



## RONALD JACK TRAVIS UTTER

### License Number: CH10487

Data As Of 6/21/2025

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	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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