

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 Busir	ness As Name:	
3. Federal Tax Identification	n Number (FEIN#):	
4 Pain Management Clinic	Address:	
4. Fair Management Cimio	(Street)	(Suite #)
(City)	(State)	(ZIP Code)
5. Mailing Address:		
<u> </u>	(Street)	(Suite #)
(City)	(State)	(ZIP Code)
6. Pain Management Clinic	Telephone Number: ()	
7. Pain Management Clinic	Fax Number: ()	
provide an email address or send elegant provide an accounter market and \$50 million. □ Clinic is affiliated with an or fellows. □ Clinic does not prescribe □ Clinic is owned by a corp □ Clinic is wholly owned an physiatrists, rheumatolo □ Clinic is wholly owned an board-certified medical send provide an accounter and provide an accounter and provide an accounter and provide a	lectronic mail to this office and contact the office by to ack one and please provide documentation of exempting under Chapter 395, Florida Statutes. It is providing services in the clinic provide licily held corporation whose shares are to whose total assets at the end of the corporation whose total assets at the end of the corporation whose total assets at the end of the corporation whose total assets at the end of the corporation whose total assets at the end of the corporate entity exempt from federal taxation of operated by one or more board-eligible gists, or neurologists. Indicate the operated by a physician multispecial to the provided fell of the corporation o	e primarily surgical services. traded on a national exchange or on the over- coration's most recent fiscal quarter exceeded ning is provided for medical students, residents t of pain. n under 26 U.S.C. s. 501(c)(3). le or board-certified anesthesiologists, y practice where one or more board-eligible or lowships in pain medicine approved by the e also board-certified in pain medicine by the merican Board of Medical Specialties, the Osteopathic Association and perform
Printed Name of Clinic Own	ner:	
Signature of Clinic Owner:		Date: