

**Company Name**

Passion Chiropractic

**City**

Port Orange

**State**

FL

**Contact Name (First and Last)**

Passion Chiropractic

**Email**

[mariosanders1972@gmail.com](mailto:mariosanders1972@gmail.com)

**Phone**

(038) 694-7718

**Website**

<https://passionchiro.com/>

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

Unknown

**Is the owner a UF alum?**

Unknown

**General Description of Services**

- Healthcare or Medical Research Experimentation Services