## **JOHN PAPA**

# License Number: CH6783

Data As Of 8/5/2025

Profession Chiropractic Physician

License CH6783 License Status Clear/Active

Qualifications Certified in Physiotherapy

License Expiration Date 3/31/2026

License Original Issue

Date

06/27/1994

Address of Record 106 PONCE DE LEON

ROYAL PALM BEACH, FL 33411

Discipline on File Yes Public Complaint No

# **Secondary Locations**

#### Address

4971 LECHALET BLVD BOYNTON BEACH, FL 33436

#### Address

1100 S Main STE 103 BELLE GLADE, FL 33430

#### Address

7715 LAKE WORTH ROAD LAKE WORTH, FL 33467

### Address

9325 Glades Road Ste 104 BOCA RATON, FL 33434

## Address

\*\*\*\*\* \*\*\* CONFIDENTIAL \*\*\* \*\*\* CONFIDENTIAL \*\*\* \*\*\* CONFIDENTIAL \*\*\*

\*\*\* CONFIDENTIAL \*\*\*, \*\* \*\*\*\*\*

#### Address

3335 BURNS ROAD Suite 200

PALM BEACH GARDENS, FL 33410

## Address

4723 W ATLANTIC SUITE 19 DELRAY BEACH, FL 33445

## Discipline/Admin Action

## **Emergency Actions**

No Emergency Actions Found

## **Discipline Cases**

| Name       | License | Profession         | City                | State | Case#     | Action Taken |
|------------|---------|--------------------|---------------------|-------|-----------|--------------|
| PAPA, JOHN | 6783    | CHIROPRACTIC<br>PH | ROYAL PALM<br>BEACH | FL    | 199711940 | 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.

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.