

**SUZANNE JOHNSTON, FLAGLER COUNTY TAX COLLECTOR**

1769 E. Moody Blvd., Bldg. #2  
P.O. Box 846 (Mailing address)  
Bunnell, Florida 32110

www.flaglertax.com

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**AFFIDAVIT ATTESTING WHETHER BUSINESS IS A PAIN MANAGEMENT CLINIC AS DEFINED  
BY STATE AND LOCAL LAW**

Business Name: \_\_\_\_\_ Physician's Name: \_\_\_\_\_

Business's Street Address: \_\_\_\_\_

PMC state registration number, if applicable: \_\_\_\_\_

Name of principal physician if healthcare services are rendered: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Applicant's Title: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with Section 19-271, Flagler County Code, a *Pain Management Clinic* means any privately owned pain management clinic, facility or office which advertises in any medium for any type of pain management services, or employs a physician who is primarily engaged in the treatment of pain by prescribing or dispensing controlled substance medication and is required to register with the Florida Department of Health pursuant to sections 458.3265 or 459.0137, Florida Statutes, as may be amended from time to time.

- 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.

*Exceptions:* A business providing health care services is not a pain management clinic if it has at least one of the following characteristics:

- a. That clinic is licensed as a facility pursuant to F.S. ch. 395;
- b. The majority of the 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 controlled substances for the treatment of pain;
- f. The clinic is owned by a corporate entity exempt from federal taxation under 26 U.S.C. s. 501(c)(3);
- g. The clinic is wholly owned and operated by one or more board-certified anesthesiologists, physiatrists, or neurologists; or
- h. The clinic is wholly owned and operated by one or more board-certified medical specialists who have also completed fellowships in pain medicine approved by the Accreditation Council for Graduate Medical Education, or who are also board-certified in pain medicine by a board approved by the

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American Board of Medical Specialties and perform interventional pain procedures of the type routinely billed using surgical codes.

In accordance with Section 19-275, Flagler County Code, a Pain Management Clinic must apply for and receive a Certificate of Use from the County at the time that it seeks issuance or renewal of the Local Business Tax Receipt for the business, or any time that there is a change of owner or the physician of record, pursuant to Section 458.3265, Florida Statutes or Section 459.0137, Florida Statutes, as amended.

1. Is your facility a Pain Management Clinic, as this term is defined in Florida Statute?

Yes  No

2. Is this Pain Management Clinic registered with the State of Florida?

Yes  No

Under penalties of perjury, I hereby certify that information provided in this application is true and correct based on my knowledge and belief. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Date: \_\_\_\_\_ Signature of Applicant

Business Position Title: \_\_\_\_\_ (Print Legibly)  
Florida Driver's License No. \_\_\_\_\_  
Non-Florida Driver's License: Must be photocopied.

STATE OF FLORIDA  
COUNTY OF FLAGLER

I certify that the foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_. He/she is personally known to me or has produced \_\_\_\_\_ as identification and did take an oath.

Witness my hand and official seal in the county and state stated above on the \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public  
Notary Public for the State of Florida  
My Commission Expires:  
\_\_\_\_\_

**For Office Use**

**Office of Flagler County Tax Collector:**

I certify that the foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

Flagler County Tax Collector Employee:

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_