



JOEL EARL MANION

License Number: CH9834

Data As Of 6/14/2025

Profession	Chiropractic Physician
License	CH9834
License Status	CLEAR/Active
License Expiration Date	3/31/2026
License Original Issue Date	10/07/2009
Address of Record	3155 South Orange avenue Suite 109 ORLANDO, FL 32806
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

5685 Red Bug Lake Rd.
WINTER SPRINGS, FL 32708

Address

12231 E colonial Dr. Suite 110
ORLANDO, FL 32826

Address

11833 Narcoossee rd.
ORLANDO, FL 32832

Address

175 Altamonte Dr.
ALTAMONTE SPRINGS, FL 32701

Address

710 centerview blvd.
KISSIMMEE, FL 34741

Address

599 Chickasaw Trail suite 200
ORLANDO, FL 32825

Address

501 North Orlando Avenue suit suite 109
WINTER PARK, FL 32789

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

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 sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

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