

RONALD JACK TRAVIS UTTER

License Number: CH10487

Data As Of 11/25/2025

Profession Chiropractic Physician

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 Yes
Public Complaint Yes

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

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case#	Action Taken
UTTER, RONALD JACK TRAVIS	10487	CHIROPRACTIC PH	DAYTONA BEACH	FL	202005934	OBLIGATIONS IMPOSED

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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