



Company Name

Passion Chiropractic

City

Port Orange

State

FL

Contact Name (First and Last)

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