



WENDY L FLYNN DC

License Number: CH5692

Data As Of 5/7/2025

Profession	Chiropractic Physician
License	CH5692
License Status	CLEAR/Active
Qualifications	Certified in Physiotherapy Certified in phlebotomy
License Expiration Date	3/31/2026
License Original Issue Date	08/06/1987
Address of Record	2321 NW 41st Street Suite B GAINESVILLE, FL 32606
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

514 N. Western Ave. Suite B
LAKE FOREST, IL 60045

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
SCHWEITZ, WENDY LYNN	5692	CHIROPRACTIC PH	GAINESVILLE	FL	199013502	PROBATION - OTHER MAJOR PENALTY
SCHWEITZ, WENDY LYNN	5692	CHIROPRACTIC PH	GAINESVILLE	FL	199608255	OBLIGATIONS IMPOSED-OTHR PENAL
FLYNN, WENDY L	5692	CHIROPRACTIC PH	GAINESVILLE	FL	200818046	PROBATION SATISFIED
FLYNN, WENDY L	5692	CHIROPRACTIC PH	GAINESVILLE	FL	200819925	PROBATION SATISFIED
FLYNN, WENDY L	5692	CHIROPRACTIC PH	GAINESVILLE	FL	200821377	PROBATION SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
FLYNN, WENDY L	5692	CHIROPRACTIC PHYSICIAN	GAINESVILLE	FL	200819925	AC FILED
FLYNN, WENDY L	5692	CHIROPRACTIC PHYSICIAN	GAINESVILLE	FL	200818046	AC FILED
FLYNN, WENDY L	5692	CHIROPRACTIC PHYSICIAN	GAINESVILLE	FL	200821377	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.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.
