

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF INDIAN RIVER**

BEFORE ME, the undersigned authority, personally appeared on _____ who upon oath, deposes and states that:

1. My name is _____, and this affidavit is submitted in connection with an application for issuance of a business tax receipt for a medical or health clinic, facility or office named _____ (“Business”).

2. I hereby represent and confirm that the Business does not presently, and will not during the period of time covered by the business tax receipt issued pursuant to the application, operate as a pain management clinic, as defined herein.

3. For the purposes of this affidavit, the term “pain management clinic” shall mean any publicly or privately owned facility that advertises in any medium for any type of pain management services, or where in any month a majority of patients are prescribed opioids, benzodiazepines, barbiturates, or carisoprodol for the treatment of chronic nonmalignant pain, unless

- a. The clinic is licensed as a facility pursuant to chapter 395, Florida Statutes;
- b. The majority of physicians who provide services in the clinic primarily provide surgical services;
- c. The clinic is owned by a publicly held corporation whose shares are traded on a national exchange or on the over-the-counter market and whose total assets at the end of the corporation’s most recent fiscal quarter exceeded \$50 million;
- d. The clinic is affiliated with an accredited medical school at which training is provided for medical students, residents or fellows;
- e. The clinic does not prescribe or dispense controlled substances for the treatment of pain; or
- f. The clinic is owned by a corporate entity exempt from federal taxation under 26 USC section 501(c)(3).

Any clinic or facility meeting the definition above shall be considered a pain management clinic, regardless of its use of any other descriptive name, such as a center for “wellness,” “detox,” “detoxification,” “urgent care,” etc.

4. The term “controlled substance” shall mean a controlled substance listed in Schedule II, Schedule III or Schedule IV in section 893.03, Florida Statutes.

FURTHER AFFIANT SAYETH NAUGHT.

Print name: _____

SWORN TO (OR AFFIRMED) AND SUBSCRIBED before me this ____ day _____, 20____, by _____, who is personally known to me, or has produced _____, as identification.

(NOTARY SEAL)

Print name: _____
NOTARY PUBLIC - State of Florida