MANUEL QUINONES ACOSTA

License Number: CI1215

Data As Of 7/6/2025	
Profession	CERTIFIED CHIROPRACTIC PHYSICIAN'S ASST
License	Cl1215
License Status	DELINQUENT/
License Expiration Date	3/31/2024
License Original Issue Date	07/12/2023
Address of Record	7494 CYPRESS GARDENS BLVD
	WINTER HAVEN, FL 33884
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

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
WEILAND, STEPHANIE	SUPERVISING PHYSICIAN	CHIROPRACTIC PHYSICIAN	14154	07/12/2023

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

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