

AFFIDAVIT OF DESIGNATED PHYSICIAN

BEFORE ME, the undersigned authority personally appeared _____,
(Name of Physician)

who after being duly sworn states as follows:

1. I am employed by / contracted by _____,
(Name of Pain Management Clinic)

Located at: _____
(Street Address) (City) (Zip Code)

2. I have been appointed as Designated Physician for this clinic, and I understand that as a Designated Physician, I am responsible for complying with all requirements related to registration and operation of the clinic under the Miami-Dade County, Code of Ordinances.

3. I have a full, active and unencumbered medical license under Florida Statutes Chapter 456 or 459 and I shall practice at the clinic location for which I have assumed this Designated Physician responsibility.

4. I have an active Drug Enforcement Administration (DEA) registration, and I have never had a DEA number revoked.

5. I have never had a license to prescribe, dispense, or administer a controlled substance denied by any jurisdiction.

6. I have never been convicted of or plead guilty or no contendere to (regardless of adjudication) an offense that constitutes a felony for receipt of illicit and diverted drugs, including a controlled substance listed in Schedule I, Schedule II, Schedule III, Schedule IV or Schedule V of Section 893.03 of the Florida Statutes, or of any state or the United States.

7. I agree to immediately inform the Miami-Dade County, Consumer Protection Division should I cease to be affiliated with the clinic, or if I no longer practice at this clinic location.

FURTHER AFFIANT SAYETH NAUGHT.

Affiant,

STATE OF FLORIDA)
) SS
COUNTY OF MIAMI-DADE)

BEFORE ME, an officer duly authorized to take acknowledgments in the State of Florida, personally appeared _____ who acknowledged before me that he/she executed the foregoing instrument for the purposes therein stated on this _____ day of _____, 20__.

Signature of Notary Public

Print, Type, or Stamp Commissioned Name
of Notary Public

My Commission Expires:

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____