



NEIL M BROWN

License Number: CH3086

Data As Of 4/23/2026

Profession	Chiropractic Physician
License	CH3086
License Status	Obligations/Active
License Expiration Date	3/31/2028
License Original Issue Date	10/24/1978
Address of Record	This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.
Address of Record	NOT PRACTICING
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			199014179	FINE
BROWN, NEIL M.,	3086	CHIROPRACTIC PH			199014179	FINE
BROWN, NEIL M	3086	CHIROPRACTIC PH			200627451	RESTRICTED FROM PRACTICE

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
BROWN, NEIL M	3086	CHIROPRACTIC PHYSICIAN			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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