

# Supplier Directory

Com	nanv	Na	me

Passion Chiropractic

# City

Port Orange

### State

FL

## **Contact Name**

**Passion Chiropractic** 

#### **Email**

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