# MICHAEL CANNAVINO

# License Number: CI185

Data As Of 11/1/2025

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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Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.	