

Florida Department of Health (Department)

APPLICATION FOR EXEMPTION FROM PAIN MANAGEMENT CLINIC REGISTRATION

☐ Initial Application	☐ Renewal: Certificate of Exemption Number	
1.Corporate or Legal Name of	Pain Management Clinic:	
2. Fictitious or Doing Business	s As Name:	
3. Federal Tax Identification No	umber (FEIN#):	
4. Pain Management Clinic Ad	dress:	
ū	dress: (Street)	(Suite #)
(City)	(State)	(ZIP Code)
5. Mailing Address:	(Street)	(Suite #)
(City)	(State)	(ZIP Code)
	,	(Zii Gode)
7. Pain Management Clinic Fa	x Number: ()	
8. Pain Management Clinic Em (Under Florida law email addresses are provide an email address or send electrons of the control	nail Address:	address released in response to a public records request do no elephone or in writing.)
9. Exemption Claimed: (Check o	ne and please provide documentation of exempti	ion.)
 □ The majority of physicians p □ Clinic is owned by a publicly the-counter market and who \$50 million. □ Clinic is affiliated with an accor fellows. □ Clinic does not prescribe cor □ Clinic is owned by a corpora □ Clinic is wholly owned and ophysiatrists, rheumatologist □ Clinic is wholly owned and oboard-certified medical special Accreditation Council for Gramerican Board of Pain Me American Association of Ph 	ose total assets at the end of the corp credited medical school at which train introlled substances for the treatment ate entity exempt from federal taxation operated by one or more board-eligible is, or neurologists. Operated by a physician multispecialty cialists, who have also completed fellogaduate Medical Education or who are	raded on a national exchange or on the over- oration's most recent fiscal quarter exceeded ning is provided for medical students, residents of pain. n under 26 U.S.C. s. 501(c)(3). e or board-certified anesthesiologists, y practice where one or more board-eligible or owships in pain medicine approved by the e also board-certified in pain medicine by the nerican Board of Medical Specialties, the Osteopathic Association and perform
Printed Name of Clinic Owner:		
Signature of Clinic Owner:		Date: