

**Company Name**

The Joint Chiropractic Ocala

**City**

Ocala

**State**

FL

**Contact Name (First and Last)**

Dr. Joel Manion

**Email**

[clinic27108@thejoint.com](mailto:clinic27108@thejoint.com)

**Phone**

(352) 759-4206

**Website**

<https://www.thejoint.com/florida/ocala/ocala-27108>

**Do you have a UF Supplier ID?**

No

**Is the owner a UF alum?**

Yes

**General Description of Services**

- Education and Training Services