



JASON ERIC DAVIS

License Number: CH8681

Data As Of 6/17/2025

Profession	Chiropractic Physician
License	CH8681
License Status	RETIRED/
License Expiration Date	3/31/2020
License Original Issue Date	01/02/2004
Address of Record	No current practice location in Florida - If further information is needed, please contact the Department of Health at (850) 488-0595.
Discipline on File	Yes
Public Complaint	Yes

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
DAVIS, JASON ERIC	8681	CHIROPRACTIC PH	THE VILLAGES	FL	201404608	OBLIGATION(S) SATISFIED
DAVIS, JASON ERIC	8681	CHIROPRACTIC PH	THE VILLAGES	FL	201920828	OBLIGATIONS IMPOSED
DAVIS, JASON ERIC	8681	CHIROPRACTIC PH	THE VILLAGES	FL	201921013	OBLIGATIONS IMPOSED
DAVIS, JASON ERIC	8681	CHIROPRACTIC PH	THE VILLAGES	FL	202004103	OBLIGATIONS IMPOSED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
DAVIS, JASON ERIC	8681	CHIROPRACTIC PHYSICIAN	THE VILLAGES	FL	201805036	AC FILED
DAVIS, JASON ERIC	8681	CHIROPRACTIC PHYSICIAN	THE VILLAGES	FL	201921013	AC FILED
DAVIS, JASON ERIC	8681	CHIROPRACTIC PHYSICIAN	THE VILLAGES	FL	202004103	AC FILED
DAVIS, JASON ERIC	8681	CHIROPRACTIC PHYSICIAN	THE VILLAGES	FL	201404608	AC FILED
DAVIS, JASON ERIC	8681	CHIROPRACTIC PHYSICIAN	THE VILLAGES	FL	201920828	AC FILED
DAVIS, JASON ERIC	8681	CHIROPRACTIC PHYSICIAN	THE VILLAGES	FL	201920828	AC FILED

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.
