### JONATHAN FREDERICK BERNS

### License Number: CH8992

Data As Of 8/7/2025

Profession Chiropractic Physician

License Status Clear/Active
License Expiration Date CH8992

Clear/Active
3/31/2026

License Original Issue

Date

06/17/2005

Address of Record 701 W Martin Luther King Blvd

SUITE 4

**TAMPA, FL 33603** 

Discipline on File Yes
Public Complaint Yes

# Secondary Locations

#### Address

3450 E Fletcher Ave Suite 320

TAMPA, FL 33613

# Discipline/Admin Action

### **Emergency Actions**

No Emergency Actions Found

#### **Discipline Cases**

Name	License	Profession	City	State	Case#	Action Taken
BERNS, JONATHAN FREDERICK	8992	CHIROPRACTIC PH	TAMPA	FL	201020120	OBLIGATION(S) SATISFIED
BERNS, JONATHAN FREDERICK	8992	CHIROPRACTIC PH	TAMPA	FL	201113162	OBLIGATION(S) SATISFIED
BERNS, JONATHAN FREDERICK	8992	CHIROPRACTIC PH	TAMPA	FL	201523138	OBLIGATION(S) SATISFIED

### **Public Complaints**

Name	License	Profession	City	State	Case#	Action Taken
BERNS, JONATHAN FREDERICK	8992	CHIROPRACTIC PHYSICIAN	TAMPA	FL	201020120	AC FILED
BERNS, JONATHAN FREDERICK	8992	CHIROPRACTIC PHYSICIAN	TAMPA	FL	201523138	AC FILED
BERNS, JONATHAN FREDERICK	8992	CHIROPRACTIC PHYSICIAN	TAMPA	FL	201113162	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.

# **Subordinate Practitioners**

Name	Relationship	Profession	License	Effective Date
FRYE, ALISSA	SUPRV-PHYSSUBORDINATE	CERT CHIROPRACTIC PA	1218	7/18/2023
SANFELIZ RIVERA, LUIS DAMIAN	SUPRV-PHYSSUBORDINATE	CERT CHIROPRACTIC PA	1154	5/29/2025

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

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