



RONALD JACK TRAVIS UTTER

License Number: CH10487

Data As Of 12/22/2024

Profession	Chiropractic Physician
License	CH10487
License Status	DELINQUENT/
License Expiration Date	3/31/2024
License Original Issue Date	11/29/2011
Address of Record	337 Clyde Morris Blvd DAYTONA BEACH, FL 32114
Discipline on File	No
Public Complaint	Yes
Alerts	Enforcement Alert 4/8/2020 4:20:40 PM Emergency Restriction Order filed 04/08/2020.

Secondary Locations

[Address](#)

109 TERRA MANGO LOOP SUITE B
ORLANDO, FL 32835

[Address](#)

1335 Oakfield Drive
BRANDON, FL 33511

[Address](#)

5411 Beaumont Center Blvd. Ste 785
TAMPA, FL 33634

[Address](#)

207 W CYPRESS
KISSIMMEE, FL 34741

[Address](#)

2922 Howland Blvd. Suite 2
DELTONA, FL 32725

[Address](#)

1417 N. Sermoran Ste 108
ORLANDO, FL 32807

[Address](#)

2299 9th Ave N Suite 1E
SAINT PETERSBURG, FL 33713

[Address](#)

12110 N 56th St
TEMPLE TERRACE, FL 33617

[Address](#)

2407 Cypress Ridge Blvd
WESLEY CHAPEL, FL 33544

Discipline/Admin Action

Emergency Actions

Name	License	Profession	City	County	State	Case #	Action Taken	Action Date
UTTER, RONALD	10487	CHIROPRACTIC PHYSICIAN	DAYTONA BEACH	VOLUSIA	FL	202005934	ERO ISSUED	04/08/2020

Discipline Cases

No Discipline Found

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
UTTER, RONALD JACK TRAVIS	10487	CHIROPRACTIC PHYSICIAN	DAYTONA BEACH	FL	202005934	AC FILED
UTTER, RONALD JACK TRAVIS	10487	CHIROPRACTIC PHYSICIAN	DAYTONA BEACH	FL	202005934	AC FILED
UTTER, RONALD JACK TRAVIS	10487	CHIROPRACTIC PHYSICIAN	DAYTONA BEACH	FL	202005934	AC FILED
UTTER, RONALD JACK TRAVIS	10487	CHIROPRACTIC PHYSICIAN	DAYTONA BEACH	FL	202005934	AC FILED

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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