



Board Actions

Results can be sorted in ascending or descending order by clicking on the column headers. If a link to an image of the final order or administrative complaint is available, the case number will be a hyperlink that can be clicked to open and view the document. To view the practitioner's record on the License Verification website, please click on the license number hyperlink in the License column.

Search Results Total: 11

Name	License	Profession	City	State	Case Number	Action Taken
KRONEN, LEONARD J	2851	CHIROPRACTIC PH	FT MYERS	FL	200569017	SATISFIED-SUSPENSION PENALTY STAYED
KRONEN, LEONARD J	2851	CHIROPRACTIC PH	FT MYERS	FL	200814573	SATISFIED-SUSPENSION PENALTY STAYED
KRONEN, LEONARD J	2851	CHIROPRACTIC PH	FT MYERS	FL	201005869	SATISFIED-SUSPENSION PENALTY STAYED
KRONEN, LEONARD J.,	2851	CHIROPRACTIC PH	FT MYERS	FL	81236	PROBATION-APP RPTS/SCREENS REQ
KRONEN, LEONARD	2851	CHIROPRACTIC PH	FT MYERS	FL	112498	PROBATION - OTHER MAJOR PENALTY
KRONEN, LEONARD J	2851	CHIROPRACTIC PH	FT MYERS	FL	199400703	PROBATION - OTHER MAJOR PENALTY
KRONEN, LEONARD J	2851	CHIROPRACTIC PH	FT MYERS	FL	199308193	PROBATION - OTHER MAJOR PENALTY
KRONEN, LEONARD J.	2851	CHIROPRACTIC PH	FT MYERS	FL	198903986	PROBATION - OTHER MAJOR PENALTY
KRONEN, LEONARD J.	2851	CHIROPRACTIC PH	FT MYERS	FL	199202634	PROBATION - OTHER MAJOR PENALTY
KRONEN, LEONARD J.	2851	CHIROPRACTIC PH	FT MYERS	FL	199204155	PROBATION - OTHER MAJOR PENALTY
KRONEN, LEONARD J.	2851	CHIROPRACTIC PH	FT MYERS	FL	56681	FINE

Click [here](#) to go to the Health Care Practitioner Data Portal and download the [Administrative Complaints file](#)

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

[Discipline Public Records Request](#)

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:

1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be mailed with the material and payment will be expected within thirty days.