



GUILHERME GIUSTI

License Number: ME152790

Data As Of 6/6/2025

Profession	Medical Doctor
License	ME152790
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	09/08/2021
Address of Record	4565 Us Highway 17 suite 200 FLEMING ISLAND, FL 32003
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

15255 Max Legget Parkway Ste 5300
JACKSONVILLE, FL 32218

Address

10475 Centurion Pkwy N Ste 220
JACKSONVILLE, FL 32256

Address

216 Southpark Circle East suite 216
SAINT AUGUSTINE, FL 32086

Address

1690 Us Highway 1 South suite F
SAINT AUGUSTINE, FL 32084

Address

232 Ponte Vedra Park Dr
PONTE VEDRA BEACH, FL 32082

Address

2627 Riverside Ave Suite 300
JACKSONVILLE, FL 32204

Address

2 Shircliff Way Suite 605
JACKSONVILLE, FL 32204

Address

3055 Cr-210 West Suite 110
SAINT JOHNS, FL 32259

Address

4268 oldfield crossing dr Suite 201
JACKSONVILLE, FL 32223

Address

2300 Orange Park suite 206
ORANGE PARK, FL 32073

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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
JUND, JESSICA LAUREN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107433	5/1/2023
JUND, JESSICA LAUREN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107433	2/24/2023

Click on the License Number to view License Details for that Practitioner

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