



SCOTT WILLIAM DAVIS

License Number: MA72006

Data As Of 4/30/2026

Profession: Massage Therapist
 License: MA72006
 License Status: Emerg Suspens/
 License Expiration Date: 8/31/2027
 License Original Issue Date: 02/21/2013
 Address of Record: 563 SOUTH MAIN STREET
 CRESTVIEW, FL 32536
 Discipline on File: Yes
 Public Complaint: Yes
 Alerts: Enforcement Alert
 3/25/2026 4:41:33 PM
 Order of Emergency Suspension of License was filed 03/25/2026.

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

Name	License	Profession	City	County	State	Case #	Action Taken	Action Date
DAVIS, SCOTT	72006	MASSAGE THERAPIST	CRESTVIEW	OKALOOSA	FL	202608641	ESO ISSUED	03/25/2026

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
DAVIS, SCOTT WILLIAM	72006	MASSAGE THERAPI	CRESTVIEW	FL	202013771	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
DAVIS, SCOTT WILLIAM	72006	MASSAGE THERAPIST	CRESTVIEW	FL	202013771	AC FILED
DAVIS, SCOTT WILLIAM	72006	MASSAGE THERAPIST	CRESTVIEW	FL	202608641	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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
EFFORT AND TIME MASSAGE	ESTABLISHMENT	MASSAGE ESTABLISHMENT	30836	07/22/2015

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
EFFORT AND TIME MASSAGE	ESTABLISHMENT	MASSAGE ESTABLISHMENT	30836	12/21/2019

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

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.

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

Name	License	Profession	City	County	State	Case #	Action Taken	Action Date
DAVIS, SCOTT	72006	MASSAGE THERAPIST	CRESTVIEW	OKALOOSA	FL	202608641	ESO ISSUED	03/25/2026

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
DAVIS, SCOTT WILLIAM	72006	MASSAGE THERAPIST	CRESTVIEW	FL	202013771	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
DAVIS, SCOTT WILLIAM	72006	MASSAGE THERAPIST	CRESTVIEW	FL	202013771	AC FILED
DAVIS, SCOTT WILLIAM	72006	MASSAGE THERAPIST	CRESTVIEW	FL	202608641	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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
EFFORT AND TIME MASSAGE	ESTABLISHMENT	MESSAGE ESTABLISHMENT	30836	07/22/2015

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
EFFORT AND TIME MASSAGE	ESTABLISHMENT	MESSAGE ESTABLISHMENT	30836	12/21/2019

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

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.