



## CHARLES EDWARD KOLLMER

### License Number: ME65222

Data As Of 5/17/2025

Profession	Medical Doctor
License	ME65222
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	10/18/1993
Address of Record	812 W. INDIAN RIVER BLVD EDGEWATER, FL 32132-3429
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
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
KOLLMER, CHARLES EDWARD	65222	MEDICAL DOCTOR	EDGEWATER	FL	201400405	OBLIGATION(S) SATISFIED
KOLLMER, CHARLES EDWARD	65222	MEDICAL DOCTOR	EDGEWATER	FL	201952099	OBLIGATION(S) SATISFIED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
KOLLMER, CHARLES EDWARD	65222	MEDICAL DOCTOR	EDGEWATER	FL	201400405	AC FILED
KOLLMER, CHARLES EDWARD	65222	MEDICAL DOCTOR	EDGEWATER	FL	201952099	AC FILED
KOLLMER, CHARLES EDWARD	65222	MEDICAL DOCTOR	EDGEWATER	FL	201952099	AC FILED
KOLLMER, CHARLES EDWARD	65222	MEDICAL DOCTOR	EDGEWATER	FL	201952099	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 Date
SEGARRA, ROBERT	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101755	7/22/2021

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

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