

**Mission:**

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



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
State Surgeon General & Secretary

Vision: To be the **Healthiest State** in the Nation

## Application

### Application Detail

License Type:	Dentist
Profession Number:	701 - Dental
License Number:	21635
Application:	Reinstate Delinquent License Outside of Renewal
Application Date:	07/10/2018

### Personal Detail

Title:	Dr.
First Name:	KARYNA
Last Name/Surname:	SHULIAK

### Addresses

#### Main Address

Address:	6100 Red Hook Quarters
	Suite B-3
	UNKNOWN
	ST THOMAS, VI
	00802
	US

Phone Number: [REDACTED]

Extension:

E-mail Address:

Home

Fax

#### Physical Location

Address:	6100 Red Hook Quarters
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Suite B-3

UNKNOWN

ST THOMAS, VI

00802

US

Phone Number:



Extension:

**Questions related to Section 456.0635(3), Florida Statutes**

On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar offense(s) in another state or jurisdiction? **No**

On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? **No**

On or after July 1, 2009, have you been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? **No**

On or after July 1, 2009, have you been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? **No**

Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities? **No**

**Availability for Disaster**

Are you willing to provide health care services in special need shelters or to work with disaster medical teams during times of emergency or major disasters? **No**

If you respond 'Yes', your name will be added to a data listing that is available to the Department of Health if a disaster is declared. If you live in an area where you may be able to help you will be called on if needed.

**Financial Responsibility/Exemption**

Financial Responsibility:

Financial Exemption

## Financial Exemption

3. I am exempt from demonstrating financial responsibility because I practice exclusively as an officer, employee or agent of the federal government, or of the state or its agencies or subdivisions.
4. I am exempt from demonstrating financial responsibility because I practice only in conjunction with my teaching duties at an accredited school or in its main teaching hospitals.
5. I am exempt from demonstrating financial responsibility because I do not practice in the State of Florida.
6. I am exempt from demonstrating financial responsibility because I have no malpractice exposure in the State of Florida.

Financial Exemption:

### 5. NOT PRACTICING IN FLORIDA

#### Fees

Delinquent	\$150.00
Unlicensed Activity	\$5.00
Active Renewal-Denta	\$300.00
Total Amount Due:	\$455.00

#### Attestation

By submitting the appropriate renewal fees to the Department, I certify compliance with all requirements for renewal, including continuing education credits. I am responsible for knowing these requirements as set forth in the laws and rules of my profession.

Attestation Answer: Yes