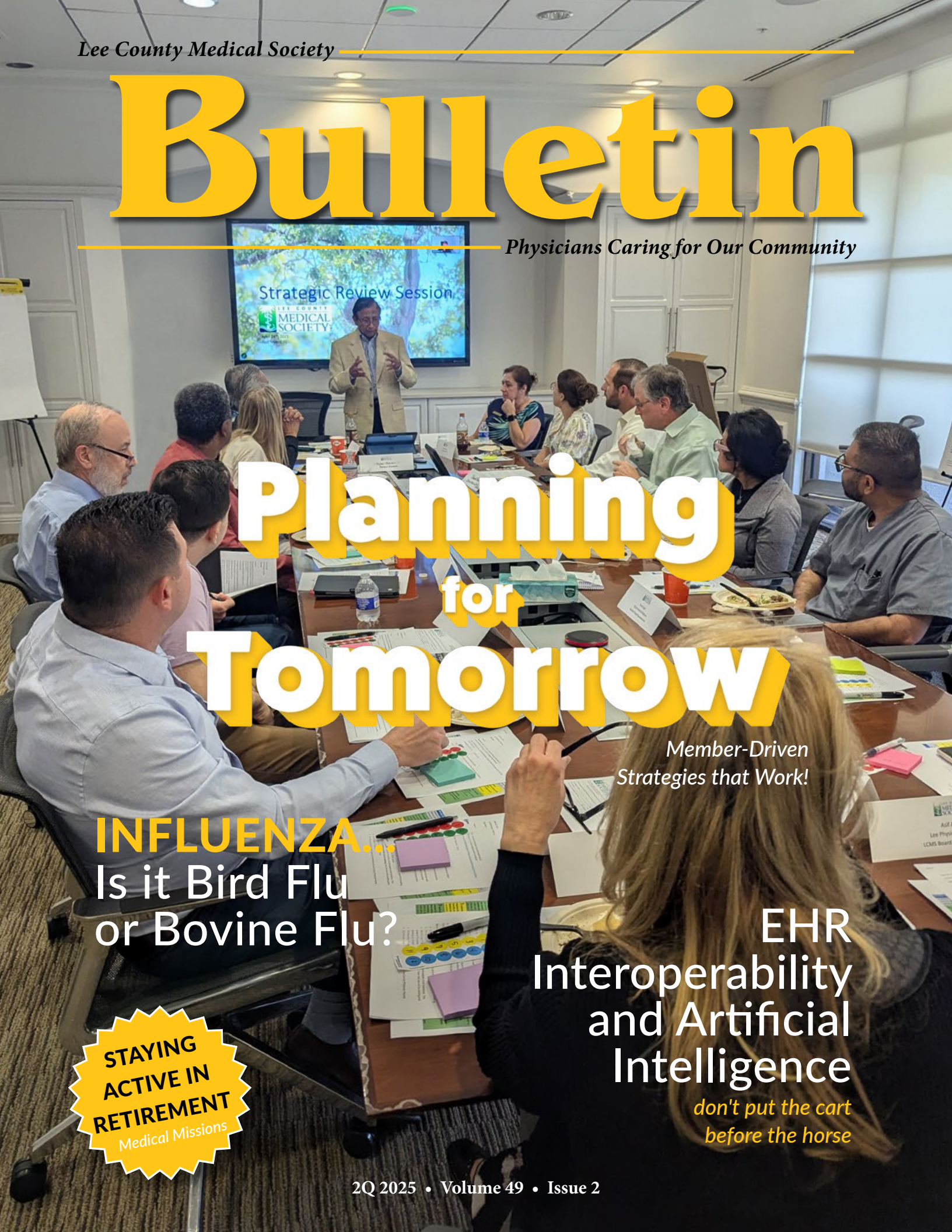
Lee County Medical Society

Bulletin

Physicians Caring for Our Community



Planning for Tomorrow

Member-Driven Strategies that Work!

INFLUENZA... Is it Bird Flu or Bovine Flu?

EHR Interoperability and Artificial Intelligence

don't put the cart before the horse

STAYING ACTIVE IN RETIREMENT
Medical Missions

2Q 2025 • Volume 49 • Issue 2

LEE COUNTY MEDICAL SOCIETY INC.

BULLETIN

Lee County Medical Society is a Virtual Operation
Mailbox address: 5781 Lee Boulevard, Suite 208-104
Lehigh Acres, FL 33971
239.936.1645 • www.lcmsfl.org

The Lee County Medical Society *Bulletin*
is published quarterly.

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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.

CONTENTS

Members are encouraged to submit photos to be considered for the Bulletin *cover. Must be large format/300dpi. Email photos to marketing@lcmsfl.org*

OPEN JOB

We are seeking a compassionate MSW and/or Psychologist to work with us providing individual psychotherapy and marital/couples therapy. Supervision/training available. We offer competitive salary with flexible hours and the opportunity to make a difference for our patients and our community. Please ask that resumes be sent to: office.kantorpa@gmail.com or fax to: 239–936–4833

CALENDAR OF EVENTS

MON, JULY 7th
5:30pm - 7:30pm
LCMS Residency Reception
Host: FineMark National Bank & Trust
8695 College Parkway, Ste. 100, Ft. Myers

FRI, AUG 8th
5:30pm - 7:30pm
LCMS Cocktail Hour
Host: Mark Loren Designs
13351 McGregor Blvd., Ft. Myers

TUE, AUG 21st
6:30pm - 8:00pm
LCMS Member Meeting
Host: FineMark National Bank & Trust
8695 College Parkway, Ste. 100, Ft. Myers

SAT, AUG 23rd
TBD
LCMS Family Fun Day
Location TBD

TUE, AUG 26th
6:30pm - 8:30pm
LCMS Women Physicians Fall Event
Sponsor: Markham Norton Mosteller Wright & Bank of America
Location TBD

RSVP to LCMS events at www.lcmsfl.org

NEW MEMBERS

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www.bluecresthealthgroup.com

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1550 Barkley Circle
Fort Myers, FL 33907
239-938-2000
fax: 239-278-0404
www.floridaheartassociates.com

DID YOU KNOW...

Your membership includes up to six (6) FREE, Annual and Confidential mental health sessions with a licensed local provider. 24-hour priority response. Virtual or in-person. Lee or Collier County.

Available through the LCMS Foundation Physician Wellness Program. Details at at www.lcmsfl.org/Our-programs

DESIGNING A STRATEGIC PLAN FOR OUR FUTURE

PRESIDENT'S MESSAGE: Gamini Soori, MD, MBA

Following up on my inaugural message, I am excited that LCMS has sprung into action with tremendous enthusiasm and vigor!

From the outset, we wanted to keenly focus on the agenda of our Society for the coming three years. With that in mind, we convened a **Strategic Planning Session** with input from an outside consultant. I am really pleased that the session was well attended by LCMS Board members and Active, Retired and Resident members (see photos below). The process, brainstorming and discussions were robustly interactive, and we had a collage of creative ideas. At the conclusion of the planning session, we all came together and created a prioritized agenda as our **LCMS Strategic Plan** for the coming three years and beyond. Highlights are summarized on page 5.

Strategic Plans are road maps, which give us goals, targets and direction. However, we all must pitch-in, with commitment and dedication for successful implementation to get us to our planned destinations. We have already begun this journey with many of our actionable items and will continue to strive for implementation this year and beyond.

Again, as your President, it is my tremendous privilege to lead the Lee County Medical Society in the coming year. Along with our Board and the Executive Director, I ask for your continued and active participation in the LCMS programs and activities.

MEMBER NEWS

Dr. John Jackson has left Associates in Dermatology to pursue other opportunities on the East coast. We wish him the best and look forward to his return.

Lee Physician Group is pleased to welcome the following physician members to their team: **Mark Bloomston, MD Catalina Mosquera, MD,** and **Allan Bassan, MD**

The BenMaamer Institute is pleased to welcome **Steve Siegal, MD, FACS** to its practice.

LCMS Executive Director **Julie Ramirez, CAE**, who celebrated 10 years with the Society in January recently obtained her certification in QuickBooks from Florida Southwestern State College.

Surgical Healing Arts Center closed on March 31, 2025, as **Dr. Moses Shieh** is relocating to Orlando.

Magnolia Breast Center has announced that **Dr. David Rock** will begin to also see patients at its Cape Coral practice at 1206 Country Club Blvd., Cape Coral, FL 33990. He will continue to serve patients in Fort Myers at 14440 Metropolis Ave., Suite 101, and in Bonita Springs at 24040 S Tamiami Trail, Suite 202.

Dr. Kristen Dimas, a graduate of the FSU/Lee Health Residency Program has joined Healthcare Network at 1454 Madison Ave W., Immokalee, FL 34142.

Dr. Reginald Davis, a neurosurgeon specializing in disorders of the spine has joined Joint Implant Surgeons of Florida and is seeing patients at its Fort Myers, 7331 College Parkway, Suite 100; and Naples, 1020 Crosspointe Drive, Suite 110, locations.

IN MEMORIAM

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

Dr. Steven Allen Bernstein
November 28, 1942 – February 24, 2025

Dr. David Lee West
October 21, 1955 – March 1, 2025

Dr. Marie Annabelle Martin
Apr 12, 1962 – Apr 11, 2025

THREE-YEAR STRATEGIC PLAN FOR LEE COUNTY MEDICAL SOCIETY

MEMBERSHIP GROWTH & ENGAGEMENT

New Actions:

- Create and send exit polls to non-renewing members
- Personalize outreach to low-engagement members
- Assign board/staff to greet and connect with new members at events
- Implement a new member–mentor pairing system
- Promote LCMS at medium - large medical groups

GOALS

- Increase membership by 3–4% in 1 year, 10% in 3 years
- 50% membership of Lee Physician Group

EVENTS & NETWORKING

New Initiatives:

- Form an event committee
- Co-sponsor events with community organizations (e.g., Cancer Society)
- Collect SMS-based post-event feedback

GOALS

- Raise event participation to 50–60% in 3 years
- Add two more events annually

COMMUNITY ADVOCACY & PUBLIC HEALTH

New Actions:

- Begin consistent engagement with local political leaders
- Create public education campaigns (stroke signs, sunscreen use)
- Collaborate with Florida Dept. of Health during emergencies
- Add legal counsel support for Physician Wellness
- Explore the need for family and peer support groups, journal clubs

GOALS

- 65% participation of Board members at all events by 2026
- 75% participation of Board members by 2028
- Continued low turnover with staff

LEADERSHIP & OPERATIONS

New Actions:

- Add board-led action groups for resolutions, membership, and visibility
- Continue onboarding with updated SOPs
- Implement employee satisfaction surveys

GOALS

- 65% participation of Board members at all events by 2026
- 75% participation of Board members by 2028
- Continued low turnover with staff

EDUCATION & COMMUNICATION

New Additions:

- Offer CME and non-medical lecture series
- Explore community donations from assets
- Build a physician forum for shared priorities and ideas
- Upgrade online platform and expand social media presence

COMMITTEE

The Society would like to thank the following members for volunteering their time and talents at the Strategic Planning Session: Dr. Fadi Abu Shahin, Dr. Adriane Argenio, Dr. Asif Azam, Dr. Jon Burdzy, Dr. Julio Conrado, Dr. Reginald Davis, Dr. Amber Jandik, Dr. Diane Khalil, Dr. Raymond Kordonowy, Dr. Mitchell Martinez, Dr. Thomas Morrell Dr. Ramon Pabalan, Dr. Vivek Singh, Dr. Shari Skinner, Dr. Gamini Soori, Dr. Jordan Taillon, Dr. Magali Van den Bergh.

EHR INTEROPERABILITY AND ARTIFICIAL INTELLIGENCE: DON'T PUT THE CART BEFORE THE HORSE

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

Healthcare practitioners are ready to let AI lighten their loads—but first, we need to achieve EHR interoperability. AI can help us with that, too.

My checkout desk is run by an individual who has been with my practice for 20 years. I see her being more useful doing more important jobs, because we should be using automation to discharge patients and book their next appointments.

I am optimistic that tools powered by artificial intelligence (AI) can make our lives easier and more successful by relieving administrative burdens, streamlining workflows, improving patient safety, and making risk management easier to manage. But first, we need to achieve interoperability for our EHRs. Fortunately, AI can help us with that, too.

Our AI Wish List

Most practitioners spend so much time swatting through clouds of administrative nuisances that we miss the experience of focusing on and advocating for patients.

The wish list of administrative and business operations functions that AI can help us with includes prior authorizations, billing, scheduling, and a host of front-desk and checkout tasks. Further, I'd welcome some automated assistance with certain essential items completed by medical assistants, like medication reconciliation, that take up precious, limited appointment time. Witnessing improvements in AI for healthcare, I'm looking forward to my slice of the assistance pie.

Here are the top three items on my personal AI wish list:

1. **Booking:** Many healthcare systems are already experiencing success with referral automation and other scheduling tools. These generate cost savings for practices and organizations while increasing healthcare access for patients. For example, a pilot program at Montage Health in California has shrunk their time from referral received to patient scheduled from 23 days to 1.6 days.

2. **Emails:** Generative AI can draft email responses to common questions like "What does this test result mean?" Sharing the inbox load—and preserving clinician attention for more complex patient situations—combats one of the primary sources of burnout.

3. **Triage:** After heart catheterization, a chatbot sifting a patient's answers to questions can refer a patient with signs of infection to a human clinician. Meanwhile, that chatbot can answer questions for patients with routine procedure aftereffects, reserving the attention of human clinicians for patients with pressing concerns.

Triage chatbots are already live and patient facing, with mixed results so far. It's early days—as developers make improvements, chatbots will help us more quickly distinguish between minor questions and major concerns. Already, chatbots providing patient support are one of the three generative AI use cases chosen for review by an expert panel at the IHI Lucian Leape Institute "as being broadly representative of anticipated clinical uses of AI in the next several years."

AI Can Help With Teamwork, Too

Back to that heart catheterization: Let's say I perform the procedure, but the next day, another practitioner is rounding. They don't need to know procedure details—they just need to know that the result was normal. AI's capability to slice and dice summaries, with varying degrees of complexity, can pull a lot of weight through transitions in care. Patient handoffs are charged moments for patient safety and practitioner liability, so AI's capacity for summation—if carefully integrated into workflows—can elevate patient safety and bring relief to overburdened practitioners.

Other AI benefits to teamwork are harder to specify, but imagine how lifting administrative burdens can lift up teamwork: We all have more capacity to reflect and to interact in our best collegial manner when we reduce unnecessary hassles and stressors and recover some cognitive bandwidth.

Any of these wish list solutions must seamlessly integrate into the EHR, and they have to achieve better results than we're getting now. Not perfect results, but better than our present state.

Let's say my wish list of AI-powered tools becomes perfect and available for free tomorrow: My practice, like many, will still be hampered by interoperability challenges.

The Risks of Our Siloed Medical Records

When I complete an ultrasound here at ProMedica, the test result comes to my inbox. I can ask my nurse to call up the patient and say, "Your result was normal." But if my patient gets that test completed at the other local healthcare system, no notification reaches me. If I get a call months later from the patient, asking about their test results, this is less than ideal from the perspective of risk management, relationship management, patient satisfaction, or clinician satisfaction.

The other big hospital in Toledo, Ohio, where I practice, is an Epic shop, just like we are—but they use a different version, so we're still not interoperable. If my patient gets studies done at their hospital (perhaps their insurance demands it), I don't get those results until they are transcribed, printed out, faxed over, scanned in, and put into our records here. It's silly. And potentially dangerous.

The benefits of interoperability to test tracking alone will be, if we ever achieve it, a boon to patient safety and practitioners' protection from liability risks. For many practices and systems, test tracking is a chronic headache at best—and a safety and liability risk at worst.

In a mobile, high-tech society, patients should not have to leap over so many hurdles to see a practitioner outside their usual EHR, and healthcare should not still be doing this much printing, faxing, and scanning.

EHR Interoperability Is Table Stakes for AI

AI excels at digging through mountains of data, and it can help us wrangle our EHRs. Some healthcare systems have turned AI loose to find information lost in nondiscrete fields in their own EHRs. Elsewhere, researchers are using large language models to translate clinical data into standardized forms that are more easily transmissible across platforms.

Imagine the recovery of cognitive bandwidth and the benefits to professional satisfaction if we and our teams could spend less time chasing down records and more time practicing medicine.
Still, with all that we've learned about biases and other dangers inherent to AI for healthcare, developers have some trust building to do with clinicians. Part of that trust can be built by recognizing practitioners' priorities: As we consider our investments in AI wish list items, we can let developers know that AI has some basic table-stakes promises to fulfill, starting with EHR interoperability.

Guidance suggested in this article are not rules, do not constitute legal advice, and do not ensure a successful outcome. They attempt to define principles of practice for providing appropriate care. The principles are not inclusive of all proper methods of care nor exclusive of other methods reasonably directed at obtaining the same results. 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. The views expressed are those of the letter writer and do not necessarily reflect the opinion or official policy of The Doctors Company.

Lee County MRC
Volunteers Building Strong, Healthy, and Prepared Communities

NEWS FROM LEE COUNTY MEDICAL RESERVE CORPS

New MRC Coordinator

Ben Rundbaken joined the Department of Health in Lee County as the MRC Coordinator and Public Health Preparedness Planner in June.

In his current role, he reviews emergency plans for the county and was the Special Needs Shelter Coordinator during Hurricane Milton. He is from New Orleans where he completed graduate work in public health and disaster management at Tulane University.

Available Trainings

If you haven't already, or just need a refresher, be sure to take the following online (and free) FEMA Trainings:

IS-100.C: Introduction to the Incident Command System
REGISTER

IS-700.B: An Introduction to the National Incident Management System
REGISTER

MRC Core Competency

Being prepared is the first step in responding to any incident. Assisting your community can only be done once you know that you and your family are safe. That's why we encourage all our volunteers to develop and maintain emergency plans. The following links will direct you to free, online trainings offered on preparedness:

Personal and Family Preparedness

Personal Preparedness for Public Health Workers

Animal Emergency Preparedness

Access registration and training links in the digital file at www.lcmsfl.org/publications

BIRD FLU OR BOVINE FLU?

by: V. Chokkavelu, MD, FACP, Board-certified Infectious Diseases

Clade B 3.13 has been the predominant H5N1 Influenza A (bird flu) infection in the USA. It has spread from cows and poultry to humans. It caused so far mild disease with conjunctivitis in majority of the patients up to 90%. These patients also had fever, cough and myalgia like the seasonal flu A and B. No deaths have been reported in this type of initial infections. NO human to human transmission has been documented so far. Both the clade B 3.13 and the D 1.1 clade H5N1 viruses so far, are sensitive to all currently used influenza medications. Combination of Baloxavir and oseltemivir seems prudent to prevent resistance. CDC recommends twice a day oseltemivir for H5N1 prophylaxis as opposed to once a day for the seasonal flu. They also recommend longer duration of oseltemivir for hospitalized patients. LabCorp is able to do the nasopharyngeal swab testing to confirm the H5N1 cases. So far only two cases of D 1.1 cases has been reported. One in a 13 year old girl in Canada who survived after a serious illness and one in the state of Louisiana who died in January of 2025. How this clade D 1.1 would evolve is unclear. Work is ongoing to complete candidate vaccines for clinical use, if needed. No vaccine however is currently available for clinical use. One needs to take all precautions in handling sick birds and dead wild and domestic poultry with proper PPE (personal protective equipment). The virus is mutating rapidly and the concern is, if it will become a pandemic like that of COVID19. CDC recommends balance between enhanced vigilance and "business as usual."

Highly pathogenic avian influenza [HPAI] A (H5N1) emerged in 1997. [1] Since 1997 HPAI (A H5N1) has spread globally by migratory birds resulting in infections in animals on every continent. HPAI A (H5N1) clade 2.3.4.4b emerged in 2021 and resulted in fatal infections in poultry as well as terrestrial and marine mammals.[2] Early in 2024 Influenza A mastitis was detected in dairy cows in Texas. Most cow infections are Genotype B3.13. Whereas most outbreaks in wild birds and poultry are Genotype D1.1. Of the 46 cases in the United States, 20 were due to exposure to poultry, 25 to exposure to dairy cows and one with unidentified exposure. This bovine H5N1 influenza A non-seasonal infection was mild with no deaths in the infected dairy workers. Though it is called "Bird Flu" in actuality in the USA it has been a combination of bovine flu, a bird flu that has passed thru the bovine intermediary host, along with cases that were due to exposure to poultry. There was no human to human transmission of this virus clade B3.13 H5N1 influenza infections. Both B3.13 and D1.1 infections are sensitive to all the available influenza antiviral agents, Baloxavir marboxil (Xofluza), Oseltamivir (Tamiflu) and Zanamivir (Relenza disk haler) and Adamantanes. Combination therapy is recommended since mono therapy leads to resistance. Farm workers were infected with genotype B 3.13, who did not wear proper Personal Protective Equipment (PPE) like mask, glove and goggles. The infection was mild and one of the frequent signs was conjunctivitis (80 to 90%). They also had the classic triad of the seasonal flu [Influenza A and B] cough, fever and myalgia, though mild. NO deaths from this B3.13 clade has been reported so far in the USA.

As opposed to this, the disease in the Egypt and South East Asia has been severe with a high mortality rate of 50 plus percent. Why this high mortality elsewhere other than USA and Canada is not clear, though several hypothecs exists. [3] There is a nasopharyngeal swab test for this H5N1 flu by LabCorp available at request.

As opposed to these mild cases of B 3.13, two cases of severe infection due to D 1.1 has occurred: one in a 13-year-old Canadian girl, and the other in the Louisiana man in the USA. The Canadian girl's exposure history was not known but the man in Louisiana was exposed to his poultry flock that died along with wild birds in his yard. The Canadian girl had mild asthma and obesity, presented with conjunctivitis and fever and worsened with respiratory failure. She was treated with Oseltamivir, amantadine, and boloxavir. She received intubation and venovenous extracorporeal membrane oxygenation. She survived this serious illness. A concerning thing was sequencing of one isolate from her lower airways on day 8 showed 3 mutations potentially associated with enhanced virulence and human adaptation: E62/K in the polymerase basic 2 gene and E186D and Q222H in the H5 hemagglutinin gene. This is bothersome and is being followed by the CDC. Out of 67 cases of H5N1 A influenza cases reported so far in the USA only one person died in the state of Louisiana in January of 2025. However globally more than 950 cases has been reported with a 50% mortality rate. What exactly is the reason for this disparity in the mortality rate is not clear, though the clade worldwide was 2.3.4.4b not the B3.13 that was common in the USA except for the one case of death due to the clade D 1.1 in Louisiana state. CDC has carefully studied the available information about the person who died in Louisiana and continues to assess that the risk to the general public remains low. Most importantly, no person-to-person transmission spread has been identified. As with the case in Louisiana, most H5n1 bird flu infections are related to animal to human exposures. Additionally there are no concerning virologic changes actively spreading in wild birds, poultry and cows that would raise the risk to human to human health. This is an evolving virus and the CDC is doing the active surveillance as needed.

1. An update on HPAI A (H5N1) virus, Clade 2.3.4.4b
Webby RJ, Uyeki TM. Journal of Infectious Diseases 2024; 230:533-42].

2. Highly pathogenic Avian Influenza A (H5N1) virus infections in humans. Shikha Garg, Katie Reinhart
Et al. The New England Journal of Medicine February 27, 2025 Vol 392: no.9 Page 843-854.

3. The emerging threat of H5N1 to human health. Michael G. Ison, Jeanne Marrazzo
New England Journal of Medicine Feb 27, 2025 Page 916-918.

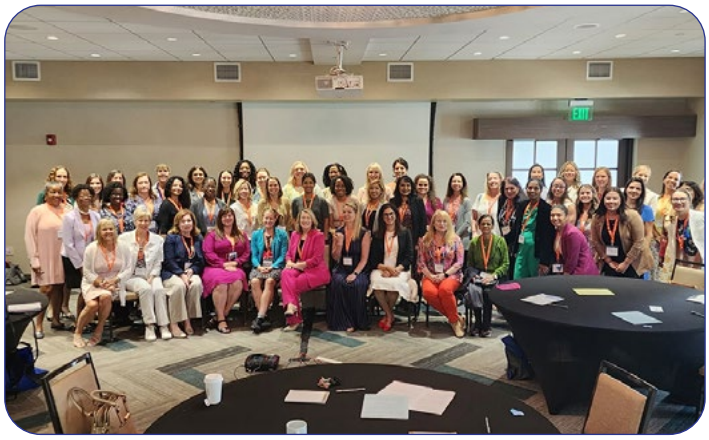
MAY CONFERENCES FOCUS ON WOMEN

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

I had the privilege to have been part of two different women conferences this month.

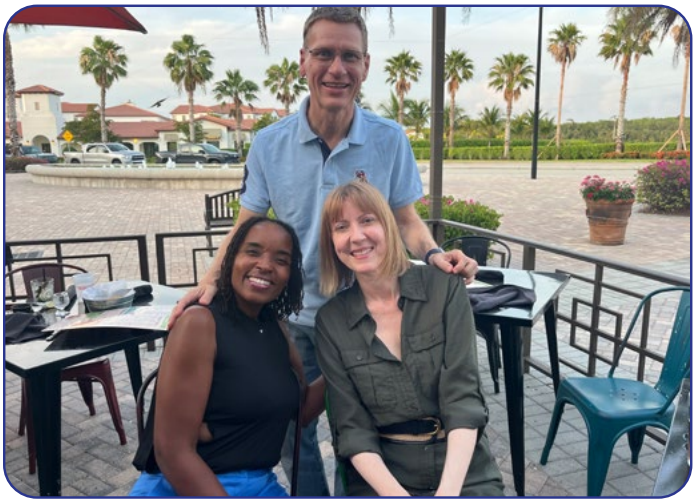
At the beginning of May, the first ever South Florida Women Physicians Retreat was held in Naples. This event was the brainchild of Dr. Rebekah Bernard, who chairs the FMA Women's Physician Committee and is our FMA District Representative. The theme of this inaugural event was "Nurturing Wellness for Women Physicians: Career, Family and Fertility". This event brought together women physicians from **Broward, Collier, Dade, Hillsborough, Lee, Manatee, Palm Beach and Sarasota Counties**. The breakout sessions partnered younger physicians with more experienced to share their life stories and experiences on topics such as building a family and being a physician leader. Almost 90 women physicians attended this event. See photo at right.

My second women's conference, "Level Her Up," was born from the partnership of the Greater Fort Myers Chamber of Commerce Women in Business Committee and Lee Health. This conference was meant for all women but primary working women. This conference reminds women of the importance of healthy eating, sleeping and work habits. The many breakout sessions allowed for 45 minutes of learning in specific areas of life – money, caregiving, teamwork, health issues and more. It's my third year and every year I learn something valuable.

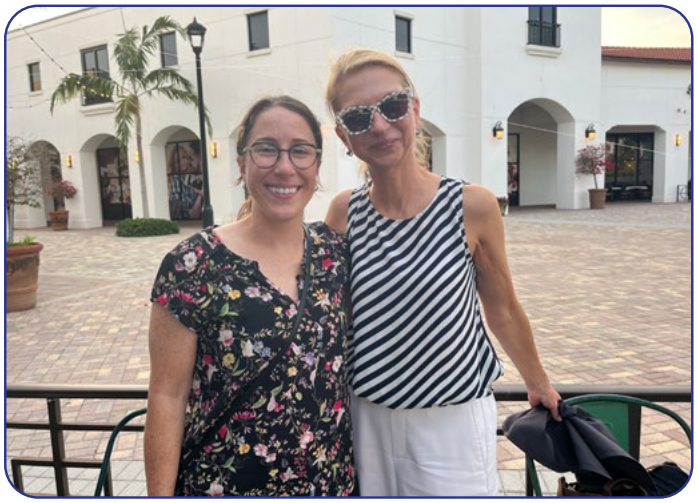


CCMS and LCMS SPRING COCKTAIL MIXER

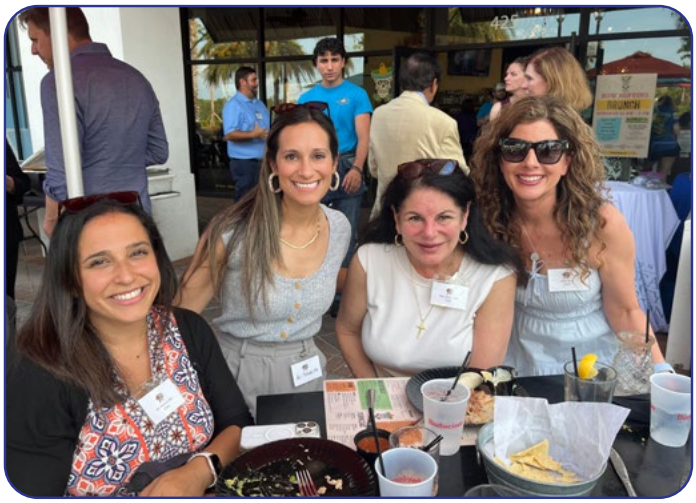
Over 60 physician members from Collier and Lee County Medical Societies met for a Spring networking mixer at Tacos & Tequila in Estero on Friday, May 9, 2025. This event was graciously underwritten by Eisner Advisory Group.



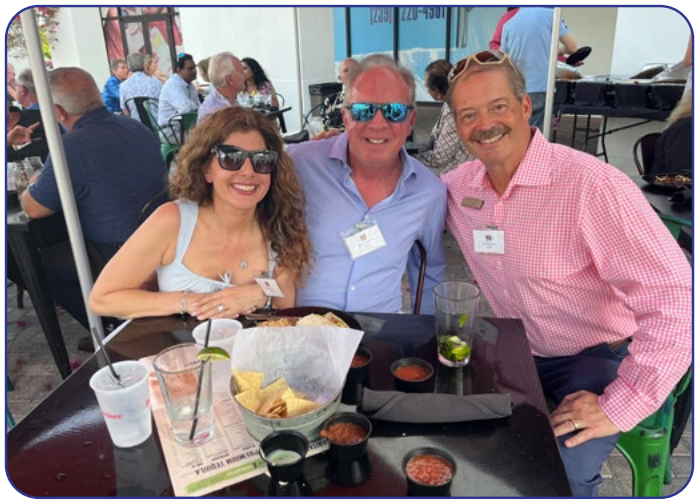
Jonah Granath, seated (l-r) Dr. Eeka Marshall, Dr. Aleksandra Granath



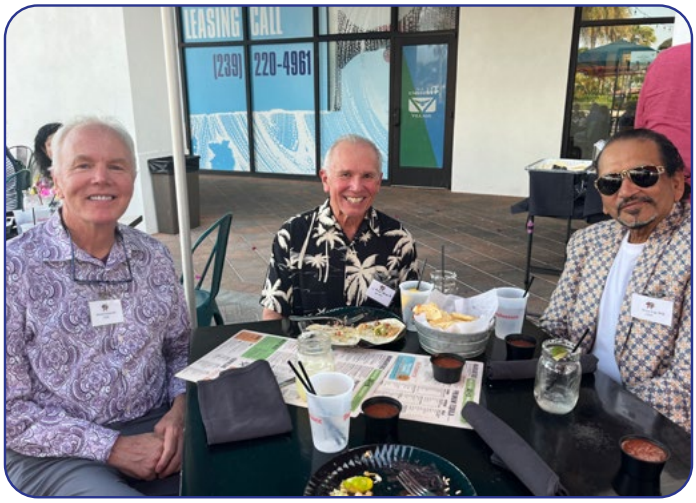
Dr. Adriane Argenio, Dr. Divna Djokic



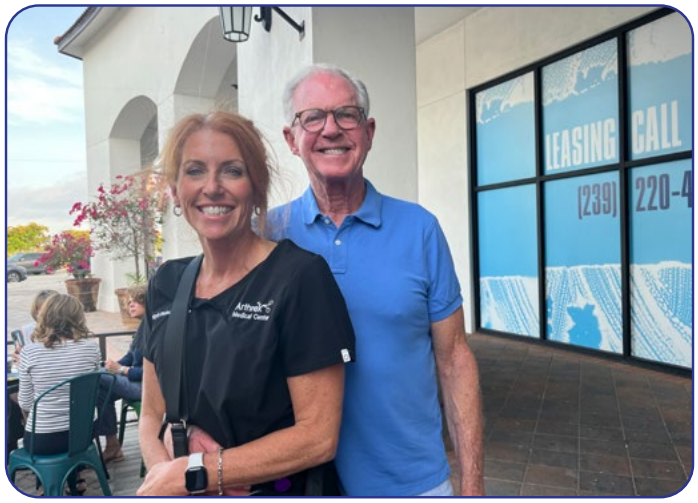
Dr. Jennifer Sherwin, Dr. Ariel Pollock, Dr. Ellen Bellairs, Sarah Rock



Sarah Rock, Dr. David Rock, Dr. Jose Baez



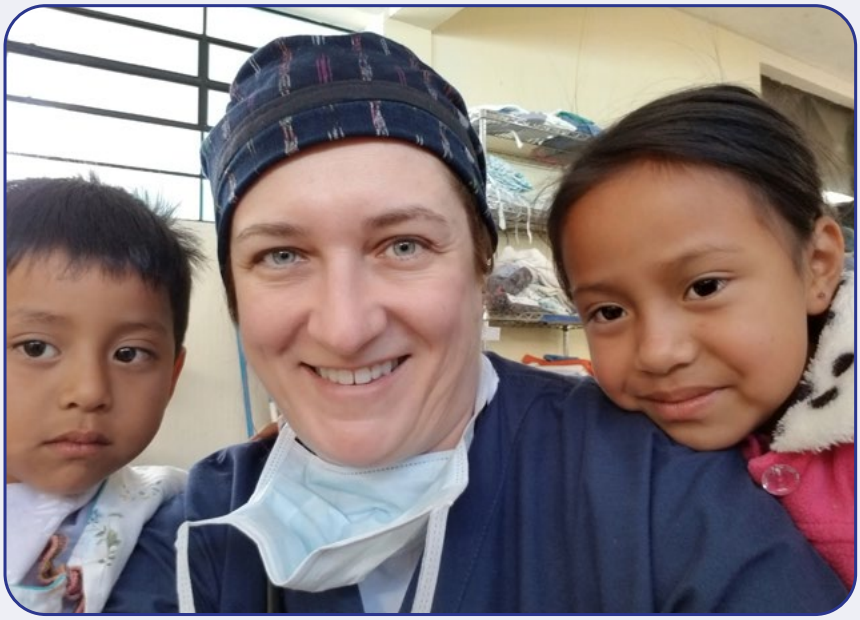
Dr. Michael McGee, Dr. J. Fred Stoner, Dr. Sanjay Singh



Angela Sterious, Dr. Claude Lieber

RETIREMENT BENEFIT: MEDICAL MISSION TRIPS

by: Amber Jandik, MD, Retired Anesthesiologist since 2020,
Retired Member Representative to the Board, Lee County Medical Society



The Cascade Medical Team (CMT) is based in Eugene, Oregon. The parent organization is HELPS International. CMT has been serving Guatemala's indigent population since 2002. I have been involved with the team since 2014, after being asked by surgeon Dr. Tom Carrasquillo to join him on the trip to provide anesthesia services. I have completed 11 mission trips with this team, being in charge of the anesthesia department since 2017.

This year we were again in Santa Cruz del Quiche, a four-hour drive northwest of Guatemala City. This was the first year I traveled with the early team to set up the hospital. I helped clean the building, sort out supplies, and check equipment.

I run the operating room like a surgery center. Four providers (anesthesiologists, CRNAs, and CRNA students) staff the ORs. I evaluate the patients in the pre-op area, start their IVs and discuss their anesthesia plan through the help of translators. In the OR, I help with induction, placement of spinal anesthetics and pediatric IV starts. I also manage the patients in the post-anesthetic care unit before they are transferred to the overnight ward.

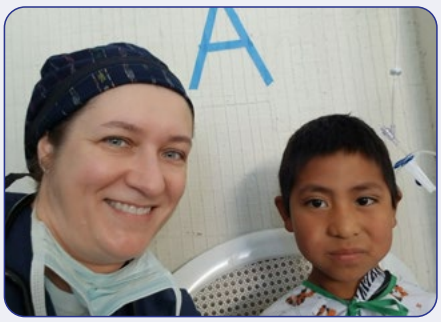
The anesthesia machines deliver oxygen and anesthesia gas, but lack a ventilator. That requires us to hand-bag patients who are apneic. Our supplies all come from the US, including our medications. We may be in a third world country, but our patients get first rate anesthetics.

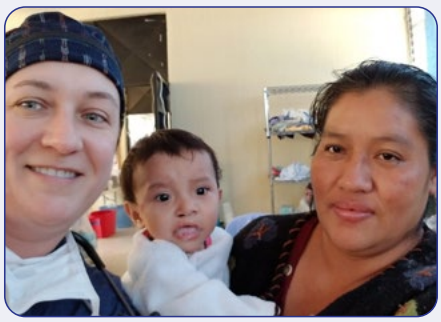
This year was particularly successful. Members of the surgical team (nurses, scrub techs and surgeons) performed cholecystectomies, hernia repairs, hysterectomies, cleft lip and palate surgeries and other minor procedures. In five days, we completed 98 surgeries, with 19 of them being done on children aged one to 17.

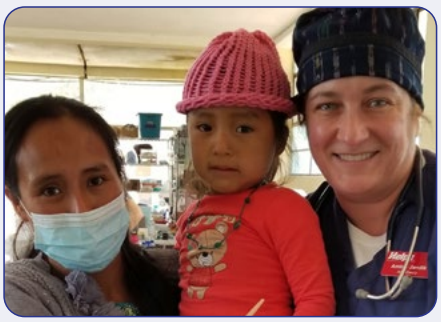
Our team helped change the lives of more than just those 98 patients. Their families and communities will also benefit from having healthier individuals around them. The Guatemalans are so appreciative of our efforts, thanking us again and again.

For me, providing this care without worrying about insurance, administration, or litigation is such a blessing. This work definitely fills my bucket and has made a difference in my life. And as our team motto says, "The life you change may be your own."

Please see www.cascademedicalteam.org for more information.







LEE COUNTY MEDICAL SOCIETY INC.
5781 Lee Boulevard, Suite 208-104
Lehigh Acres, FL 33971

CHANGE SERVICE REQUESTED

SAVE THE DATES

3rd Annual Golf Tournament
Saturday, September 27, 2025
Eastwood Golf Course

13th Annual Medical Service Awards
Thursday, October 2, 2025
The Forest Country Club

Annual Holiday Party
Thursday, December 4, 2025
The Club at Renaissance
