



## MATTHEW MICHAEL ANTONUCCI

License Number: CH11693

Profession	Chiropractic Physician
License Status	Clear/Active
Year Began Practicing	01/01/2010
License Expiration Date	03/31/2026

## General Information

### Primary Practice Address

MATTHEW MICHAEL ANTONUCCI  
8910 ASTRONAUT BLVD  
SUITE 102  
CAPE CANAVERAL, FL 32920

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges. Chiropractic physicians typically do not hold staff privileges.

### Email Address

Please contact at: [mantonucci@carrickinstitute.com](mailto:mantonucci@carrickinstitute.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
GEORGIA	CHIROPRACTIC PHYSICIAN
SOUTH CAROLINA	CHIROPRACTIC PHYSICIAN

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
CENTRAL CONNECTICUT STATE UNIVERSITY	NO DEGREE	9/1/2001 - 12/1/2004	
LIFE UNIVERSITY	NO DEGREE	1/1/2006 - 6/1/2006	
LIFE UNIVERSITY	DC	9/1/2006 - 12/1/2009	12/01/2009
EXCELSIOR COLLEGE	BACHELOR D	3/1/2014 - 8/12/2015	08/15/2015

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
AMERICAN COLLEGE OF FUNCTIONAL NEUROLOGY	FELLOWSHIP	NEUROLOGY		CAPE CANAVERAL	FLORIDA	01/01/2010	04/08/2013
AMERICAN BOARD OF CHILDHOOD DEVELOPMENTAL DISORDERS	FELLOWSHIP	NEURODEVELOPMENT DISABILITIES		ATLANTA	GEORGIA	01/01/2010	04/08/2013
AMERICAN BOARD OF VESTIBULAR REHABILITATION	FELLOWSHIP	PHYSIOLOGICAL THERAPEUTICS & REHABILITAT		ATLANTA	GEORGIA	06/01/2010	06/01/2011
AMERICAN BOARD OF NEUROCHEMISTRY AND NUTRITION	FELLOWSHIP	NUTRITION		ATLANTA	GEORGIA	09/01/2010	06/01/2011
CARRICK INSTITUTE CLINICAL TRAINING	RESIDENCY	NEUROLOGY		ATLANTA	GEORGIA	05/01/2013	04/30/2014
AMERICAN BOARD OF BRAIN INJURY AND REHABILITATION	FELLOWSHIP	NEUROLOGY		ATLANTA	GEORGIA	07/01/2013	04/01/2015

Academic Appointments

Graduate Medical Education

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

Specialty Certification

Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification	Date Certified
AMERICAN CHIROPRACTIC NEUROLOGY BOARD (DACNB)	DACNB - CHIROPRACTIC CLINICAL NEUROLOGY	09/01/2010

Financial Responsibility

## Financial Responsibility

I have obtained and will maintain professional liability coverage in an amount not less than \$100,000 per claim with a minimum annual aggregate of at least \$300,000 from an authorized insurer as defined under section 624.09, F.S., from an eligible surplus lines insurer as defined under s. 626.914(2), F.S., from the Joint Underwriting Association established under s.627.351(4), F.S., from a risk retention group as defined under s.627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F.S., or through a plan of self-insurance as provided in s. 627.357, F.S.

## Proceedings and Actions

### Proceedings & Actions

#### Criminal Offenses

**The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.**

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

#### Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

### Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

**The information below is self reported by the practitioner.**

#### Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

#### Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

#### Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

#### Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has \*NEVER\* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

#### Liability Claims Exceeding \$5,000.00 Within last 10 years.

This profession is not required by F.S., to report bankruptcy and liability claims.

**Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click [here](#).**

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

## Optional Information

### Committees/Memberships

This practitioner has not indicated any committees on which they serve for any health entity with which they are affiliated.

### Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

**Publications**

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

**Professional Web Page**

www.drantonucci.com

**Languages Other Than English**

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

**Other Affiliations**

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation
UCF COLLEGE OF MEDICINE - DEAN'S SOCIETY