GREGG MITCHELL ROSEN

License Number: CH5453

Data As Of 12/16/2025

Profession Chiropractic Physician

License Status Clear/Active
License Expiration Date 3/31/2026
License Original Issue Date 01/05/1987

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 No

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
ROSEN, GREGG MITCHELL	5453	CHIROPRACTIC PH			199109927	OBLIGATIONS IMPOSED-OTHR PENAL
ROSEN, GREGG MITCHELL	5453	CHIROPRACTIC PH			199109928	OBLIGATIONS IMPOSED-OTHR PENAL
ROSEN, GREGG MITCHELL	5453	CHIROPRACTIC PH			199109929	OBLIGATIONS IMPOSED-OTHR PENAL
ROSEN, GREGG MITCHELL	5453	CHIROPRACTIC PH			199109933	OBLIGATIONS IMPOSED-OTHR PENAL

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.

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