



DAVID B TUCHINSKY

License Number: CH3617

Data As Of 6/16/2025

Profession	Chiropractic Physician
License	CH3617
License Status	CLEAR/Active
License Expiration Date	3/31/2026
License Original Issue Date	02/04/1981
Address of Record	105 Mariner Health Way SUITE 208 SAINT AUGUSTINE, FL 32086
Discipline on File	Yes
Public Complaint	No

Secondary Locations

Address

4767 New Broad Street Suite 1055
ORLANDO, FL 32814

Address

500 S. Australian Avenue Suite 600
WEST PALM BEACH, FL 33401

Address

5660 Strand Ct Suite 212
NAPLES, FL 34110

Address

301 West Bay Street 14th Floor SUITE 14158
JACKSONVILLE, FL 32202

Address

2645 EXECUTIVE PARK DRIVE SUITE 614
WESTON, FL 33331

Address

2980 NE 207th Street SUITE 300-101
AVENTURA, FL 33180

Address

4767 NEW BROAD STREET SUITE 1055
ORLANDO, FL 32814

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
TUCHINSKY, DAVID	3617	CHIROPRACTIC PH	SAINT AUGUSTINE	FL	64672	FINE

Public Complaints

No Public Complaint Found

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.

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