Florida HEALTH Department of Health

MONICA CORDERO RIVERA

License Number: CI1262

Data As Of 11/20/2026

Profession	CERTIFIED CHIROPRACTIC PHYSICIAN'S ASST
License	CI1262
License Status	Clear/Active
License Expiration Date	3/31/2028
License Original Issue Date	02/22/2024
Address of Record	557 Health Blvd Unit 100 DAYTONA BEACH, FL 32114
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

819 W Beresford Rd,
DELAND, FL 32720

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
GARGISO, ALEXANDER JOHN	SUPERVISING PHYSICIAN	CHIROPRACTIC PHYSICIAN	13350	02/22/2024
OSBORNE, MICHAEL ALLEN JR	SUPERVISING PHYSICIAN	CHIROPRACTIC PHYSICIAN	9489	06/09/2025
RICHARDS, DAVID EDWARD	SUPERVISING PHYSICIAN	CHIROPRACTIC PHYSICIAN	14085	06/09/2025
WOJCIK, CHRISTOPHER LEE	SUPERVISING PHYSICIAN	CHIROPRACTIC PHYSICIAN	9679	06/09/2025

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

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