



ETHAN WALLACE RHONE

License Number: PA9100907

Data As Of 9/4/2025

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| 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 (for the Treatment of Chronic Non- malignant Pain) | Yes |
| 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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