



## KENNETH HEITMEYER

### License Number: CI1127

Data As Of 5/20/2025

|                             |   |
|-----------------------------|---|
| Profession                  | CERTIFIED CHIROPRACTIC PHYSICIAN'S ASST         |
| License                     | CI1127  |
| License Status              | DELINQUENT/                                     |
| License Expiration Date     | 3/31/2024                                       |
| License Original Issue Date | 03/31/2022                                      |
| Address of Record           | 817 Dixon Blvd.<br>Suite 101<br>COCOA, FL 32922 |
| Discipline on File          | No  |
| Public Complaint            | No  |

### Secondary Locations

#### Address

1501 North US Highway 441 Building 1000 Suite 101  
THE VILLAGES, FL 32159

#### Address

2818 South Bay St  
EUSTIS, FL 32726

#### Address

425 Alexandria Blvd. Suite 1010  
OVIEDO, FL 32765

#### Address

12780 Waterford Lakes Parkway Suite 100  
ORLANDO, FL 32828

### 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   | 05/23/2023     |
| PARTLOW, JO'NESHA   | SUPERVISING PHYSICIAN | CHIROPRACTIC PHYSICIAN | 14320   | 05/23/2023     |
| SEARLS, FERRELL N   | SUPERVISING PHYSICIAN | CHIROPRACTIC PHYSICIAN | 12607   | 03/31/2022     |

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

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