



## NEIL M BROWN

### License Number: CH3086

Data As Of 9/13/2025

Profession	Chiropractic Physician
License	CH3086
License Status	Obligations/Active
License Expiration Date	3/31/2026
License Original Issue Date	10/24/1978
Address of Record	725 WEST GRANADA BLVD. STE. 22 ORMOND BEACH, FL 32174
Discipline on File	Yes
Public Complaint	Yes
Alerts	Enforcement Alert 5/16/2008 6:11:22 PM Respondent agrees to practice chiropractic medicine in an administrative or management capacity only. Agreed to refrain from providing direct care patient care, (JMH)

### Secondary Locations

No secondary locations found.

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
BROWN, NEIL M	3086	CHIROPRACTIC PH	ORMOND BEACH	FL	200627451	RESTRICTED FROM PRACTICE
BROWN, NEIL M.,	3086	CHIROPRACTIC PH	ORMOND BEACH	FL	199014179	FINE
BROWN, NEIL M.,	3086	CHIROPRACTIC PH	ORMOND BEACH	FL	199014179	FINE

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
BROWN, NEIL M	3086	CHIROPRACTIC PHYSICIAN	ORMOND BEACH	FL	200627451	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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
COASTAL NEUROLOGY INC	PAIN MANAGEMENT CLINIC	PAIN MANAGEMENT CLINIC	1545	9/10/2013

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

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