### **LUIS MANLIO CASTILLO**

### License Number: MA69881

Data As Of 9/16/2025

Profession Massage Therapist

License Status DELINQUENT/
License Expiration Date MA69881

DELINQUENT/
8/31/2025

License Original Issue

Date

08/07/2012

Address of Record 1660 SW Bayshore Blvd

PORT SAINT LUCIE, FL 34984

Discipline on File No
Public Complaint Yes

Alerts Enforcement Alert

9/15/2025 1:05:25 PM

9.15.2025 - Received Order of Emergency Suspension.

# **Secondary Locations**

No secondary locations found.

# Discipline/Admin Action

# **Emergency Actions**

| Name              | License | Profession           | City                | County   | State | Case#     | Action<br>Taken | Action Date |
|-------------------|---------|----------------------|---------------------|----------|-------|-----------|-----------------|-------------|
| CASTILLO,<br>LUIS | 69881   | MASSAGE<br>THERAPIST | PORT SAINT<br>LUCIE | ST.LUCIE | FL    | 202517125 | ESO ISSUED      | 09/15/2025  |

## **Discipline Cases**

No Discipline Found

## **Public Complaints**

| Name                  | License | Profession           | City             | State | Case#     | Action Taken |
|-----------------------|---------|----------------------|------------------|-------|-----------|--------------|
| CASTILLO, LUIS MANLIO | 69881   | MASSAGE<br>THERAPIST | PORT SAINT LUCIE | FL    | 202109646 | 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.

# **Subordinate Practitioners**

| Name                         | Relationship  | Profession            | License | Effective Date |
|------------------------------|---------------|-----------------------|---------|----------------|
| NARDELLO FAMILY CHIROPRACTIC | ESTABLISHMENT | MASSAGE ESTABLISHMENT | 43419   | 12/3/2024      |

Click on the License Number to view License Details for that Practitioner

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