



## LACY BOYD

### License Number: CI924

Data As Of 5/20/2025

Profession	CERTIFIED CHIROPRACTIC PHYSICIAN'S ASST
License	CI924
License Status	CLEAR/Active
License Expiration Date	3/31/2026
License Original Issue Date	12/28/2018
Address of Record	1205 East Magnolia St. Suite 105 LAKELAND, FL 33801
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

106 WEST NORTH BLVD SUITE 102  
LEESBURG, FL 34748

#### Address

225 WEST STATE RD 434 SUITE 203  
LONGWOOD, FL 32750

### 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.

### Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
JONES, AUSTIN DAVID	SUPERVISING PHYSICIAN	CHIROPRACTIC PHYSICIAN	13816	09/13/2024

Click on the License Number to view License Details for that Practitioner

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