# **ETHAN WALLACE RHONE**

# License Number: PA9100907

Data As Of 7/5/2025

Profession Physician Assistant

License PA9100907
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 03/30/1999

Address of Record 1619 CREIGHTON ROAD PENSACOLA, FL 32504

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

## Address

812 CREIGHTON RD DAVITA HOME OPTIONS OF PENSACOLA PENSACOLA, FL 32504

## Address

1299 HWY 90 WEST, STE#1 PENSACOLA NEPHROLOGY, PA D/B/A DEFUNIAK SPRINGS, FL 32433

## Address

1118 GULF BREEZE PKWY, STE#200 PENSACOLA NEPHROLOGY, PA D/B/A GULF BREEZE, FL 32561

# Address

2583 GULF BREEZE PKWY FRESENIUS MEDICAL CARE GULF BREEZE GULF BREEZE, FL 32563

## Address

598 NORTH FAIRFIELD DRIVE DAVITA WEST PENSACOLA DIALYSIS PENSACOLA, FL 32506

## Address

925 MAR WALT DRIVE, STE#2 FRESENIUS MEDICAL CARE

FT WALTON BEACH, FL 32547

# Address

2940 NORTH BLUE ANGEL PARKWAY FRESENIUS MEDICAL CARE WEST PENSACOLA PENSACOLA, FL 32506

## Address

6002 BERRYHILL RD SANTA ROSA MEDICAL CENTER

MILTON, FL 32570

# Address

8383 NORTH DAVIS HWY WEST FLORIDA HOSPITAL

PENSACOLA, FL 32514

## Address

1110 GULF BREEZE PKWY GULF BREEZE HOSPITAL

GULF BREEZE, FL 32561

# Address

5151 NORTH 9TH AVENUE SACRED HEART HOSPITAL

PENSACOLA, FL 32504

Address

14114 ALABAMA STREET PENSACOLA NEPHROLOGY, PA D/B/A

JAY, FL 32565

#### Address

8880 NAVARRE PKWY, STE#201 PENSACOLA NEPHROLOGY, PA D/B/A

NAVARRE, FL 32566

## Address

7000 COBBLE CREEK DRIVE SELECT SPECIALTY HOSPITAL

PENSACOLA, FL 32504

### Address

6001 INDUSTRIAL BLVD FRESENIUS MEDICAL CARE

CENTURY, FL 32535

#### Address

5401 CORPORATE WOODS, STE 850 FRESENIUS MEDICAL CARE

PENSACOLA, FL 32504

#### Address

8888 NAVARRE PKWY FRESENIUS MEDICAL CARE

NAVARRE, FL 32566

#### Address

7800 US HWY 98 FRESENIUS MEDICAL CARE

DESTIN, FL 32550

## Address

1040 EAST NINE MILE RD FRESENIUS MEDICAL NORTH PENSACOLA

PENSACOLA, FL 32514

#### Address

43 SHOEMAKER DRIVE FRESENIUS MEDICAL CARE DEFUNIAK SPRING

DEFUNIAK SPRINGS, FL 32433

#### Address

7720 US HWY 98 W., STE150 FRESENIUS MEDICAL CARE DESTIN

DESTIN, FL 32550

## Address

1045 US HWY 331 SOUTH DAVITA DEFUNIAK SPRINGS

DEFUNIAK SPRINGS, FL 32435

## Address

5819 HWY 90 DAVITA SANTA ROSA DIALYSIS

MILTON, FL 32583

## Address

2940 NORTH BLUE ANGEL PKWY PENSACOLA NEPHROLOGY, PA D/B/A

PENSACOLA, FL 32506

## Address

700 EAST CERVANTES STREET DAVITA DOWNTOWN

PENSACOLA, FL 32501

## Address

8333 NORTH DAVIS HWY DAVITA WEST FLORIDA DIALYSIS

PENSACOLA, FL 32514

## Address

14114 ALABAMA STREET JAY HOSPITAL

JAY, FL 32565

## Address

925 MAR WALT DRIVE STE#1 PENSACOLA MEPHROLOGY, PA D/B/A

FT WALTON BEACH, FL 32547

## Address

1305 WEST MORENO STREET FRESENIUS MEDICAL CARE PENSACOLA

PENSACOLA, FL 32501

## Address

129 E. REDSTONE AVE, STE-B FRESENIUS MEDICAL CARE

CRESTVIEW, FL 32539

## Address

320 REDSTONE AVENUE WEST DAVITA NORTH OKALOOSA DIALYSIS

CRESTVIEW, FL 32536

## Address

4304 LANCASTER DRIVE FRESENIUS MEDICAL CARE NICEVILLE

NICEVILLE, FL 32578

#### Address

6001 INDUSTRIAL BLVD PENSACOLA NEPHROLOGY, PA D/B/A CENTURY, FL 32535

# 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.

# **Supervising Practitioners**

| Name          | Relationship                         | Profession     | License | Effective Date |
|---------------|--------------------------------------|----------------|---------|----------------|
| HUMEDA, HUMAM | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 75791   | 10/05/2023     |

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

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