



MICHAEL CANNAVINO

License Number: CI185

Data As Of 8/16/2025

Profession	CERTIFIED CHIROPRACTIC PHYSICIAN'S ASST
License	CI185
License Status	DELINQUENT/
License Expiration Date	3/31/2024
License Original Issue Date	04/01/1996
Address of Record	425 ALEXANDRIA BLVD OVIEDO, FL 32765
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

3288 CANOE CREEK RD
SAINT CLOUD, FL 34772

[Address](#)

2818 S BAY ST
EUSTIS, FL 32726

[Address](#)

1008 FL-436
CASSELBERRY, FL 32707

[Address](#)

425 ALEXANDRIA BLVD
OVIEDO, FL 32765

[Address](#)

1975 SOUTH JOHN YOUNG PARKWAY SUITE 103
KISSIMMEE, FL 34741

[Address](#)

2206 E COLONIAL DR
ORLANDO, FL 32803

[Address](#)

110 POND CT
DEBARY, FL 32713

[Address](#)

779 NORTH ALAFAYA TRAIL
ORLANDO, FL 32828

[Address](#)

822 MERCY DR
ORLANDO, FL 32808

[Address](#)

7984 FOREST CITY RD #106
ORLANDO, FL 32810

[Address](#)

1343 S INTERNATIONAL PKWY
LAKE MARY, FL 32746

[Address](#)

4290 SOUTH HIGHWAY 27
CLERMONT, FL 34711

[Address](#)

1743 PARK CENTER DR SUITE 200
ORLANDO, FL 32835

[Address](#)

1707 WEST REYNOLD ST #102
PLANT CITY, FL 33563

[Address](#)

1205 E MAGNOLIA ST
LAKELAND, FL 33809

[Address](#)

7494 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33884

[Address](#)

817 DIXON BLVD SUITE 101
COCOA, FL 32922

[Address](#)

6909 OLD HWY 441
MOUNT DORA, FL 32757

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
BOYLAN, ADAM PATRICK	SUPERVISING PHYSICIAN	CHIROPRACTIC PHYSICIAN	9740	03/06/2018
GARGISO, ALEXANDER JOHN	SUPERVISING PHYSICIAN	CHIROPRACTIC PHYSICIAN	13350	02/01/2021
KIERNAN, TROYE ROBERT	SUPERVISING PHYSICIAN	CHIROPRACTIC PHYSICIAN	14108	11/22/2022
KRZEMINSKI, GREG	SUPERVISING PHYSICIAN	CHIROPRACTIC PHYSICIAN	12738	01/06/2020
LAUFFER, TREVOR RICHARD	SUPERVISING PHYSICIAN	CHIROPRACTIC PHYSICIAN	13383	03/22/2021
SCHEUPLEIN, BRET G	SUPERVISING PHYSICIAN	CHIROPRACTIC PHYSICIAN	8623	07/18/2018
VUU, CHRISTINA ANN	SUPERVISING PHYSICIAN	CHIROPRACTIC PHYSICIAN	12256	11/22/2022
ZURBUCHEN, REBECCA LEANN	SUPERVISING PHYSICIAN	CHIROPRACTIC PHYSICIAN	11595	12/15/2021

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

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