



## OLGA SPIVAK

### License Number: CH7942

Data As Of 6/18/2025

Profession	Chiropractic Physician
License	CH7942
License Status	Disc Relinquish/
Qualifications	Certified in Acupuncture
License Expiration Date	3/31/2018
License Original Issue Date	04/18/2000
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

### Secondary Locations

#### Address

2250 PALM BEACH LAKES BLVD. STE 106  
WEST PALM BCH, FL 33409

#### Address

6803 LAKE WORTH RD. SUITE 200  
LAKE WORTH, FL 33467

#### Address

16853 NE 2ND AVE SUITE 301  
NORTH MIAMI, FL 33162

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
SPIVAK, OLGA	7942	CHIROPRACTIC PH	MIAMI	FL	201718013	VOLUNTARY SURRENDER

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
SPIVAK, OLGA	7942	CHIROPRACTIC PHYSICIAN	MIAMI	FL	201718013	AC FILED
SPIVAK, OLGA	7942	CHIROPRACTIC PHYSICIAN	MIAMI	FL	201718013	AC FILED
SPIVAK, OLGA	7942	CHIROPRACTIC PHYSICIAN	MIAMI	FL	201718013	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.

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