healthcare

**Establish Clear Financial Policies:** Well-defined financial policies set expectations for patients and staff alike. Clear, consistent billing and collections guidelines help prevent misunderstandings and improve cash flow. Some best practices include:

- Transparent communication of payment expectations at or before the first visit
- Clear explanations of insurance coverage, deductibles, and out-of-pocket costs
- Defined timelines for payment and follow-up on outstanding balances

When patients understand the financial process upfront, practices experience fewer disputes, faster collections, and reduced administrative burden.

**Monitor Key Financial Metrics:** Just as physicians monitor clinical indicators, practice leaders should routinely track financial “vital signs.” Some key metrics include:

- Days in Accounts Receivable (A/R): Measures how quickly revenue is collected
- Net Collection Rate: Indicates how much collectible revenue is actually received
- Overhead Ratio: Reflects the percentage of revenue spent on operating expenses
- Year-over-Year Revenue & Profitability Comparison: Identifies financial trends

Regular review of these metrics helps identify inefficiencies early, enabling proactive adjustments before small issues become costly problems.

**Optimize Revenue Cycle Management (RCM):** RCM is the engine of practice profitability. An optimized RCM process ensures consistent cash flow and minimizes revenue leakage.

Some best practices include:

- Verifying insurance eligibility prior to appointments
- Submitting clean, accurate claims promptly
- Following up quickly on denials and underpayments (current downcoding issues by payers)
- Offering multiple payment options, including online portals and text-to-pay
- Renegotiating payer fee schedules

Strong RCM processes reduce delays, improve patient satisfaction, and support predictable cash flow.

**Control Overhead Without Sacrificing Care Quality:** While medical practices often carry high fixed costs, strategic expense management can significantly improve profitability. Some opportunities may include:

- Negotiating vendor and supply contracts
- Leveraging group purchasing organizations
- Outsourcing non-core functions such as accounting, payroll, or IT
- Utilizing telehealth where clinically appropriate

The objective is not cost-cutting at the expense of care, but thoughtful spending aligned with efficiency and quality.

**Build an Emergency Reserve:** Unexpected disruptions, from equipment failures to reimbursement delays, can strain even well-run practices. Maintaining an emergency reserve equal to three to six months of operating expenses provides stability, allowing the practice to navigate short-term challenges without taking on unnecessary debt.

## LEVERAGING Tax-Advantaged Retirement Plans

For physician owners, retirement planning is a critical component of long-term wealth building. While many practices offer 401(k) and profit-sharing plans, high-income physicians often benefit from more advanced strategies.

**Cash Balance Plans. A Powerful Wealth-Building Tool:** A cash balance plan is a defined benefit retirement plan that allows significantly higher annual contributions than traditional retirement plans—often exceeding \$200,000 per year for older physicians. Contributions are tax-deductible to the practice and grow tax-deferred until retirement.

Key advantages include:

- Accelerated Retirement Savings: Ideal for physicians who began saving later in their careers
- Significant Tax Deductions: Contributions reduce taxable income at both the practice and personal level
- Predictable Growth: Annual interest credits provide stability and clarity
- Talent Retention: Can enhance benefits packages for key employees

### **Integrate Practice and Personal Financial Planning:**

The most effective strategies align personal financial goals with practice performance. This requires collaboration with advisors who understand healthcare economics. Physicians should:

- Review tax strategies annually
- Coordinate retirement contributions with cash flow planning
- Align investments with both short-term liquidity needs and long-term objectives

Integrated planning ensures the practice supports, not hinders, personal wealth creation.

**Plan for Succession and Exit:** Whether transitioning ownership, adding partners, or planning for retirement, succession planning is essential. Early planning helps maximize practice value, reduce tax exposure, and ensure continuity of care for patients and staff.

Financial excellence in a medical office creates stability, flexibility, and opportunity. By combining strong operational discipline with advanced retirement and tax strategies such as cash balance plans, physician owners can protect their practices today while building lasting wealth for the future.

*Questions? Contact MarkhamNorton to start the conversation. Our trusted advisors are here to help.*



# STRONG WORKING RELATIONSHIPS WITH PATIENTS PROTECT HEALTHCARE PRACTITIONERS

by Daniel Kent Cassavar, MD, MBA, FACC, Medical Director, The Doctors Company and TDC Group

**R**ecently, a new patient arrived expressing dissatisfaction with a cardiologist who had told them that there are only two causes of atrial fibrillation. This other cardiologist reportedly said: “You either have sleep apnea, or you drink too much.”

I acknowledged those two causes but also listed others, such as valvular disease, thyroid issues, and electrolyte abnormalities. My patient said the other cardiologist had been adamant—and had told the patient that if they didn’t like hearing an unpleasant truth, then they could leave.

## Good Communication Can Save Lives, Sanity, and Resources

New research published in the *Annals of Internal Medicine* has shown that poor communication contributes to 24 percent of patient safety incidents, and it is the sole identified cause in 13 percent of incidents. Similar findings permeate The Doctors Company’s closed claims studies (and the bulk of risk management literature). For example, in The Doctors Company’s study of closed claims against cardiologist members, one-third of allegations were related to diagnosis, and contributing factors related to communication featured prominently.

Fortunately, effective physician-patient communication has the power to improve patient adherence and patient outcomes. It reduces both the odds that something will go badly for a patient and the odds that the patient will allege malpractice if it does.

## Patient-Centered Terminology Builds Rapport

In the U.S. overall, just 12 percent of our patients are highly health literate. Many people nod along to be polite or may be afraid to ask for clarification, so let’s remember that cultivating a strong working relationship with a patient begins with simply establishing a sense of give and take.

For a model, we might look to our personal relationships. I have friends who can change a timing belt on an engine or chainsaw a tree, and I don’t always speak their lingo—every activity has its specialized knowledge. To a patient, I might explain atrial fibrillation in terms of the more familiar “atrium.” I’ll note that an atrium is where you receive things. Your heart

has two atria, which are the receiving chambers. And so on.

Hopefully, in each clinical encounter, we’re trying to understand the patient’s level of health literacy to meet them where they are with patient-centered terminology. It’s easy for me as a cardiologist, or for you in your specialty, to wow the patient with brilliant “medspeak,” which is what the American Medical Association (AMA) calls those long Latinate phrases from the patient’s perspective. But medspeak isn’t very helpful, even if I’ve said something brilliant, when the patient doesn’t understand it.

We know that poor patient satisfaction connects to a lower rate of adherence and a higher likelihood of alleging malpractice. On the other hand, research confirms that a strong interpersonal relationship between physician and patient can exert powerful protective effects.

## The High Wire and the Safety Net

Rapport is a safety net. It is woven from threads of both interpersonal connection and patient understanding, so that in case of a known complication, the patient can say to themselves, “Well, he did explain it to me. I did understand there were risks.” But without understanding, there’s no rapport—and no safety net.

## Communication With Structured Tools

In our daily practice, structured communication tools can help us, like the balancing poles that tightrope walkers hold to keep their bearings. They can remind us of our commitment to patient safety and our imperative to protect ourselves and our practices from preventable liability exposure. I found the AMA article on **RESPECT: Rapport, Explain, Show, Practice, Empathy, Collaboration, and Technology** very helpful.



**R**—Rapport: Nonverbal cues like eye contact and overall demeanor can demonstrate present-minded attention.

**E**—Explain: Give patients opportunities to fully explain their symptoms in the context of their life outside of healthcare. This can aid accurate diagnosis.

**S**—Show: Consider providing access to educational materials, trustworthy websites, or support groups.

**P**—Practice: Anyone can choose one aspect of communication to practice improving.

**E**—Empathy: Some patients are embarrassed to disclose symptoms; others don't want to admit that they haven't adhered to their treatment plan. Empathy invites more accurate information from the patient.

**C**—Collaboration: Patients are more likely to follow your recommendations in a collaborative atmosphere.

**T**—Technology: Be selective with communication channels, and stick with patient-centered terminology in written communication.

## What Gets in the Way?

If a clinician's working relationship with a patient can help shield the patient from poor outcomes and the practitioner from liability, why aren't all of us getting to know our patients better? What is getting in our way?

Answers include staffing shortages, production pressure, time pressure, lack of education in bedside manner—and lack of willingness to ask for help.

## It Takes a Team to Promote One-on-One Focus

One morning, I was in the cardiac catheterization lab for a case that should have taken three minutes. However, the patient's unusual anatomy had us trying one catheter after another, then changing sites from the wrist to the groin, and then calling in a colleague. To make a long story short, a three-minute procedure took an hour and a half.

Meanwhile, my office staff members were relaying requests for a call back from the ER, a patient's primary care physician wanted to talk to me, and so on. I gave a status update: "Please ask my partner to pick these up. I will get back to you as soon as I'm done." My partner could handle those communications, no problem, but my front office was unaware I needed assistance.

Now we've come full circle: In order to maintain my personal focus on the patient in front of me, I need excellent collegial collaboration.

## Sit Down, Connect, Focus

When residents rotate with us and they have questions about rapport with patients, I tell them to sit down, connect, and make the patient the most important thing at the moment—because they are. If things go badly, I tell them, you're going to want to say, "I gave it my all here, even though it didn't go well."

We can't control all outcomes, but we can know that we showed up and were mentally present to help the patient. We can know that we engaged in a true conversation.

*The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each healthcare provider considering the circumstances of the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered. Reprinted with permission. ©2025 The Doctors Company*



Lee County Medical Society invites you to a

# JOB FAIR

SATURDAY, March 28, 2026  
10:00am – 12:00PM  
New Hope Church, 431 Nicholas Pkwy E, Cape Coral, FL

In collaboration with Goodwill Industries of SWFL, providers seeking new hires can set up a table **FOR FREE** at the 4th Annual Cape Career & Resource Fair!

**Interested?** Ask LCMS to share a calendar Invite so Goodwill Industries knows you intend to join the fair.



Must bring your own table and tablecloth. Chairs are provided.

## PHYSICIAN WELLNESS PROGRAM

### Take Care of Your Patients by Taking Care of Yourself!

The **Physician Wellness Program (PWP)** provides a safe harbor for active LCMS physicians to address normal life difficulties in a confidential and professional environment. Our program works with two independent, local psychology groups that provide member-physicians with up to six visits for calendar year 2026.

**This is a confidential and free member benefit. Florida Medical Board is not alerted and no insurance is billed or EHR submitted.** LCMS is not given any personal information about those who use the program. LCMS pays a monthly bill based on the number of sessions provided.

#### TO MAKE YOUR APPOINTMENT

- 1) View our vetted Psychologist member selections on the Foundation page of our website.
- 2) Call and identify yourself as a member of Lee County Medical Society and that you wish to utilize the Physician Wellness Program benefit

Learn more at [www.lcmsfl.org/physician-wellness-program](http://www.lcmsfl.org/physician-wellness-program).



## Beyond the White Coat: Building Your Brand, Voice, and Visual Identity"

2nd Annual Florida Women Physicians Retreat

May 1 - 2, 2026

**Sonesta Ft. Lauderdale Beach Hotel**  
**999 North Fort Lauderdale Beach**

Co-hosted by the medical societies of Broward, Collier, Duval, Hillsborough, Lee, Manatee, Miami-Dade, Palm Beach, & Sarasota Counties, and FL Society of Nephrology.

Details & Registration at

<https://miamimed.com/event/WPR26>

### MEET YOUR 2026 LEADERSHIP

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**Asif Azam, MD**  
*Hospitalist*  
 Lee Physician Group

#### VICE PRESIDENT



**Jordan Taillon, MD**  
*Pulmonology*  
 Lee Physician Group

#### TREASURER



**Magali Van Den Bergh, MD**  
*Hematology/Oncology*  
 Florida Oncology & Hematology

#### SECRETARY



**Fadi Abu Shahin, MD**  
*Gynecologic Oncology*  
 Lee Physician Group

#### PAST PRESIDENT



**Gamini Soori, MD, MBA**  
*Hematology/Oncology*  
 Florida Cancer Specialists

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**Amber Jandik, MD**  
*Retired Member Representative*

**Julie Ramirez, CAE**  
*Executive Director*

**Lane Sager, DO**  
*Resident Member Representative*

# 2025 Holiday Party Pics



Ken and Dr. Amber Jandik



Lauren and Dr. Parmeet Saini



Dr. Daniel & Gisela De la Torre



Lauren Saini, Dr. Shraddha Patel,  
Amanda Gonzalez and Cori Hanson



Dr. Temitope Akinyemi & Shannon Manning



Dr. Alan Brown & Dr. Jordan Taillon



5781 Lee Boulevard, Suite 208-104  
Lehigh Acres, FL 33971

**CHANGE SERVICE REQUESTED**



*Dinner Show*  
with a hip-shaking, lip-curling  
professional Elvis tribute artist



**Thursday**  
**March 05, 2026**  
**6:00pm - 9:00pm**  
**Commons Event Center**

Enjoy a fun evening of drinks,  
dinner and more at this high-  
energy live performance by  
an Elvis Presley tribute artist  
and his band!

**TICKETS:**  
LCMS Physician Members \$125/each  
Non-Member Physicians and the Public  
\$150/each

*Open to the Public!*