



## BRENT BALDASARE

License Number: CH7682

Profession                      Chiropractic Physician  
License Status                DELINQUENT/  
Year Began Practicing      04/10/1997  
License Expiration          03/31/2026  
Date

## General Information

### Primary Practice Address

BRENT BALDASARE  
779 NORTH ALAFAYA TRAIL  
AT WATERFORD LAKES TOWN CENTER  
ORLANDO, FL 32828

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

### Email Address

Please contact at: [bbaldasare@gmail.com](mailto:bbaldasare@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
SOUTH CAROLINA	CHIROPRACTOR

## Education and Training

## Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
LIFE UNIVERSITY	DC	8/1/1993 - 3/1/1997	03/01/1997

## Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
			01/01/0001	01/01/0001	M.S. SPORTS MEDICINE
URSINUS COLLEGE	COLLEGEVILLE	PENNSYLVANIA	08/01/1989	06/01/1993	BS - HEALTH SCIENCE

## 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
CLINICAL APPRENTICE	INTERNSHIP	OTHER	PERSONAL INJURY & FAMILY WELLNESS	ORLANDO	FLORIDA	06/01/1997	09/01/1997

## Academic Appointments

### Graduate Medical Education

The practitioner did not provide this mandatory information.

### Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

## Specialty Certification

### Specialty Certification

This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

## 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.

### 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 an affiliation with the following committees:

FLORIDA CHIROPRACTIC ASSOCIATION  
INTERNATIONAL CHIROPRACTIC ASSOCIATION  
AMERICAN CHIROPRACTIC ASSOCIATION  
WORLD CHIROPRACTIC ALLIANCE  
FLORIDA CHIROPRACTIC SOCIETY

### Professional or Community Service Awards

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

### Publications

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
WORLDS BEST KEPT HEALTH SECRETS REVEALED	HEALTH	12/05/2004

### Professional Web Page

www.affinityhealthcarecenter.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**

AMERICAN CHIROPRACTIC ASSOCIATION

CERT/VIDEOFUOROSCOPY, SPINAL BIOMECHANICS, PERSONAL INJURY

FLORIDA CHIROPRACTIC ASSOCIATION

FLORIDA CHIROPRACTIC SOCIETY

INTERNATIONAL CHIROPRACTIC ASSOCIATION