



## TIMOTHY EDWARD JOHNSON

## License Number: CH5765

Data As Of 8/13/2025

Profession	Chiropractic Physician
License	CH5765
License Status	Vol Relinquish/
Qualifications	Certified in Physiotherapy Certified in phlebotomy
License Expiration Date	3/31/2018
License Original Issue Date	02/01/1988
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Discipline on File	Yes
Public Complaint	Yes
Alerts	Enforcement Alert 10/10/2017 9:50:14 AM Voluntary Relinquishment of License pending board action order filed on October 10, 2017.

## 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
JOHNSON, TIMOTHY EDWARD	5765	CHIROPRACTIC PH	SAINT PETERSBURG	FL	201404421	RESTRICTED FROM PRACTICE
JOHNSON, TIMOTHY EDWARD	5765	CHIROPRACTIC PH	SAINT PETERSBURG	FL	201619748	VOLUNTARY SURRENDER
JOHNSON, TIMOTHY EDWARD	5765	CHIROPRACTIC PH	SAINT PETERSBURG	FL	200204390	PROBATION SATISFIED

## Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
JOHNSON, TIMOTHY EDWARD	5765	CHIROPRACTIC PHYSICIAN	SAINT PETERSBURG	FL	201404421	AC FILED
JOHNSON, TIMOTHY EDWARD	5765	CHIROPRACTIC PHYSICIAN	SAINT PETERSBURG	FL	201404421	AC FILED
JOHNSON, TIMOTHY EDWARD	5765	CHIROPRACTIC PHYSICIAN	SAINT PETERSBURG	FL	201619748	AC FILED
JOHNSON, TIMOTHY EDWARD	5765	CHIROPRACTIC PHYSICIAN	SAINT PETERSBURG	FL	200204390	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.

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