### CHARLES ANTHONY RUST MD

### License Number: ME60414

Data As Of 7/6/2025

Profession Medical Doctor License ME60414 License Status Clear/Active License Expiration Date 1/31/2026 License Original Issue Date 07/25/1991

Address of Record 3807 Biggin Church Road West JACKSONVILLE, FL 32224

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Yes Discipline on File **Public Complaint** Yes

# **Secondary Locations**

No secondary locations found.

## Discipline/Admin Action

## **Emergency Actions**

No Emergency Actions Found

### **Discipline Cases**

| Name                     | License | Profession        | City         | State | Case#     | Action Taken               |
|--------------------------|---------|-------------------|--------------|-------|-----------|----------------------------|
| RUST, CHARLES<br>ANTHONY | 60414   | MEDICAL<br>DOCTOR | JACKSONVILLE | FL    | 201115567 | OBLIGATION(S)<br>SATISFIED |

### **Public Complaints**

| Name                     | License | Profession        | City         | State | Case#     | Action Taken |
|--------------------------|---------|-------------------|--------------|-------|-----------|--------------|
| RUST, CHARLES<br>ANTHONY | 60414   | MEDICAL<br>DOCTOR | JACKSONVILLE | FL    | 201115567 | AC FILED     |

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<br>Date |
|----------------------------|---------------------------------|---|---------|-------------------|
| BAPTIST PRIMARY CARE, INC  | HCCE                            | HEALTH CARE CLINIC ESTABLISHMENT PERMIT | 2928    | 1/13/2010         |
| YOHANNES-PETERS,<br>FITSUM | PRESCRIBING PHYSICIAN ASSISTANT | MEDICAL DOCTOR                          | 92187   | 8/8/2022          |

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

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