Ending Blindness in the World
A Spotlight on DCMS Member Dr. Jeff Levenson

How Physicians Can Retire Early

What’s Trending in Luxury Home Building

Read Northeast Florida Medicine inside
Live The Dream!

Privacy and space to roam on this high bluff riverfront lot. One owner home can be yours. Wide entrance foyer captures the beautiful views as soon as you walk through the front door. 2 Story red brick custombuilt for casual and enjoyable lifestyle. Everyone will want to visit with its warm and friendly karma. Open floor plan features a huge riverfront family room leading from kitchen overlooking pool & St. Johns River. Master Bedroom conveniently located on first floor. Hardwood floors flow throughout most of living areas. While the chef is grilling in the pool side bar/summer kitchen and serving up beverages, kick back and relax in the pool OR sit at the end of your dock to enjoy manatee families as they swim around you and catch a beautiful sunset. 4 Bedrooms / 3 Full Baths 1 Half Bath / 5044 Square Feet    MLS #962984

Mandarin | $849,000

Build Your Dream Home!
- Riverfront
- New Gated Community
- Cul-de-sac lot
- Enjoy incredible sunsets over St. Johns River
- Lot dimensions: 104’ x 420’
- MLS#961271

San Jose | $595,000

Entertain Family & Friends
- Updated & renovated
- Award-winning floorplan
- Multiple living areas
- Fenced & gated backyard
- 4 Bedrooms / 3.5 Baths / 4,332 Sq. Ft.
- MLS#960138

San Marco | $399,000

Move-in Ready!
- Upscale High-Rise Condo
- Designer fully furnished unit
- 2 garage spaces and storage
- 2 Bedrooms / 2 Baths / 1,337 Sq. Ft.
- MLS#912873

Epping Forest | $715,000

Luxury & Carefree Living
- Hampstead Building
- 2 garage spaces & storage
- Incredible river views
- 2 Bedrooms / 3 Baths / 2,495 Sq. Ft.
- MLS#955862

Beauclerc | $1,175,000

Live The Dream!
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One of the most anticipated openings of 2018 in Jax was "The Profit" star Marcus Lemonis’ new MLG restaurant. Helmed locally by one of Jacksonville's most beloved chefs, Roderick Smith, MLG is the 2nd location of what we assume will one day become a national restaurant group. As much as we loved Chef Roderick's previous restaurants we were seriously excited to dive into the deliciousness at MLG.

Despite the fast turnaround from the former Candy Apple Cafe, MLG has an entirely different feel than Candy Apple. Gone is the whimsy, the bright colors, the southern menu, the fun and funky cocktails. If that sounds like a drag, take heart. MLG brings a lot to the table. The space has been redone in cream and dark chocolate, with exposed bulb light fixtures. The setup, the tables, and chairs are still the exact same, the chair frames are just painted to convey the grown up feel of the new place. The Seminole Club building has over a century of history, and while MLG is new, it has an old world charm that fits the building without feeling old.

We've been to MLG a couple times now, and in full disclosure we left the first time disappointed. That may have been in part due to unnecessarily high expectations. It may have been because we know Executive Chef Roderick Smith from previous restaurants and we came in already fans of his food, not fully embracing the fact that this restaurant is a second location for a Chicago-based restaurant. What I can tell you is that there is plenty to love on this menu, and also that it takes some time for any restaurant to find its footing. MLG threw an entire staff together and opened a restaurant in just over a month. That's insane in the culinary world of construction delays, staff hiring, etc. Our second visit to MLG a few weeks after they opened was much more in line with what a premium casual downtown restaurant might be.

After we were seated and placed our order for appetizers out came a bowl of pork rinds and house made chips. In a day and age where restaurants try to nickel and dime diners for bread and butter it's nice to walk into a place that gives you something to munch on that's fun and different with no strings attached. Thumbs up for starting things off on the right foot.

For our appetizers we ordered The King's French Onion Soup, the Crabby Patty, and the Wild Mushroom Flatbread. All three of these were visually appealing in the way they were plated. The french onion soup was topped with a circle of puff pastry that looked almost like a biscuit at first glance. Quite tantalizing. The puff pastry sat on some gooey, melty cheese, and the broth brimming with soft onions had a nice depth of flavor. This was enjoyable and I would order it again. The crab cake was the most expensive and least impressive of the appetizers we tried. It should be pricier, it's crab. But at $17 for two crab cakes, the flavor didn't placate the cost. There was nothing wrong with it, it just didn't do anything for us. The mushroom flatbread was a nice, shareable appetizer. It was several triangles loosely overlapping each other on the dish, covered with sautéed spinach, fontina cheese, copious mushrooms, and finished with balsamic. There was some truffle oil in there, too. The truffle was nice and mild, not overpowering. This was a solid dish and good for sharing that absolutely anyone can enjoy.

For entrees we tried the Southern Fried Chicken and...
Scallops+Shrimp Risotto. The fried chicken came with collard greens and cornbread, plus we got a side of mac n cheese and whipped potatoes because we like carbs. The fried chicken was good. The crust skin melted in your mouth the same way the pork rinds did. The collards were understated, not too smoky or salty or spicy, though they did have some smoked meat lending some flavor. The cornbread that came with the fried chicken was incredible. The texture was on the softer side (don't worry, it wasn't soft enough to reach that cake consistency), and each piece is individually finished with a quick roast to caramelize the sugar on the edges, giving that crisp corner piece experience every time. It's funny that such a small thing can have such a big impact, but it was one of the better pieces of cornbread I've ever had. Maybe the best? It had to be darn close. The mac n cheese was orecchiette pasta in a roux based cheese sauce. Orecchiette is small bowl or ear shaped pasta. The name actually comes from the Italian word for ear. Orecchiette is an elevated choice for mac n cheese, but I don't think most diners will enjoy it as much as the more popular cavatappi, which hangs on to sauce and cheese better due to the grooves on the outside of each spiral tube. This is more personal preference and less a critique. I really hate to say it, but the cheese sauce was marginally gritty. It had good flavor, but the texture wasn't ideal. It wasn't enough to stop us from eating it, but it was a bit of a letdown. The mashed potatoes were of the lumpy variety I'm often served when I head back to see family in Minnesota. They're not my style in that I prefer my mashed potatoes as smooth as possible but my mother would love them. We saved the best for almost last: the scallop and shrimp risotto was everyone's favorite part of the meal. The sweet corn really set this dish off and made it a complete experience from a flavor and texture perspective, with the sweet and plump scallops, local shrimp, and the creamy delicious risotto. We ooohed and aaahed over every bite. I would go back to MLG just for the risotto. There's no doubt this is some of the best risotto in town.

**MLG – Shrimp & Scallop Risotto**

The dessert menu at MLG features a few options from Marcus Lemonis' other endeavors, including Key West Key Lime pie, which has been available at Sweet Pete's since they opened in the Seminole building, and Farrell's Famous Ice Cream Sundae, which we were told is simply a nod to Farrell's, it does not contain Farrell's ice cream. We chose the All-American Chocolate Chip Skillet and Jimmy's Bread Pudding. The cookie skillet was of course hot with vanilla ice cream starting to melt presumably the moment it was scooped on top of the cookie. This was a yummy ending to a meal that I would not turn down. The bread pudding was better than anticipated. It wasn't soggy or mushy like unworthy versions of bread pudding. The challah creation was fluffy and sweet, with crisp outside bits and house whipped cream, finished with Jack Daniels sweet caramel pecan sauce. Whew, that sauce! This is another that would be exceedingly difficult to turn down. It's worth noting that we experienced excellent service on both of our trips to MLG. They have done a lot with the details that add character to a restaurant and make it memorable. The house chips and pork rinds that arrive to your table shortly after you are seated is one such decision. I haven't stopped noting that more than half the restaurants I went to during the great recession took their bowl of mints away from the exit sometime between 2008-2009, and there are a number of restaurants that have actually placed a bread basket on their starters menu for $4-$5. The house chips and pork rinds feel especially generous in comparison. Another charming detail was how the check is presented. It's placed in a book, not a standard black bill holder, but an actual book. It works because your cash or credit card can stick right in and won't fall out, and it's cute to see what book you get. MLG is a fully thought out restaurant concept; all these little decisions help convey the ethos of the place and give it authority.

**MLG – Fried Chicken Dinner**

MLG has been killing it with their specials. There's almost always an elegant and southern special to dive into. Plus they are now offering Sunday brunch, and a Friday night special of a free kids buffet if you make a reservation and purchase an adult entree. Don't worry, it's not overrun with kids.

Overall we had a good meal at MLG. There were certain aspects that were excellent, namely the cornbread, risotto, and desserts. It's not the super adventurous sort of menu we'd climb mountains for but it does fill a void in Jax. It's a good option for downtown dining. Also, I always struggle with what local restaurant to enjoy a meal at when I'm dining with non-foodies. When I'm grabbing dinner with my mom or dad or other folks who feel like food with complex flavors are an assault to their taste buds MLG really is exactly the right fit. While I can dive into incredible risotto and the best cornbread this side of the Mason Dixon Line they can eat a straightforward pasta, a shrimp scampi or a well prepared steak at a good price. Next time I'm grabbing dinner with the folks you can bet MLG will be at the top of my list.

MLG Jacksonville
400 N Hogan St
Jacksonville, FL 32202
If you work in the medical industry, you probably already know that the practice of medicine is one fraught with the risk of liability. Although medical malpractice claims are serious and can be scary, they are only one risk. Medical professionals must also consider the entire scope of risk from being in business including employment related issues, business partners, contractual obligations and personal liabilities. While these risks are not unique to physicians, they are a frequent target due to our increasingly litigious society.

Because of this, we have compiled our top three liability planning tips for physicians to protect their practice and personal assets.

**Tip #1 – Insurance is Always the First Line of Defense Against Liability**

Liability insurance is the first line of defense against a claim. Liability insurance provides a source of funds to pay legal fees as well as settlements or judgments. Types of insurance you should consider are:

- Homeowner’s insurance
- Property and casualty insurance
- Excess liability insurance (also known as “umbrella” insurance)
- Automobile and other vehicle (motorcycle, boat, airplane) insurance
- General business insurance
- Professional liability insurance
- Directors and officers insurance

**Tip #2 – State Exemptions Protect a Variety of Personal Assets from Lawsuits**

Each state has a set of laws and/or constitutional provisions that partially or completely exempt certain types of assets owned by residents from the claims of creditors. While these laws vary widely from state to state, in general, the following types of assets may be protected from a judgment entered against you under applicable state law:

- Primary residence (referred to as “homestead” protection in some states)
• Qualified retirement plans (401Ks, profit sharing plans, money purchase plans, IRAs)
• Life insurance (cash value)
• Annuities
• Property co-owned with a spouse as “tenants by the entirety” (only available to married couples; and may only apply to real estate, not personal property, in some states)
• Wages
• Prepaid college plans
• Section 529 plans
• Disability insurance payments
• Social Security benefits

Tip #3 – Business Entities Protect Business and Personal Assets from Lawsuits
Business entities include partnerships, limited liability companies, and corporations. Physicians who are business owners need to mitigate the risks and liabilities associated with owning a business through the use of one or more entities. The right structure for your enterprise should take into consideration asset protection, income taxes, estate planning, retirement funding, and business succession goals.

Business entities can also be an effective tool for protecting your personal assets from lawsuits. In many states, in addition to the protections offered by incorporating, assets held within a limited partnership or a limited liability company are protected from the personal creditors of an owner. In many cases, the personal creditors of an owner cannot step into the owner’s shoes and take over the business. Instead, the creditor is limited to a “charging order” which only gives the creditor the rights of an assignee. In general, this limits the creditor to receiving distributions from the entity if and when they are made.

Final Advice for Protecting Your Assets
Liability insurance, exemption planning, and business entities should be used together to create a multi-layered liability protection plan. Our firm is experienced with helping physicians, professionals, business owners, board members, real estate investors, and retirees create and—just as important—maintain a comprehensive liability protection plan.
Marta lives in the mountains outside Bacolod, in the southern Philippines. 34 years old and the mother of a beautiful three-year-old daughter, she’s blinded by cataracts. She spends her days waiting, in helplessness and darkness, dreaming of delivery. Unable to work or care for her children, she’s one of 16 million people in the world completely blinded by cataracts and unable to afford surgery.

Duval County Medical Society (DCMS) member Dr. Jeff Levenson spends his days as a practicing ophthalmologist, the lead physician of an 8-doctor Jacksonville based eye care group. Nights and weekends, though, he indulges Marta’s dream. As Chief Medical Officer of Santa Barbara-based nonprofit SEE International (www.SEEIntl.org), he’s working to reimagine and reinvent cataract surgery to make it accessible to Marta, and the millions of blind, poor people in the world like her.

In the United States, over 4 million cataract surgeries are performed each year. At a cost of about $2,000, cataract surgery is technologically advanced, nearly universally successful, and one of the most cost-effective and common of western medical interventions. But for the billions of people around the world who live on less than five dollars a day, for whom $2,000 is an unimaginable sum, cataracts are a different story: they’re cruel and relentless, far and away the leading cause of blindness in the world. Restoring their sight will require something more radical than bringing technology dependent, high cost surgery to the world’s poorest people; it will require a wholesale reinvention of the procedure. Remarkably, that’s happening.

About 15 years ago, collaborating on the brand-new Internet, eye surgeons in resource poor settings around the world started hacking cataract surgery. Reimagining it. What if, they
said, we broadened and modified the incision? Could we pop the cataract out in one piece, and avoid the costly process of emulsifying it within the eye? And still make the incision sutureless? Bit by bit, they came to MSICS: manual, small incision cataract surgery. It takes 10 minutes, costs about $25, and works as well as its high-tech sister technique in low resource settings. What’s more, it’s better suited to the rock-hard advanced cataracts prevalent in the developing world than western techniques, which were developed to treat softer, earlier cataracts.

At about that time, Levenson was facing his own set of challenges. Having spent his career as a cataract surgeon—having done perhaps 20,000 cases—he noticed a peculiarly familiar problem: he was losing vision, to cataracts. Reading became difficult. Driving became...an adventure. The day he looked across the room and couldn’t recognize his wife, he knew the time had come.

Dr. Levenson’s surgery was uneventful, and his sight restored, but his life was forever changed. He started spending his evenings on the Internet, befriending African and Indian MSICS surgeons, learning the ins and outs of the technique in chat groups and on YouTube. And he started spending a few weeks each year in the poorer parts of the world, restoring sight to those in need.

Today, as Chief Medical Officer of SEE International, Dr. Levenson teaches the MSICS technique to doctors around the globe, and presides over SEE’s 200 expeditions to more than 50 countries each year. He’s delivered a TED Talk that shares the story of accessible cataract surgery with the world. You can watch at tedxsantabarbara.com/2017/jeffrey-levenson/. This October, he worked with his wife, Dr. Ilene Levenson, alongside the Philippine Medical Society of NE Florida on their mission to Bacolod, Philippines. While there, he met Marta and her family, and watched in wonder and gratitude as, after years of blindness, she opened her eyes and saw her daughter again, as if for the first time.

Ending needless blindness in the world won’t be easy. It will require the collaboration and dedicated efforts of governments, and NGOs and industry and communities. But the path is clear, and the template in place. And DCMS member Dr. Jeff Levenson will work to see it with Marta and her daughter.
Top 10 Coolest Gadgets at CES 2019

By Jo Bailey

The Consumer Electronics Show is the highlight of the calendar for all tech lovers, and 2019 brought us some awesome products. Here are 10 of our favorites from the Vegas expo.

CES, the international Consumer Electronics Show, has just wrapped up for the year in Las Vegas. Showcasing the best and newest technology from around the globe, it has become a highlight in the calendars of all tech lovers.

From groundbreaking new gadgets to weird and wonderful inventions, CES introduces us to everything that we can expect to hit the high street over the next few years.

This year was not a disappointment. From a TV that rolls up to a smartwatch powered by body heat, there was a lot to love in Vegas. We've picked 10 of the coolest gadgets on show for 2019, which you'll undoubtedly be adding to your Christmas list in years to come.

1: LG's roll up TV

LG showed off their new disappearing OLED TV at CES, featuring a huge 65 inches screen which can roll neatly into a box.

As well as providing a less cluttered appearance to your living room, the TV boasts 4K HDR Smart capabilities, with new in built tech including Google Assistant and Amazon's Alexa. LG have set the launch date for the TV as the second half of 2019, although there's no indication on price yet.

2: The folding phone

© Royole.com

Brought to CES by relatively unknown phone maker Royole came the FlexPai. When unfolded, it's a sizeable 7.8inch AMOLED screen, which you can bend in half to fit it in your pocket more easily.

The downside is that the phone is never truly flat, which makes it a bit of a non-starter in our opinion. However, it's interesting technology, and something we'll no doubt see a lot more of in years to come.

3: A voice controlled toilet

© Kohler

Yes, you read that right. As well as talking to our watches, our smart speakers and (hopefully) our families, we can now have a chat with our loos as well.

Voice commands are coming for pretty much everything in your life, from your fridge to your cooker. The craziest thing we've seen it added to, however, is the Numi toilet from Kohler.

By talking to the toilet, you can get it to warm up the seat, light up the room and even play ambient noises while you, er, take care of business. Accompanying the toiler are other voice controlled products from Kohler, including a bathtub, shower system and smart mirror.

But, at a price of $7,000 (£5,450) for the toilet, we think we'll stick with the traditional version.

4: The smart belt

As if our toilets getting smarter didn't blow our minds, now our clothing will too. The Smart Belt from Welt brings smart
technology to our waists in a wearable, unobtrusive way, and we like it.

It's a fitness tracker predominantly, measuring your waist size to let you know if you've eaten just a little too much. It also checks up on distance walked, calories burned, and time spent sitting, delivering a health score via its accompanying app.

Compared to some of the wearable tech we've seen over the years, it actually looks really good. It even has fall detection built in, which could be useful if you're planning on gifting it to an older person.

It's already on sale in the US, and is retailing for around $250, so expect it to be around the £200 mark when it does come to the UK.

5: The skin perfecting wand
Skin blemishes are such a pain to cover up, but soon you might not have to any more. The Opte Skin Editing Wand is a gadget that can find and eliminate areas of pigmentation to give you a flawless complexion, even on no makeup days. It does this using a tiny camera which takes around 200 images per second. Using these images, the wand identifies areas of pigmentation and then applies a microscopic amount of serum to help them blend in with the surrounding areas. No word on when it will be released, or how much it costs, but we don’t expect this sort of wizardry to come cheap!

6: The 5G router
© Dlink.com
With 5G around the corner, D-Link have made a product that could see us ditching our cable internet for good.

The D-Link DWR-2010 5G NR router works with 5G technology via the mobile network. That means you can get a 5G signal beamed around your home, achieving broadband speeds anywhere there’s a 5G service.

Although it’s a great piece of kit, 5G won’t realistically be available widely in the UK for some years yet, so don’t go cancelling your broadband contract just yet.

7: The Asus Mothership
© Asus.com
If you love your gaming tech, this is a cool new product from the experts at Asus. The ROG Mothership GZ700 looks like a chunky Microsoft Surface but performs like a high spec gaming PC.

It’s minimalist appearance belies the technology inside. With a Nvidia RTX graphics card, Intel i9 processor and as many as three 512GB SSDs, it’s capabilities are second to none.

Following in the footsteps of popular gaming tech company Razer, the keyboard is complete with chroma style RBG backlights, letting users customize their hardware with all manner of rainbow colors.

8: The heated razor from Gillette
© Indiegogo.com
You might have heard about this product a little already, as it was at the heart of an Indiegogo campaign by Gillette. Mimicking the barbershop experience, it’s a must have for anyone who’s sick of the beard trend.

Heating up in less than a second, the razor warms soap and skin for a revolutionary shaving experience. Gillette had lots of positive feedback from the product and announced at CES that they plan to start working on a commercial version.

At $160 a go, we think Gillette could shave a bit off that price
if they’re going to make it a must-have. Even so, razors from the Indiegogo campaign are due to ship in February, so expect to see one coming to a bathroom near you soon.

9: The really, really wireless charging case
QI charging is certainly taking off, and while it’s nice to avoid the need to plug in your phone, you still need to sit it on top of a charging pad of some sort. One company is looking to do away with that.

The Spigen Forever Sleeve is a phone case which will charge your phone completely wirelessly, while you’ve still got it in your hand. As long as it’s within 10 - 12 feet of an Ossia wireless power transmitter, the phone will charge.

Although the tech won’t be widely available until around 2020, it bodes well for the future of homes. Wireless power is on the horizon, my friends, and the home of the future could be completely cable free.

10: The Withings Move watch

© Withings.com
Love them or hate them, smartwatches have proven their worth and are here to stay. So too are activity trackers, which is undoubtedly why Withings decided to combine it all into one handy device.

The Move activity tracking watch does everything a Fitbit will do, including monitoring sleep, steps and tracking your runs with GPS. Most impressively, it doesn’t require charging for a whole 18 months, which makes it far more convenient that the majority of smartwatches, and it has EKG to check your heart health too.

Withings plan to start shipping the Move in February, and at just $69.95, we reckon it’s going to be a big hit.
PROFESSIONAL CLAIMS LINK
Established in 1998 as a medical billing company and has grown into a full-service medical practice management and consulting company. The firm offers medical billing, contracting and credentialing, auditing, staff training and new practice setup services for all specialties.

PCL is a knowledge base for physicians and can assess and assist in finding new opportunities to increase revenue and patient services. PCL has a proven method on the medical billing side that maintains a constant income flow and a low accounts receivable. By making sure claims go out clean based on the correct coding initiatives and payor guidelines, a commercial claim will pay as soon as 7 days from the billed date. Most billing companies hire key punch operators to decrease their costs but don’t consider the thought process that needs to occur before any claim goes out. PCL hires well paid staff that are intensively trained and highly capable. The true key to this process is working as an extension of the medical practice and allowing the doctor to be a doctor!

PCL has also developed relationships with key insurance personnel throughout Florida’s healthcare industry. The professional contacts we’ve made provide our staff with support for problem claims adjudication and keep us informed of procedural changes within each insurance company. Billing to specific insurance carrier’s requirements is essential in moving your healthcare claims quickly through the system.

PCL offers several services to assist physicians in running a successful practice:

- Insurance Billing and Coding
- Patient Collections
- Insurance Receivables Auditing
- New Practice Setup
- Medical Practice Staff Training
- Medical Insurance Contracting and Credentialing
- Medical Practice Management Consulting

“We feel very fortunate to have been introduced to Professional Claims Link. Since September of 1998, this team of professionals have impressed us with their dedication, knowledge base, consistently outstanding service and persistence in getting the proper reimbursement from third parties. They have made a big difference in our bottom line.”

-Daniel C. McDyer, M.D., Obstetrician and Gynecologist

MEDICAL SALES AND SOLUTIONS, LLC
Established in 2017, MSS is a medical device sales company focusing on new technologies that will allow physicians better solutions to diagnostics. MSS is featuring the U-Lite Exp, an ultraportable full HD ultrasound system. U-Lite is manufactured by Sonoscanner, located in Paris, France. Sonoscanner is the leader in portable ultrasound technology and has won numerous awards. Although U-Lite is in 50 different countries, it is just making its debut in the United States.

The U-Lite EXP is the first ultraportable HD ultrasound unit in the world incorporating all of the functionalities of a complete ultrasound device in the palm of your hand. Its eco-conception brings you the lowest energy consumption levels on the market without loss of resolution. U-Lite is the only ultrasound scanner to have a complete set of lightweight broadband multifrequency transducers that deliver superior image quality and doppler sensitivity in a wide range of clinical settings.

The U-Lite is widely used in Europe and most recently the country of Sweden awarded Sonoscanner placement of these machines in all of its hospitals, outperforming the competitors in three different medical fields: emergency medicine, medical imaging consultations and interventional procedures. The French Army granted the military contract to Sonoscanner for the U-Lite over the G.E. Vscan and Philips Lumify.

“Point-of-care ultrasound (POCUS) is the biggest advance in bedside diagnosis since the advent of the stethoscope 200 years ago.”

“Sonoscanner leads in hand-held ultrasound equipment & received the New Product Innovation Award for U-Lite.”

Frost&Sullivan
Natural wines have a certain appeal. They’re made with minimal intervention from grapes grown in sustainable, often organic, ways. Yet, if you are new to what some call “raw” wine, it can be difficult to know which bottles to choose.

There are many great natural wines available. To help you get started, here are a few exceptional wines offering a glimpse into the impressive natural wines you can find.

**Domaine Mouthes Le Bihan L’aimé Chai**

L’aimé Chai is a red grape blend of Cabernet Franc, Cabernet Sauvignon, and Malbec from Domaine Mouthes Le Bihan. It’s a good example of the Côtes de Duras from the southwestern part of France. The wine is wonderfully dry, holds elegant tannins, and full of dark fruit flavors, but isn’t overbearing and remains approachable for any wine lover. At around $20, it’s also surprisingly affordable and can be a wonderful everyday wine.

**Broadside Margarita Vineyard Merlot**

If you’re a fan of Merlot, the natural wine scene is limited in options. It’s not the most popular red grape in this style of winemaking, though it can be found. California winery Broadside offers a rather unique take on the famous red and it’s lighter than you might expect. It’s almost juicy, which makes it a great pick for any meal, even the most robust and hearty. Since it’s not hard to find a bottle for under $20, it can easily become a staple in any home.

**MacRobert & Canals Laventura Garnacha**

Based in the Rioja region of Spain, MacRobert & Canals is a winery every natural wine enthusiast needs to know. No matter the vintage or grape, they’re producing very impressive wines. Grenache grapes are a specialty of the region and it’s a great bottle to begin with. Laventura Garnacha holds the signature berry qualities found in this grape, which is perfect for pairing with lamb or duck—when you need a red wine gift for a dinner party, this $30 bottle is sure to please.

**Donkey and Goat 2017 Ramato Pinot Gris**

A winery in Berkeley, California, Donkey and Goat offers some amazing natural varieties. The 2017 Ramato Pinot Gris is a very wild wine from grapes grown at a biodynamic farm in Anderson Valley. Ramato means the fruit skins are left in contact with the wine during fermentation, producing a deep white wine that will surely tantalize. At just shy of $30, this bottle makes a very nice hostess gift.

**Tenuta La Favola Bianco**

Sicily has long held onto the tradition of making natural wines and from south of Noto comes this lovely white. Tenuta La Favola Bianco is a blend of the area’s famous Grillo grapes and Moscato. At under $20, this bottle can easily make a regular appearance on your dinner table. It boasts elegant fruit notes from citrus to peach and is rather soft, though it holds its own nicely. Enjoy it as an aperitif or with light fare such as pasta, salad, and fish.

**Day Wines Queen D**

Day Wines offers a few inspiring natural wines that call Oregon home. After its release, the white wine blend labeled as Queen D quickly became a hit with the natural wine crowd. The grapes are grown in Applegate Valley and include Marsanne, Roussanne, and Grenache Blanc. It’s richer and more textural than you’d expect from a white and has slight funkiness offset with buttery fruit notes. A very drinkable wine for a party, it sells for around $30.

**2Naturkinder Drei Freunde**

In the natural wine market, the vintner’s personality often comes through more than it does in standard wines. 2Naturkinder is a perfect example and the German winery’s Drei Freunde is a fantastic find. An orange wine, the Bacchus, Müller-Thur-
Although physicians and nurses said they give at least some of their patients advice on making changes to maintain health and prevent disease, more than 70 percent of these healthcare providers believe patients only listen to this advice sometimes or rarely, according to Medscape poll.

Medscape received poll responses from more than 500 healthcare professionals, including 358 physicians and 157 nurses, who weighed in on giving patients lifestyle advice.

Here are five findings from the poll.

1. While all nurses and physicians who responded to the poll said they advise at least some of their patients to change lifestyle practices to reduce disease risk, only 61 percent of physicians and 53 percent of nurses said they always offer lifestyle advice.

2. Roughly one-third of physicians (32 percent) and 36 percent of nurses or advanced practice nurses said they “often” offered lifestyle advice, while 6 percent of physicians and 8 percent of nurses said they “sometimes” offer it.

3. When physicians did advise patients, they were most likely to recommend increased physical activity (90 percent), improving nutrition and diet (80 percent), and quitting smoking (82 percent). Nurses answered similarly.

4. Physicians were significantly more likely than nurses to advise losing weight, with 76 percent of physicians recommending that lifestyle change compared to 61 percent of nurses.

5. Physicians and nurses were less likely to advise patients on socializing and sexual behavior. Recommendations to increase socializing were made by 23 percent of physicians and 24 percent of nurses, while 12 percent of physicians and 8 percent of nurses said they advised patients to make a change in sexual behavior.

Survey: Majority of Physicians Don’t Think Patients Listen to Lifestyle Advice

Written by Megan Knowles, beckershospitalreview.com

Delinquette “Screaming Betty” Vermentino
Natural wines from Australia seem to be wilder than most, including this one from Deliquente, a winery’s whose tagline is “Drink Like a Delinquent!” If you’re seeking a wine with tons of personality, their Vermentino (nicknamed Screaming Betty) is the bottle for you. Described as sassy, it offers crisp floral and citrus flavors that anyone can fall for. It’s priced around $20 and would be excellent paired with seafood.
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ARTICLES IN THIS ISSUE

• CME: Radiological Imaging of Dementia
• How New Florida Leadership Could Shape Medicine in Florida for Decades
Introducing our 2019 DCMS Board Members!

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The Times They Are A-Changin’
A look ahead to the new Florida leadership and how 2019 could shape medicine in Florida for decades

We Have Been Here Before

Forty years after Dylan wrote those lyrics, doctors from Duval County and from across Florida marched on Tallahassee and asked Senators and Congressmen to heed the call. Florida was one of the most costly states to practice medicine due to its lack of caps on medical malpractice and a rapidly growing number of cases. The battle that was raging was about the health and safety of Floridians, ensuring the best possible care by placing reasonable caps on medical malpractice in Florida.

The times they were a-changin’.

Governor Jeb Bush signed a bill that capped non-economic damages at $500,000, and $1 million if the case was considered catastrophic. The bill worked as intended. For years, Florida saw a reduction in frivolous malpractice claims, medical malpractice insurance rates were competitive, and the best doctors were not forced to leave the state for financial reasons.

Fast-forward 14 years to 2017. In two separate rulings, the Florida Supreme Court determined that caps on medical malpractice cases are unconstitutional. Almost overnight, the number of cases filed increased, and we have seen precipitous rises in medical malpractice rates since that time.

The times they are a-changin’.

Big Changes in Tallahassee

The 2018 election means that 2019 is going to have a very new look in Tallahassee. Governor Ron DeSantis was inaugurated this January, ushering in a new era in Florida Politics. During the Primary campaign, DeSantis was not considered the “establishment” pick from the Republican Party. After meeting with all of the candidates, the Florida Medical Association (FMA) surprised many by being the first major organization to endorse DeSantis. After gaining endorsement from President Trump, DeSantis easily won the Republican nomination and then narrowly defeated Tallahassee Mayor Andrew Gillum.

What Does that Have to Do With Malpractice?

Everything.

When the Florida Supreme Court overturned the 2003 Medical Malpractice law, it was a 5-2 majority of judges who are considered to be more liberal and favorable to trial attorneys and less favorable to physicians.

Why does it matter that doctors in Florida endorsed DeSantis? The Governor has an understanding of the issue and the impact it has on patient care in Florida. Now, he has the task of naming three judges to the Supreme Court, as three Justices are stepping down. The judges vacating the bench voted to repeal the 2003 law. Appointees by Governor DeSantis are more likely to be in favor of appropriate tort reform.

The times they are a-changin’.

Great! Let’s Pass a New Medical Malpractice Cap!

Absolutely. That is something that remains a top Legislative priority for the Duval County Medical Society and the Florida Medical Association. Our delegation remains the largest to the FMA and with leaders in the FMA Executive Committee and in the FMA PAC, our voice is heard loudly in the policy-making decision.

However, the 2019 Legislative session will begin in less than two months, and most of the bills for this year are already in committee and being worked out. More importantly, there’s a battle brewing in Tallahassee that will dramatically overshadow any other healthcare legislation.

2019 will be the year of scope of practice reform in Tallahassee. Leadership in the Florida House has labeled this as a priority. Bills currently filed would:

- Allow nurse practitioners to practice without physician supervision
- Allow physician assistants to practice without physician supervision
- Allow pharmacists to diagnose and treat flu and strep throat

The times they are a-changin’.

Our policy remains that physician extenders including nurse practitioners and physician assistants are a critical part of the healthcare team, but that treatment must still be supervised by a physician. It is our belief that these measures would dramatically affect patient care throughout Florida. We will work closely with the FMA and other Medical Societies around the state in an effort to educate Legislators on our concerns.

It can be hard to point to something that does not happen as a victory. However, if we get to the end of the Legislative Session in May without any of these dramatic changes in scope of practice being signed into law, that will be a win. That will allow us to turn our focus to the future…

For the times they are a-changin’.

Come senators, congressmen
Please heed the call
Don’t stand in the doorway
Don’t block up the hall
For he that gets hurt
Will be he who has stalled
There’s a battle outside
And it is ravin’.
It’ll soon your windows
And rattle your walls
For the times they are a-changin’.
-Bob Dylan, 1963
Radiological Imaging of Dementia

Background:
The Duval County Medical Society (DCMS) is proud to provide its members with free continuing medical education (CME) opportunities in subject areas mandated and suggested by the State of Florida Board of Medicine to obtain and retain medical licensure. The DCMS would like to thank the St. Vincent’s Healthcare Committee on CME for reviewing and accrediting this activity in compliance with the Accreditation Council on Continuing Medical Education (ACCME).

This issue of Northeast Florida Medicine includes an article, “Radiological Imaging of Dementia” authored by Patrick Natter, MD, which has been approved for 1 AMA PRA Category 1 credit. For a full description of CME requirements for Florida physicians, please visit www.dcmsonline.org.

Faculty/Credentials:
Patrick Natter, MD, Assistant Professor of Radiology, UF Health – Jacksonville

Objectives:
1. To understand the main objective in imaging of dementia is to exclude treatable causes of the patient’s clinical symptoms.
2. To be able to describe common patterns of brain atrophy seen with certain types of dementia.
3. To understand basic cognitive deficits and presenting symptoms of the four most common types of dementia.

Date of release: February 1, 2019  Date Credit Expires: February 1, 2021  Estimated Completion Time: 1 hour

How to Earn this CME Credit:
1) Read the “Radiological Imaging of Dementia” article.
2) Complete the posttest. Scan and email your test to Kristy Williford at kristy@dcmsonline.org.
3) You can also go to www.dcmsonline.org/CME to read the article and take the CME test online.
4) All non-members must submit payment for their CME before their test can be graded.

CME Credit Eligibility:
A minimum passing grade of 70% must be achieved. Only one re-take opportunity will be granted. If you take your test online, a certificate of credit/completion will be automatically downloaded to your DCMS member profile. If you submit your test by mail, a certificate of credit/completion will be emailed within four weeks of submission. If you have any questions, please contact Kristy Williford at 904-355-6561 or kristy@dcmsonline.org.

Faculty Disclosure:
Patrick Natter, MD reports no significant relations to disclose, financial or otherwise with any commercial supporter or product manufacturer associated with this activity.

Disclosure of Conflicts of Interest:
St. Vincent's Healthcare (SVHC) requires speakers, faculty, CME Committee and other individuals who are in a position to control the content of this educational activity to disclose any real or apparent conflict of interest they may have as related to the content of this activity. All identified conflicts of interest are thoroughly evaluated by SVHC for fair balance, scientific objectivity of studies mentioned in the presentation and educational materials used as basis for content, and appropriateness of patient care recommendations.

Joint Sponsorship Accreditation Statement
This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of St. Vincent’s Healthcare and the Duval County Medical Society. St. Vincent’s Healthcare designates this educational activity for a maximum of 1 AMA PRA Category 1 credit. Physicians should only claim credit commensurate with the extent of their participation in the activity.
Radiological Imaging of Dementia

By Patrick Natter, MD
UF Health Jacksonville

Abstract
Dementia is a condition characterized by progressive cognitive decline, and encompasses several subtypes of dementia, each with varying etiologies. While clinical findings are considered the primary factor in differentiating subtypes of dementia, radiological imaging of dementia continues to progress with ongoing research and imaging advances. Certain patterns of cerebral atrophy or molecular imaging uptake can help delineate dementias. This article reviews the typical imaging patterns for the four most common types of dementia and briefly discusses these types of dementia.

Introduction
Dementia is a progressive medical illness that causes cognitive decline from a previous level of performance in one or more cognitive domains. Dementia is caused by multiple etiologies, all of which are progressive illnesses.1 Dementia can affect memory, thinking, behavior, and everyday activities.1 Dementia typically affects the elderly; however, 2-10 percent of cases start before the age of 65.1 Approximately 47 million people now live with dementia worldwide.2 This is projected to increase to 131 million by 2050.2 The estimated worldwide cost of dementia was $818 billion as of 2016.2 The large majority of patients with dementia have not received a diagnosis.2 The most common types of dementia include Alzheimer’s disease, vascular dementia, dementia with Lewy bodies, and frontotemporal dementia.1 Alzheimer’s disease is overall the most common at 50-75 percent with vascular dementia the second most common at 20-30 percent.1 Mixed dementia pathologies are much more common than pure forms.1 Radiological imaging of the brain can be helpful in dementia; however, clinical findings should be the primary tool for delineating different dementia etiologies. One of the main objectives in imaging is the exclusion of treatable causes of the patient’s clinical symptoms such as normal pressure hydrocephalus, intracranial hemorrhage, or intracranial tumor.3

Alzheimer’s Disease
Alzheimer’s disease is the most common dementia. With this type, patients have progressive debilitating symptoms including memory loss, confusion, language dysfunction, apathy, and depression.1 There are significant genetic risk factors for Alzheimer’s disease, particularly regarding the Apolipoprotein E (APOE) gene.1 There are multiple proposed modifiable risk factors including smoking, alcohol intake, physical activity, diet, and presence of cognitive stimulation; however, only smoking cessation is strongly evidenced as a modifiable risk factor for dementia.1 In Alzheimer’s disease pathology, patients have beta amyloid plaques with neurofibrillary tangles within the brain.1 The amyloid plaques and neurofibrillary tangles are associated with the progressive loss of neurons with resultant cerebral volume loss.1 The underlying disease process also increases the risk of ischemic changes due to progressive disease of the arterial vasculature.1 The underlying brain pathology likely develops over 20-30 years before the onset of clinical symptoms.1 Magnetic Resonance Imaging (MRI) in Alzheimer’s disease demonstrates cerebral atrophy most prominently in the hippocampal formations which are present in the medial temporal lobes. There is a correlation with memory loss as hippocampal volume loss progresses.4 Cortical cerebral atrophy, greater than age based controls, is also present in the medial temporal lobes.5 There can also be associated parietal lobe volume loss.3 Continued research and development of software is needed to specifically analyze hippocampal volume loss on MRI images due to its significant involvement in Alzheimer’s.3 Additionally, MRI images show a correlation with associated greater ventricular volume due to the adjacent cerebral volume loss causing perceived enlargement of the ventricles.5 Structural measures of the medial temporal lobe on MRI using software analysis can predict cognitive decline but biomarkers from multiple modalities are a better predictor overall.4 MRI T2 weighted images demonstrate parietal and temporal volume loss with associated marked hippocampal volume...
Vascular Dementia is the second most common cause of dementia after Alzheimer's disease. Vascular dementia affects cognitive abilities, particularly executive functioning. Patients can have slowed thinking, memory loss, depression, anxiety, disorientation, and loss of executive functioning among other symptoms. Vascular dementia is seen in patients with previous chronic ischemic changes of the brain which may be the result of a single infarct, multiple infarcts, or underlying diffuse chronic microvascular changes. Patients can have multiple cortical or lacunar infarcts which result from underlying vessel disease, cardiac, or systemic etiologies. Risk factors include general risk factors for ischemic stroke such as hypertension, cardiac disease, diabetes, and metabolic syndrome among others. However, infarcts and chronic ischemic changes alone on imaging is not sufficient for the diagnosis of vascular dementia as infarction and chronic ischemic changes are very common in the elderly. The imaging findings must be correlated with the clinical symptoms of dementia. The time course and pattern of development of the dementia is likely to be more variable than Alzheimer's disease and the dementia can be progressive with a stepwise course. However, Alzheimer's and vascular dementia can have clinically similar symptoms and may coexist in many patients, complicating the diagnosis. Figure 3 demonstrates extensive nonspecific white matter changes, likely due to chronic ischemic changes, with an area of lacunar infarct which could be seen on imaging of patients with vascular dementia although must be correlated with clinical findings.

Frontotemporal Dementia

Frontotemporal dementia (FTD) is a term which refers to a group of dementias typically characterized by progressive deficits in behavior, executive function, and/or language. Frontotemporal dementia is common and frequently seen in patients younger than 65. Making this diagnosis can be challenging as the symptoms of FTD can overlap with psychiatric disorders. There are multiple subtypes of FTD depending on the specific clinical deficits and areas of the brain initially affected. Three clinical variants include behavioral-variant, non-fluent variant primary progressive aphasia, and semantic-variant primary progressive aphasia. Behavioral-variant is associated with behavioral deficits such as personality changes, disinhibition, apathy, and executive deficits. Patients can also have socially inappropriate behavior and can develop upper and lower motor symptoms. Early parkinsonism can be present in up to 20 percent of patients with FTD. Primary progressive aphasia patients have an insidious progressive decline in linguistic skills and can later have behavioral abnormalities. Non-fluent variant primary progressive aphasia is characterized by slow, halting, and labored speech production with misuse or omission of grammar. The semantic variant presents with semantic aphasia with anomia, word finding difficulties, and impaired word comprehension. Additional subtypes and patterns of frontotemporal dementia have been described and are occasionally included under FTD; however, the additional types will not be discussed for the purposes of this article. Genetics and a family history of dementia appear to be important risk factors for FTD. Pathologically, FTD patients have neuronal loss, gliosis, and microvacuolar changes in the frontotemporal region. On imaging, FTD patients have resultant cortical atrophy which is greatest involving the frontal and temporal lobes. Frontoinsular region atrophy is especially indicative. Although different subtypes can have different atrophy patterns, there is variable appearance and considerable overlap so it is more important that the radiologist comments on frontotemporal atrophy overall, rather than the specific subtype. FDG-PET imaging demonstrates decreased metabolism in the frontal and temporal lobes.
lobes. FDG-PET imaging can also demonstrate reduced uptake in the medial thalamus, amygdala, and in the anterior cingulate cortex. Amyloid PET tracer imaging can be helpful to distinguish between Alzheimer’s disease and FTD with uptake expected in Alzheimer’s disease and not in FTD. Figure 4 demonstrates moderate volume loss concentrated in the frontal and temporal lobes in a patient with FTD.

Dementia with Lewy Bodies
Dementia with Lewy bodies (DLB) can be characterized by cognitive fluctuation, visual hallucinations, and motor parkinsonism. Clinically, there can be overlap with Parkinson's disease and Alzheimer's disease, and DLB can be frequently misdiagnosed as Alzheimer's. Both DLB and Parkinson's tend to present in older patients although onset before 65 years of age is not uncommon and both are more common in males. In DLB, dementia occurs before or concurrently with parkinsonism or within one year of the onset of motor symptoms. However, not all DLB patients develop parkinsonism. Parkinson's disease dementia is a different entity and refers to patients with Parkinson's disease who develop dementia one year or later after established Parkinson's disease. Pathologically, in DLB there are alpha-synuclein neuronal inclusions and Lewy neurites which are present in the brain tissue with neuronal loss. Most cases of DLB are sporadic but rare genetic autosomal dominant inheritance has been reported. There are, however, genetic risk factors which have been reported. DLB imaging with MRI demonstrates relative preservation of the volume of the medial temporal lobes including the hippocampus as compared to Alzheimer's disease. There is also typically less pronounced cerebral atrophy overall as compared to Alzheimer's disease. Since there is no focal area of cerebral atrophy specific for DLB, MRI alone is less helpful for the diagnosis of DLB compared with other dementias with specific areas of cerebral atrophy. PET imaging can demonstrate occipital lobe decreased uptake using FDG-PET. Also, the posterior cingulate island sign can be seen on FDG-PET which reflects relatively preserved metabolism in the posterior cingulate region. Marked reduction of dopaminergic activity in the basal ganglia is the most characteristic finding of DLB which is seen on molecular imaging. This can be visualized using single-photon emission computed tomography (SPECT) imaging using the 123FP-CIT ligand which demonstrates reduced uptake in the caudate and putamen as compared with Alzheimer's disease and normal controls. Figure 5 demonstrates the FDG-PET findings in DLB with decreased occipital lobe uptake.

Conclusion
Imaging of dementia continues to advance with further research being performed to better delineate and identify different types of dementia by imaging. Imaging can be used for problem solving and to help exclude treatable etiologies which could present similar to dementia. There are certain patterns of cerebral atrophy and molecular imaging uptake which can help differentiate dementias; however, many imaging patterns overlap and imaging is typically not definitive. Many patients can also have mixed type dementias which further complicates imaging differentiation. Further research will be necessary for more accurate delineation and potentially early detection of dementia before the appearance of clinical symptoms.

References


Figure legend

Figure 1
T2-weighted MRI images of the brain in a patient with Alzheimer’s disease demonstrate temporal lobe volume loss and moderate hippocampal volume loss (short arrow on left image). Additionally, there is parietal volume loss evident on the right image (arrow).

Figure 2
Multiple images from a PET CT of the head in a patient with Alzheimer’s disease demonstrate decreased uptake in the parietal and temporal lobes. Decreased uptake is seen in the medial temporal lobe on the left image (short arrow). Decreased uptake is present in the bilateral parietal lobes on the middle image (thin arrows). On the right image, there is decreased uptake in the parietal and temporal lobes which is evident on the 3D reconstructed image from the PET data (short arrows).

Figure 3
FLAIR MRI image of the brain demonstrates extensive nonspecific white matter changes (short arrow) likely due to chronic ischemic changes. Additionally, there is a lacunar infarct in the right periventricular white matter (thin arrow).

Figure 4
FLAIR MRI images of the brain in a patient with FTD demonstrate moderate frontal cerebral volume loss (short arrow on left image) and moderate temporal cerebral volume loss (short arrow on right image).

Figure 5
PET CT image of the head in a patient with DLB demonstrates decreased uptake in the bilateral occipital lobes (short arrows).

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By Laura Woods

Lanai, Hawaii
Larry Ellison owns many homes he could use as vacation retreats. The Oracle founder, who is now worth more than $59 billion, according to Forbes, can often be found on the Hawaiian island he purchased in 2012, though.

Ellison paid $300 million to buy 98 percent of Lanai, which boasts two Four Seasons resorts, as well as world-class golf courses. The lowest rate found for a room at the Four Seasons Resort Lanai was $1,075 per night.

Bill and Melinda Gates were married on Lanai in 1994, and since Ellison overhauled the Four Seasons Resort Lanai in 2016, it’s been inundated with celebrity guests. Some of the high-profile vacationers include Cindy Crawford, Will Smith and Derek Jeter.

Kauai, Hawaii
Running Facebook is a big job, so it’s no surprise that Mark Zuckerberg — the company’s co-founder, chairman and CEO — likes to jet off to Hawaii to relax. In 2014, he purchased the 357-acre Kahu’aina Plantation on Kauai’s North Shore for $66 million, according to Forbes. Zuckerberg — whose net worth exceeds $70 billion — then bought 350 more acres of land at the adjacent Pila’a Beach for $49.6 million.

Zuckerberg and wife Priscilla Chan got off to a rocky start with the locals. In 2016, he built a wall around the property, angering residents. He’s also been involved in various property disputes, which he addressed in a January 2017 Facebook post.

In 2016 “The Bachelor” creator Mike Fleiss purchased a historic oceanfront Kauai estate from Julia Roberts for $16.2 million. “Scorpion” star Katharine McPhee was photographed vacationing on the island in August 2017.

Telluride, Colo.
Tropical locales aren’t the only places the rich and famous go to relax. Hewlett Packard Enterprise CEO Meg Whitman heads to the mountains for leisure time.

Along with her husband, Whitman, whose net worth Forbes puts at $2.9 billion, owns a ski resort condo, dude ranch and hundreds of acres of land around the Alta Lakes in Telluride, Colo. The Denver Post reported that she paid $20 million for her Skyline Guest Ranch in 2005.

Tom Cruise tried to sell his $59 million Telluride estate for two years, but took it off the market in 2016. Laura Linney and Ralph Lauren also own homes in the area.

Fiji
Tony Robbins spends most of his time working — in fact, he is generally on the road 200 days per year. The New York Times No. 1 best-selling author enjoys spending downtime at his tropical hideaway, Namale Resort, though.

Robbins, who has a net worth of $500 million, according to Celebrity Net Worth, created the 525-acre resort in the Fiji islands. Popular with A-listers, the site has hosted numerous stars, including Edward Norton and Meg Ryan. Rates for rooms at Namale Resort start at $1244 per night, but discounts are available for booking multi-night stays.
The Hamptons, N.Y.
Campaigning is hard work, so in 2015, then-Democratic presidential contender Hillary Clinton took some time out to relax at a luxury rental in the Hamptons. She was joined by her husband, former President Bill Clinton, daughter Chelsea, son-in-law Marc and granddaughter Charlotte.

The Clintons, who have a combined net worth of $125 million, according to Celebrity Net Worth, paid a reported $100,000 to rent the four-bedroom house in Amagansett, N.Y., for two weeks, according to Vanity Fair. The family also stayed at the home in 2014.

A celebrity favorite, Jerry Seinfeld has owned a 12-acre East Hampton estate since 2000, purchased from Billy Joel for $32 million. In 2017, Jay-Z and Beyoncé bought a 12,000-square-foot East Hampton home for nearly $26 million.

Palm Beach, Fla.
Since becoming president, Trump has embarked on multiple weekend getaways to his Mar-a-Lago resort. In February, the Washington Post estimated that his first three trips to the Palm Beach, Fla., destination cost taxpayers $10 million.

After purchasing the property for $5 million in 1985 — he threw in an additional $3 million for former owner Marjorie Merriweather Post's furnishings — Trump turned Mar-a-Lago into a private club in 1995. When he became president, CNBC reported that the club's initiation fee doubled to $200,000. Members also pay $14,000 in annual dues, plus tax.

Lake Como, Italy
If you want to travel like a millionaire, head to Italy. Two-time Oscar winner George Clooney has a busy work schedule, but he still finds time to relax with his wife Amal. The couple owns several homes, including two luxury villas in Lake Como, Italy — Villa Oleandra and the adjoining Villa Margherita.

Clooney, who has a net worth of $500 million, according to Celebrity Net Worth, spends up to four months a year at the lakeside Villa Oleandra. He purchased the property for $10 million in 2001, according to the Daily Mail.

In 2014, Nicky Hilton got engaged to now-husband James Rothschild in Lake Como. Other famous vacationers include Brad Pitt, Angelina Jolie and Madonna.

Florence, Italy
Sting’s net worth is $300 million, according to Celebrity Net Worth, so it’s only fitting that the Grammy winner and his wife Trudie Styler own a Tuscan villa. The couple purchased the 900-acre Villa Palagio — located 16 miles from Florence, Italy — in 1997.

When the “If You Love Somebody Set Them Free” singer isn't relaxing at his villa, he rents it out to the public. If you want to stay there, you’ll need to rent out the entire property. In 2015, Elle Decor reported that a seven-night stay in the nine-bedroom estate starts at $67,000.

In 2014, Kim Kardashian and Kanye West were married at Forte di Belvedere in Florence. Beyoncé and Jay-Z visited the city the following year, and documented their trip in several photos posted on the “Lemonade” singer's official website.

Cabo San Lucas, Mexico
Long-time Malibu resident Cindy Crawford lives in a beach town, but that doesn’t stop her from heading to the ocean for vacations. Along with family friend George Clooney, the former supermodel and her husband Rande Gerber sold their Cabo San Lucas, Mexico, compound for $100 million in 2016, according to TMZ.

The celebrity best buds are currently without a vacation home south of the border, but a bigger and better compound is already in the works. Crawford’s net worth is $100 million, according to Celebrity Net Worth, and the Casamigos founders sold their business to British liquor company Diageo for up to $1 billion in June 2017, so the new Mexican retreat will no doubt be amazing.

Kennebunkport, Maine
Incredibly, the extended Bush family — which boasts a combined net worth of $400 million, according to Celebrity Net Worth — includes two former presidents and a former Florida governor. Like many families, though, the group enjoys taking vacations together.

Located in Kennebunkport, Maine, Walker’s Point has been the family’s getaway for years. George H.W. Bush and his wife Barbara purchased a 26-room house on 11 acres of land from his aunt in the 1980s, and the family has since turned it into a compound.

In 2015, the former president and his wife built a brand-new house on the property for son Jeb and his family. Located on a 1.3-acre site worth at least $1.4 million, the 3,000-square-foot home cost $600,000, according to the Boston Globe.

Aspen, Colo.
A wintry playground for A-listers, Aspen is a favorite spot of Mariah Carey — i.e., the “queen of Christmas.” In fact, she spent time in a $22 million Aspen, Colo. rental home, courtesy of Airbnb, during the 2016 holiday season. Katy Perry and Orlando Bloom visited the city in April 2016, and the actor was spotted hitting the slopes. For her 26th birthday in 2014, Rihanna hunkered down in an 18,750-square-foot, $45 million rental home.
As a woman in medicine, where the odds for pay, promotion, and leadership are stacked against me, I feel obligated to light the path for younger women who come behind me. It has taken me a while to be comfortable with my style of leadership, own my own voice, be able to regroup after rejection, and tolerate feeling on display and yet often invisible.

I wish someone would have told me the following things as a young professional woman, so I thought I would share my tips.

They certainly aren't all-inclusive nor life-shattering, and there are so many amazing women leaders in medicine who likely have even more sage advice.

This is what I had to learn myself, and I hope it will encourage others.

1. **Rejection doesn't mean no.** It just means not now. If I had a list of all the papers, proposals, and grants I’ve had rejected, it would far overshadow any list of my accomplishments. But here’s the thing: every rejection taught me something; each “no” made me more decisive, more resilient, and more innovative. I had to look further and farther than others who were chosen. And often, forcing me to look outside the easier route made me build strong collaborative ties nationally and outside of my specialty. I learned to tell myself that no didn’t mean no forever. Just no now.

2. **As a woman, when you are passionate about an idea, or you are determined to have your voice heard, you will be called emotional, or overreactive. It's OK. Be yourself anyway.** I can honestly say I have zero regrets about each time I decided to “come out of the dugout” so to speak, and voice my opinion. If anything, I regret not speaking up more. You can be the quietest woman in the workplace on the planet, and the moment you decide to speak up, you will be judged for it. Speak your truth. Respect will follow.

3. **You will get tired at times, and want to quit. It's normal.** As a woman, you will have to work hard to be noticed, stay calmer to avoid being labeled, and have a smaller margin of error. When you make mistakes, they will likely be amplified. You will tire. There are times you will want to step back and not advance anymore. You will grow weary when passed over for things and you may want to throw in the towel. Being tired is OK. Retreating back to base camp is OK. Take time. Recover, renew yourself, and then charge back into the chaos.

4. **You need others who accept you as you are.** Remember to take time to nurture relationships with a few good men and women who will bolster your spirits, give you honest feedback, and encourage you to keep going. Find your tribe. I can't tell you how many times I have wanted to throw in the towel and a colleague has sensed my retreat or burnout and given me space and encouragement to keep going. Cultivate those people. Needing others is not a sign of weakness. It is a sign of strength.

5. **Do not let others define you. You define yourself.** As a woman, there will never be a shortage of people around you telling you what should do, and who you should be. You will be given advice, some good and some bad. You will be pushed down paths, and through doors you may or may not be interested in.

Stand up for your passion, your dreams, and your ambitions. Define yourself.

Only you are truly capable of it. Listen to your voice. Let it be the strongest one you hear.

Sasha K. Shillcutt is an anesthesiologist who blogs at Brave Enough.

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**5 Powerful Tips for Women in Medicine**

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Three Healthy Eating Tips for Busy Professionals

By Heather Borders

We all know the “decision to eat healthy” drill. We tell ourselves, “If I took the time to plan out my meals each week, I know I would eat healthier.” Maybe you’ve even gone as far as determining several recipes for the week, making a grocery list, and preparing new meals throughout the week only to collapse from exhaustion?

We all agree that finding practical and realistic ways to consistently add healthy foods into our day-to-day life is incredibly tough. As a Registered Dietitian, I have the privilege of working with clients to develop a lifestyle plan that fits their individual schedule and family structure, ultimately moving them closer to their health goals.

While details of lifestyle plans vary from one client to the next, there are a several tips that seem to apply and work well for most any individual, especially busy ones.

1. “Add In” Philosophy. We all know setting goals is key to any behavior change and dietary lifestyle is no different. When people ask, “What foods am I eating that are causing health issues?” I suggest flipping that question to ask, “What foods aren’t you eating and how might that causing health issues?” For most Americans, our daily diet is substantially deficient in fiber. Fiber is only found in plant-foods; that is, fruits, vegetables, whole grains, and beans. They are also loaded with protein, vitamins, and minerals, making for one of the most nutritionally well-rounded meal. Life is not about restrictions, it’s about creating new habits.

Tip 1: When setting your dietary goals, make the primary focus on adding in the fiber-rich, nutrient-dense, protective foods; secondary to decreasing/limiting a particular food.

2. Focus and Mastery. Most people who try to change everything about their life all at once find out it’s exhausting and ultimately become so burned out that lifestyle modifications are not sustainable. Many clients find success in setting goals that are laser-focused on one aspect of their day and mastering it. For example, if beans aren’t a staple in your daily routine, then take a month to focus on adding beans in creative ways. Soups, dips, smoothies (yes, it’s true!), salads, etc. The goal is to master a one particularly healthy food such that you don’t need a recipe to whip up something delicious!

Tip 2: Make one change and master it. Yes, it takes time. However, most find it minimizes the feeling of being overwhelmed with having to change everything all at once. It also minimizes the likelihood of abandoning the desire for making a lifestyle change altogether.

3. Step Away from the Recipes: Don’t get me wrong, recipes are great and can provide ideas for unique dishes or guidelines for how to season certain foods. But for anyone who has ever tried to “live by recipes” day in and day out, it’s exhausting, gets old fast, and is ultimately not sustainable. The alternative is cooking to food categories and creating a “meal in a bowl”. The food categories include: whole grains (e.g. rice, quinoa, farro, etc.), beans (all kinds including lentils & split peas), vegetables (starchy & non-starchy), and flavor enhancers (herbs & seasonings, low fat or oil-free dressings). A simple example would be a Southwest Bowl: black beans, corn, brown rice, sautéed onions, mushrooms, peppers, cooked sweet potato, and topped with cilantro, squeeze of lime, smoked paprika! If beans and corn are canned, brown rice and sweet potato are microwavable, then it shouldn’t take very long to put together!

Tip 3: Cook to foundational food categories (those with high fiber) which include beans, starchy and non-starchy vegetables, whole, intact grains. Top with flavor enhancers and accent with any other non-fiber rich foods (typically high in calories/fat).

Take a deep breath and experiment! It takes time and practice to make a running change with anything in our life, and that is especially true of dietary modifications. Start small and set goals for yourself. It won’t happen overnight, but baby steps in the right direction is still progress towards a healthier lifestyle.

Heather Borders is a Registered Dietitian and Chief Empowerment Officer of Kailo Nutrition. The company mission is to “Taste Life” and this is fulfilled through three types of programming: counseling, community, and culinary. Kailo Nutrition combines traditional nutrition counseling with engaging culinary education. Heather believes a healthy lifestyle is not about restrictions, it’s about creating new habits. She was selected by the Jacksonville Chamber of Commerce as one of 11 Small Business Leaders of the Year, representing the South Council. To learn more about Kailo Nutrition, visit: https://www.kailonutrition.com/.
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Retiring early as a doctor is surprisingly difficult given the typical doctor income. There are four main reasons for this—the heavy debt load to enter the career, the very late start to earning a significant salary (most physicians leave residency at an age older than some FIRE bloggers retire at), the temptation of a high income, and the “doctor factor” I’ll get into later. Despite those challenges, it is still possible if it is something you would like to do. In this post, I’m going to tell you how to become a “Doctor on FIRE” (FIRE = Financially Independent, Retire Early) in seven not-so-easy steps.

#1 Join a community
The vast majority of doctors are never going to FIRE. They aren’t even interested in FIREing. Even if they wanted to, and occasionally dream about it, most of them blew it in their first five years out of residency. They didn’t take care of business (retire debt quickly, save a bunch of money up) and they got used to spending that physician income. It is so painful to cut back on spending that few will be willing, or maybe even able, to do so sufficiently enough to FIRE. So you’re not going to get any encouragement at the hospital. In fact, you will likely be DISCOURAGED by your colleagues because your retirement means more work for them (or worse, they have to go out and hire someone else.) So you’re going to need to “get your lovin’ at home.” My suggestion? Join a community. We have three or four communities here at The White Coat Investor including this blog, the WCI Forum hosted right here on the site, the Facebook Group, and over at Reddit.

But there is a community even more focused on physicians who want to FIRE. Join the community at Physician on FIRE! This anesthesiologist on the verge of retirement in his early 40s has built an impressive community of like-minded docs at his blog and his two Facebook groups, Physicians on FIRE and FatFIRE. There you will receive not only “how-to” knowledge, but more importantly the encouragement and camaraderie to be successful.

#2 Get rid of your debt
By the time they leave medical or dental school, most doctors are debt-numb after living on Monopoly money for years. Then it becomes worse. Physicians don’t bother making significant payments on their student loans for 3-7 more years. Dentists borrow another half million for a practice. However, I know lots of docs that have or will FIRE. Very few of them have significant debt. The two just don’t go together. Crushing your debt quickly improves your cash flow, reduces your fixed expenses, allows you to use your income to build wealth instead of service debt, and strengthens your “financial muscles” enough to allow you to do the next couple of critical steps. Is it possible to FIRE while carrying debt, or even while using debt as your ally? Sure, but I just don’t see it happening very often. Almost everyone I know on the verge of FIREing or who has already done it is debt-free. You might want to think about why that is. I mean, correlation is not causation, but it’s hard to argue against at least some element of causation here.

#3 Save a bunch of money
I’m amazed to see people advocating financial plans that don’t require saving a bunch of money. These get-rich-quick, no-money-down schemes are exactly that. Within a few years, most who try them end up right back where they started if they’re lucky. The unlucky ones go bankrupt. You don’t borrow your way to wealth. It takes a lot of money for a very early retirement. At a minimum a few hundred thousand. For most doctors? At least a couple of million bucks. Given that an early retiree (who also got a late start) won’t have as many years for compound interest to do its thing, the majority of that nest egg is going to come from brute force saving—you’re going to have to carve it out of your income. Luckily, you’ve got a lot more income than the typical American, much less the typical citizen of this planet, so it’s not THAT hard of a task. But saving money is like being physically fit—it doesn’t look that hard until you actually try it. Then you realize those habits are actually kind of tough to establish and maintain.

#4 Cut expenses
If it sounds like I’m beating the same drum with each of these points, that’s because retiring debt, saving money, and spending less are all very closely related. However, I distinguish between them to make some important points. When you spend less and save more, you’re winning on both sides of the ball. You’re burning the candle at both ends. When you spend less, not only do you have more, but you NEED LESS. I know of no better explanation of this point than the popular Mr. Money Mustache post entitled The Shockingly Simple Math Behind Early Retirement. I reproduce his very reasonable data here:
As a general rule, a typical doctor doesn’t retire early AND spend like a typical doctor, either before or after retirement. Maybe if you have a high earning spouse, are a genius investor, or had a big inheritance. But for most, you’ve got to be comfortable living on less than half of a typical doctor income. The higher your income during your working career, the easier this whole process is, but only if spending is held constant.

#5 Lose your identity as a doctor

This one might be the most difficult for many docs. Certainly, it is hard for me. A typical doctor decides she is going to be a doctor sometime around 8th grade. For two decades, from middle school until the completion of fellowship, this has been her dream. Her family has referred to her as “the doctor” in the family for as long as she can remember. The neighbors bring their kids over to be checked out. She likes being the expert. She likes saving lives and stamping out disease. It’s even flattering when the emergency doctor calls needing her expertise, at least when it’s before 10 p.m. Doctoring isn’t just what she does, it’s who she is. In order to FIRE, that has to be turned off. This is harder than those in other careers can possibly understand.

In my case, we’ve got enough money to not doctor anymore. In fact, we would probably have a higher income if I would quit practicing and spend more time on this crazy “side hustle.” But it turns out I actually like doctoring after all. I have dreams of volunteering internationally. I’m curious to see what else I can accomplish in medicine. Not to mention that it probably makes WCI a little more authentic if I’m still a practicing physician. Certainly, it keeps me in touch with my readers.

So how do you step away from medicine? I think it helps to do so gradually. It’s just easier to go from 1/4 or 1/2 time to not practicing at all than to go from 60 mph to a dead stop in 2.3 seconds. It also helps if you don’t actually like practicing or if there are a lot of things about it that you dislike. But mostly, there just needs to be something else you’d rather spend your time doing. Speaking of which …

#6 Find something to retire to

The unhappiest retirees I know, of any age, are those who retired FROM something rather than TO something. We all know someone who was vibrant and healthy, retired, and then became depressed, sick, and maybe even dead within just a few years. I’m convinced that this isn’t just a matter of health and good luck. To be happy, we need a purpose. That purpose is often related to our paid work but doesn’t have to be. Exhibit A? Look at all those happy stay-at-home parents.

If you want to retire early, you’d darn well better find a new purpose either before retiring or shortly afterward. I think it’s easier to retire at retirement age because there are many others your age doing the same thing (not to mention your remaining life is much shorter.) The earlier you retire, the more lonely the experience is likely to be. What will your purpose be? I think it’s different for every early retiree, but here are some suggestions:

- Paid work (a career change to another profession or an encore/passion career – as a rafting guide or artist)
- Volunteer work (perhaps even as a physician)
- Raising kids
- Caring for elderly parents
- Recreational pursuits

#7 Slow your roll

As physicians, we start charging hard at least by the time we’re sophomores in college, perhaps earlier. We endlessly seek to become more and more productive each year. Wasting time is a major sin. Guess what? The rest of the world doesn’t roll like that. They’re perfectly fine with spending two hours on breakfast and the newspaper. I know a successful businessman who watches a half hour of TV with his wife each night. I had no idea that such things were possible. I cut sitting down for breakfast out of my life a long time ago! I mean, you can eat, listen to a podcast, and commute all at the same time, no?

Many docs haven’t even seen a 40 hour work week during their entire career. So retiring early is probably going to involve cutting back a bit on how much time we spend being productive. Yup, waste some time. It’ll be good for you. Interestingly, I’m amazed at how much more I can accomplish in less time when I waste some time each week. Imagine if I wasted some each day!

There you go — seven key steps to not only becoming financially independent but retiring early.

James M. Dahle is the author of The White Coat Investor: A Doctor’s Guide To Personal Finance And Investing and blogs at the White Coat Investor. He is the creator of Fire Your Financial Advisor!, a high-quality 12 module course with a little over 7 hours of videos and screencasts, a pre-test, section quizzes with answer explanations, and a final exam. The goal is to take a high income professional from square one, teach them financial literacy and help them write their own financial plan.
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