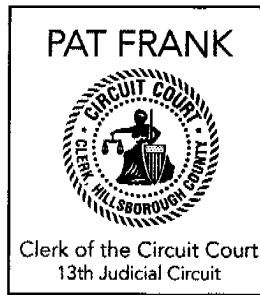


# **ORDINANCE**

**10-8E**



May 20, 2010

Norma J. Wise, Director  
Hillsborough County Law Library  
501 E. Kennedy Boulevard Ste. 100  
Tampa, Florida 33602-5027

Re: Ordinance #10-8E  
Pain Management Clinic Ordinance - Emergency Ordinance Regulating Pain Management  
Clinics Operating in Hillsborough County

Dear Ms. Wise:

Attached please find a copy of Hillsborough County Ordinance #10-8E which was adopted by the Board of County Commissioners on May 19, 2010. This ordinance has an effective date of May 20, 2010. Please note Section 17. Effective Date: "when a copy has been accepted by the United States postal authorities for special delivery by certified mail to the Department of State."

If I can provide additional information or be of further assistance, please do not hesitate to contact me.

Sincerely,

  
\_\_\_\_\_  
Julia Poupart,  
Director, BOCC Records/VAB

md

Attachments

cc: Evelyn Jefferson, Municipal Code Corporation  
Debra A. Cole, Hillsborough County Sheriff's Office  
Hillsborough County Board of County Commissioner  
Sheree C. Fish, Managing Attorney  
Carla Berry, County Attorney's Office  
Aracelis Putnam, Library Services  
Jacky Gasper, County Attorney's Office  
Nancy Milam, County Attorney's Office  
Daniel Klein, Chief Deputy Clerk BOCC  
Dale Bohner, Legal Counsel, Clerk of the Circuit Court  
George Haynie, Director, BOCC Accounting  
Jack Brooks, Director, CCC Accounting  
Dexter Barge, Director, Code Enforcement  
Ajay Gajjar, Assistant Director, BOCC Finance  
Mary Wilson, Budget Manager, BOCC Finance



# Commissioner's Request for Agenda Item

Agenda Item N<sup>o</sup> F-2

Requested Meeting Date May 19, 2010

Consent Section

Regular Section

Commissioner Name: Beckner	
Date Submitted: May 06, 2010	
Nature of Request: <i>(check one)</i>	<input checked="" type="checkbox"/> Action by the BOCC
	<input type="checkbox"/> Identification of issue and referral to staff
	<input type="checkbox"/> Referral to staff for review and scheduling at a subsequent BOCC meeting
	<input type="checkbox"/> Provide staff recommendation at time of discussion
	<input checked="" type="checkbox"/> Time Certain requested 10:30 AM _____ PM
Request for Waiver of Rules due to: <i>(check one)</i>	<input type="checkbox"/> Health, Safety, or Welfare Emergency
	<input type="checkbox"/> Schedule an off-the-agenda item
	<input type="checkbox"/> Deadline requires action prior to next scheduled BOCC meeting
Commissioner's Recommended Board Motion: Presentation by and discussion with the Hillsborough County Sheriff's Office regarding pain management clinics in Hillsborough County	

Staff Requested for Agenda Item:

- County Administrator
- County Attorney's Office
- Constitutional Officer
- Other: HC Sheriff's Office

Material requested to be provided by staff:

Background:

List Attachments:

Beckner/Higginbotham 7-60 ORD # 10-8E

**BOCC MEETING AGENDA  
SUPPLEMENT**



**MEETING DATE:** May 19, 2010

**F-2 Additional Material**

**AGENDA ITEM N<sup>o</sup>:** F-2 (*Commissioner Beckner*)

This information will be uploaded and available on COIN.

**ORDINANCE NO. 10- 8E**

AN ORDINANCE OF HILLSBOROUGH COUNTY RELATING TO PUBLIC HEALTH AND SAFETY; PROVIDING FOR THE TITLE "PAIN MANAGEMENT CLINIC ORDINANCE"; PROVIDING FOR LEGISLATIVE FINDINGS AND AUTHORITY; PROVIDING FOR THE PURPOSE AND INTENT; RECOGNIZING THE EMERGENCY NEED TO REGULATE CERTAIN PAIN MANAGEMENT CLINICS; PROVIDING FOR DEFINITIONS; REQUIRING LICENSURE OF CERTAIN PAIN MANAGEMENT CLINICS; PROVIDING THAT ONLY PAIN MANAGEMENT CLINICS IN OPERATION PRIOR TO JUNE 15, 2010 MAY BE GRANTED A LICENSE; PROVIDING FOR LICENSING EXEMPTIONS; CREATING A LICENSE APPLICATION PROCESS AND REQUIREMENTS FOR LICENSURE; PROVIDING FOR GROUNDS TO DENY A LICENSE OR REVOKE A LICENSE; PROVIDING FOR REVIEW OF LICENSE DENIAL OR REVOCATION; PROVIDING FOR ADDITIONAL LICENSE COMPLIANCE REQUIREMENTS; PROVIDING FOR LICENSE RENEWALS; PROVIDING FOR VIOLATIONS AND INSPECTIONS; PROVIDING FOR SERVICE OF NOTICE; PROVIDING FOR ENFORCEMENT AND PENALTIES; PROVIDING FOR ALLOCATION OF FEES AND FINES; PROVIDING FOR SEVERABILITY; PROVIDING FOR INCLUSION IN THE HILLSBOROUGH COUNTY CODE; AND PROVIDING FOR FILING OF EMERGENCY ORDINANCE AND AN EFFECTIVE DATE.

**WHEREAS**, the Hillsborough County Board of County Commissioners ("BOCC") has been advised by the Hillsborough County Sheriff's Office, that a pattern of illegal drug use and distribution has been linked to pain management clinics operating in Hillsborough County; and

**WHEREAS**, the illegal narcotic activity and significant increased crime associated with such clinics has created an urgent situation requiring immediate action to reduce the threat to the health, safety and welfare of Hillsborough County citizens; and

**WHEREAS**, the Florida Legislature has identified identical concerns regarding the increased use and frequency of injury and deaths occurring through use of pain

management clinics by persons obtaining prescription drugs for improper purposes and enacted the Prescription Drug Monitoring Program scheduled to go into effect December 1, 2010, and the Prescription Drug Monitoring Act, which requires physicians and other persons dispensing prescription drugs through pain management clinics, facilities or offices, to register with the State Department of Health in order to conduct such business; and

**WHEREAS**, many counties and municipalities in Florida have established moratoriums on new pain management businesses to curb negative impacts created by these clinics, such as illegal prescription drug trafficking and sales of illegal drugs around the clinics, loitering by pain clinic customers while waiting in long lines to receive drugs and loitering in areas surrounding the clinics; and

**WHEREAS**, the illegal activities associated with certain pain management clinics creates an emergency situation necessitating immediate regulation of such clinics in Hillsborough County; and

**WHEREAS**, the Hillsborough County Sheriff's Office has advised that two to five deaths occur each week in Hillsborough County which are directly attributable to prescription drug abuse; and

**WHEREAS**, the BOCC has determined that licensing of existing businesses operating as pain management clinics within the jurisdiction of Hillsborough County, will provide local oversight of these businesses and hinder illegal activities related to these clinics; and

**WHEREAS**, it is not the intent of this Ordinance to interfere with legitimate medical clinics or the legal use of controlled substances; and

**WHEREAS**, the BOCC finds and declares a need to impose regulations on pain management clinics and to limit the number of pain management clinics licensed to operate in Hillsborough County.

**NOW, THEREFORE, BE IT ORDAINED BY THE BOARD OF COUNTY COMMISSIONERS OF HILLSBOROUGH COUNTY, FLORIDA:**

**SECTION 1: TITLE.**

This Ordinance shall be known and may be cited as the "Pain Management Clinic Ordinance."

**SECTION 2: LEGISLATIVE FINDINGS AND AUTHORITY.**

The recitals set forth above are incorporated herein. The BOCC finds and declares there exists an emergency need to enact an ordinance requiring the regulation of certain

pain management clinics operating in Hillsborough County and to prevent the opening of any new clinics.

This Ordinance is enacted pursuant to Florida Statutes Section 125.66, and under the home rule powers of Hillsborough County and is in the best interest of the health, peace, safety and general welfare of the people of Hillsborough County.

**SECTION 3: PURPOSE AND INTENT.**

The purpose and intent of this Ordinance is to promote the health, safety and general welfare of the residents of Hillsborough County through the regulation of certain pain management clinics (as defined below) currently in operation and to prevent the opening of any additional pain management clinics.

**SECTION 4: DEFINITIONS.**

- A. Applicant** means the owner or a person or person(s) authorized by the owner to complete an application for a license to operate a pain management clinic.
- B. Chronic Nonmalignant Pain** means pain unrelated to cancer, which persists beyond the usual course of the disease or injury that is the cause of the pain, for more than ninety (90) days after surgery.
- C. Code Enforcement Officer** means any employee designated as a code enforcement officer pursuant to Florida Statutes Sections 125.69 or 162.21.
- D. Department** shall mean the Department designated by the County Administrator to administer the mandates of this Ordinance.
- E. 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 which employs a physician who is primarily engaged in the treatment of pain<sup>1</sup>, and is required to register with the Florida Department of Health pursuant to Florida Statutes Sections 458.309 or 459.005. Also included in this definition are centers designating themselves as a pain research center and, which may or may not be required to be registered with the State even though controlled substance medications are dispensed or prescribed to patients. Pain management clinic does not include clinics:

1. Licensed as a facility pursuant to Florida Statutes Chapter 395;

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<sup>1</sup> For the purposes of this Ordinance, a physician will be considered primarily engaged in the treatment of pain, by prescribing or dispensing controlled substance medications when the majority of the patients seen are prescribed or dispensed controlled substance medications for the treatment of chronic nonmalignant pain.

2. Where the majority of the physicians who provide services in the clinic primarily provide surgical services;
3. 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;
4. Affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows;
5. That do not prescribe or dispense controlled substances for the treatment of pain; or
6. Owned by a corporate entity exempt from federal taxation under 26 U.S.C. 501(c)(3) or (4).

**F. License** shall mean a certificate issued pursuant to this Ordinance by the Department, on an annual basis, authorizing the operation of a specific pain management clinic location in Hillsborough County and which contains the State's required registration number on its face, if applicable. Each license shall at a minimum identify on its face, the clinic's name and physical address, the responsible physician's name, the clinic owner's name and address and the property owner's name and address.

Each license shall have a unique number identification on its face.

**G. Person** means an individual, partnership, corporation, association or other legal entity.

#### **SECTION 5: LICENSE REQUIRED.**

Beginning June 15, 2010, no pain management clinic, as defined in this Ordinance, may operate in Hillsborough County without first obtaining a pain management clinic license issued by the Department; except that any pain management clinic who has filed an application and paid the application fee may continue operating until the Department renders a decision to either grant or deny the license and notifies the clinic of the decision. The clinic must obtain its license, if approved, from the Department within two business days of notification by the Department. Licenses shall be granted only for clinics that satisfy the requirements of this Ordinance, were open and operational prior to June 15, 2010, and have satisfied all other requirements of this Ordinance including the payment of the applicable application and license fees.

**SECTION 6: LICENSE APPLICATION PROCESS AND REQUIREMENTS.**

- A. **Application required** - Any pain management clinic, as defined in Section 4 above, must complete an application available from the Department which shall at a minimum require the applicant to provide the following information:
1. The registration number from the State Department of Health as required by Florida Statutes Section 458.309 or 459.005, if the clinic must be registered in accordance with state law;
  2. Proof satisfactory to the Department that the applicant is or has been conducting business in Hillsborough County as a pain management clinic at the registered location for which the applicant is seeking a Hillsborough County license prior to and up through June 14, 2010;
  3. Designation of the physician who shall be responsible for complying with all requirements related to registration and operation of the clinic and the physician's DEA number. The designated physician must have a full, active, and unencumbered license under Florida Statutes Chapters 456 or 459 and shall practice at the clinic location for which the physician has assumed responsibility. Within ten (10) days after termination or absence of a designated physician, the clinic must notify the Department of the identity of another designated physician for the clinic or forfeit the clinic's license;
  4. A list of all persons associated with the management or operation of the clinic, whether paid or unpaid, part-time or full time, including all contract labor and independent contractors. This list includes, but is not limited, to all owners, operators, employees and volunteers. For persons listed, the following additional information must be provided:
    - A. The person's title;
    - B. A current home address, telephone number and date of birth;
    - C. A list of all criminal convictions whether misdemeanor or felony;
    - D. A copy of a current Florida driver's license or a government issued photo I.D.; and
    - E. A set of fingerprints.
  5. The property owner's name, address, telephone number and a copy of a Florida driver's license or a government issued photo I.D., if the property owner is different than the clinic owner.
  6. A copy of a valid business tax receipt required pursuant to Florida

Statutes Chapter 205, issued before June 15, 2010;

7. Whether the pain management clinic dispenses controlled substances at the pain management clinic site;
  8. A floor plan of the pain management clinic showing the location and size of the waiting area, location and size of the patient rooms and location of any type of diagnostic equipment. In addition, if any controlled substances are dispensed at the site or are stored at the site and the location and method of security for any controlled substances kept on the clinic's premises.
  9. Any other information the Department Director deems necessary; and
  10. A sworn and notarized statement from both the designated physician and the clinic owner attesting to the veracity and accuracy of the information provided in the application.
  11. In the event that any information provided in the application changes, a new updated application must be filed with the Department in accordance with Section 9 below within ten (10) days of the change.
- B. Application Fee and Requirements** - Each application for a pain management clinic license shall be accompanied by a nonrefundable application fee in the amount of One Thousand Five Hundred Dollars (\$1,500.00). The application fee is in addition to the One Thousand Five Hundred Dollar (\$1,500.00) annual license fee. Any changes to the application or license fees authorized by this Ordinance may be accomplished by Resolution of the BOCC without the need to revise this Ordinance.

It is the applicant's sole responsibility to provide accurate contact information when submitting the application to the Department. If the application for a pain management clinic license is not properly completed, in the sole discretion of the Department, the Department shall notify the designated contact person listed in the application. A completed application must be received by the Department within fifteen (15) business days of receipt of the deficiency notice from the Department in order to avoid assessment of another application fee. Failure to timely respond within the fifteen (15) days shall result in a denial of the application as incomplete. A new application must then be submitted that is accompanied by the full nonrefundable application fee, in order to request a license.

- C. The Department shall perform inspection(s) of the facility as necessary to determine whether or not the application submitted is accurate in all respects and

to verify a physician licensed under Florida Statutes Chapter 456 or 459 is on the premises during all times medications are dispensed or prescribed.

- D. Beginning June 15, 2010, no pain management clinic may operate in Hillsborough County without a valid Hillsborough County License (as defined herein) except as provided in Section 5 above. In addition, it shall be a violation of this Ordinance for the property owner where the clinic is situated to allow an unlicensed pain management clinic to open or operate without a valid pain management clinic license, except as provided in Section 5, above.

**SECTION 7: GROUNDS FOR LICENSE DENIAL OR REVOCATION.**

The Department Director shall deny or revoke a pain management clinic license upon the occurrence of one or more of the following:

- A. An application contains material false information or missing information;
- B. The clinic is not registered, if required, with the State in accordance with Florida Statutes Section 458.309 or Section 459.005, or has had its registration suspended or revoked by the State;
- C. A copy of a valid business tax receipt issued prior to June 15, 2010, is not submitted with the application for each clinic location;
- D. The clinic was not open and fully operational immediately prior to June 15, 2010;
- E. Failure to allow for inspection of the clinic at any time by a code enforcement officer, law enforcement officer, or any other person authorized to enforce ordinance violations in Hillsborough County at any time the clinic is open or occupied;
- F. Failure to abide by any provision of this Ordinance;
- G. Allowing any person to work or volunteer at the clinic, whether paid or unpaid, who has been convicted of or plead guilty or nolo contendere to, (even if sealed or expunged) an offense that constitutes a felony for receipt of illicit and diverted drugs, including any controlled substance listed in Schedule I, Schedule II, Schedule III, Schedule IV, or Schedule V of Florida Statutes Section 893.03, or any other state, or the United States;
- H. The facility is owned by or has any contractual or employment relationship with a physician:
  - 1. whose Drug Enforcement Administration number has ever been revoked;

2. whose application for a license to prescribe, dispense, or administer a controlled substance has been denied or revoked by any jurisdiction;
3. who has been convicted of or plead guilty or nolo contendere to, (even if sealed or expunged) an offense that constitutes a felony for receipt of illicit and/or diverted drugs, including any controlled substance listed in Schedule I, Schedule II, Schedule III, Schedule IV, or Schedule V of Florida Statutes Section 893.03, or any other state, or the United States; or
4. whose license has been suspended or revoked or has had other action taken as a result of physician's personal abuse of drugs or alcohol.

The Department Director may grant an exception to sub-sections G and H above, if more than ten (10) years have elapsed since the adjudication date.

- I. The fact that an appeal is pending for any items listed in G and H, above, has no effect on the Department Director's obligation to deny or revoke a pain management clinic license.
- J. If the payment for the application fee or license fee is invalid or uncollectible for any reason.

**SECTION 8: ADDITIONAL LICENSE COMPLIANCE REQUIREMENTS.**

1. A valid Hillsborough County pain management clinic license issued pursuant to this Ordinance must be prominently displayed in a common public area of the pain management clinic no later than June 15, 2010, except as provided in Section 5, above.
2. In the event any information contained in the license application changes, a new updated application must be filed with the Department within ten (10) days of the change. Failure to do so will result in license revocation and penalty as provided for in Section 13, below.
3. A pain management clinic license is non-transferable and cannot be assigned. Whenever ownership or management of a pain management clinic changes, a new application must be filed for a new license and all applicable fees paid.
4. A valid business tax receipt must be maintained by the pain management clinic.
5. Any code enforcement officer, law enforcement officer, or any other persons authorized to enforce county ordinances must be allowed access for inspections of the clinic premises at any time someone is present.

6. The designated physician shall secure all prescription pads so that only authorized persons may access them. Beginning on June 15, 2010, every written prescription must include the clinic's name, address and Hillsborough County's license number.
7. The pain management clinic shall not limit the form of payment for services, prescriptions or drugs to cash only.
8. The hours of operation of the pain management clinic shall be limited to 9:00 a.m. to 7:00 p.m., Monday through Friday and 9:00 a.m. to 5:00 p.m. on Saturday.

**SECTION 9: REVIEW OF LICENSE DENIAL OR REVOCATION.**

The Department Director shall provide written notice of the denial of any new or renewed application specifying in writing the grounds therefor. The owner of the clinic whose application has been denied (except for an incomplete application) or revoked may request a review before the Code Enforcement Board in writing. The request must be received by Hillsborough County's Citizen Boards Support Office within fifteen (15) calendar days, of the date of the notice. The review shall be assigned to either the Code Enforcement Board or the Code Enforcement Special Magistrate. Hearings will be conducted in accordance with Hillsborough County Ordinance No. 05-5 which governs code violations. The decision of the Code Enforcement Board or Special Magistrate shall be final. Any clinic that has a license denied or non-renewed (except for an incomplete license), may not re-apply for a period of six (6) months.

Any license that has been denied or revoked may not be reissued to any of the owner(s) or the physician(s) listed on the application regardless of the clinic's name for five (5) years except, that when the denial is solely based on an incomplete application, there is no prohibition against reapplying.

**SECTION 10: LICENSE RENEWALS.**

Licenses required for pain management clinics shall be valid for only one (1) year. At least thirty (30) days prior to expiration of the license, a renewal application must be submitted, along with a non-refundable renewal application fee of One Thousand Five Hundred Dollars (\$1,500.00). Provided the pain management clinic named in the renewal application and all information on the application are in compliance with this Ordinance, a renewal license shall be issued by the Department, after payment of an annual license fee of One Thousand Five Hundred Dollars (\$1,500.00). Renewal licenses shall only be issued to businesses that were previously licensed and who timely file a renewal application.

**SECTION 11: VIOLATION AND INSPECTIONS.**

It shall be unlawful for any person to violate any provision of this Ordinance or to operate a pain management clinic without a valid County issued pain management clinic license. Any code enforcement officer, law enforcement officer, or any other persons authorized to enforce county ordinances may enter the clinic premises and conduct an inspection to determine compliance with this Ordinance at any time someone is present on the premises.

**SECTION 12: SERVICE OF NOTICE; PUBLIC RECORDS.**

1. Any notice required by this Ordinance shall be in writing and sent by certified mail or hand delivery to the mailing address set forth on the application for the pain management clinic license, except that notices for Code violations shall be provided in the manner prescribed by Hillsborough County Ordinance No. 05-5. The mailing address set for the in the application shall be considered the correct mailing address.
2. Any information contained in an application under this Ordinance is subject to the public records law, Florida Statutes Chapter 119, unless specifically exempted by law.

**SECTION 13: ENFORCEMENT AND PENALTIES.**

The County's code enforcement officers, law enforcement or any other person authorized to enforce county ordinances may enforce the provisions of this Ordinance. Any enforcement action or legal remedy available under controlling state law, including, but not limited to, prosecution as a misdemeanor with a fine not exceeding Five Hundred Dollars (\$500.00) or by imprisonment for a term not exceeding sixty (60) days or by both fine and imprisonment, may be imposed as a penalty. When enforced by a code enforcement officer, the enforcement provisions and procedures contained in Code Enforcement Ordinance No. 05-5, as may be amended, are incorporated herein by reference and will apply. Nothing contained herein shall prevent the County from taking such other lawful action in law and equity as may be necessary to remedy any violation of, or refusal to comply with, any part of this Ordinance, including but not limited to:

1. Pursuit of injunctive and/or declaratory relief in a court of competent jurisdiction;  
or
2. Initiating any action to recover any and all damages that may result from a violation of or refusal to comply with any part of this Ordinance; or
3. Utilizing any other action or enforcement method allowable by law.

**SECTION 14: ALLOCATION OF FEES AND FINES.**

Fees collected pursuant to this Ordinance shall be used exclusively to pay for the County's administrative costs including but not limited to the application process, inspections and enforcement activities. To the extent allowed by state law, the Clerk of the Circuit Court, as accountant for the BOCC, is hereby directed to deposit civil fines collected pursuant to this Ordinance into the Victim Assistance, Consumer Protection, Crime Prevention and Youth Advocacy Trust Fund.

**SECTION 15: SEVERABILITY.**

If any section, subsection, sentence, clause, phrase or provision of this Ordinance is for any reason held invalid or unconstitutional by any Court of competent jurisdiction, such holding shall not be construed to render the remaining provisions of this Ordinance invalid or unconstitutional.

**SECTION 16: INCLUSION IN THE HILLSBOROUGH COUNTY CODE.**

The provisions of this Ordinance shall be included and incorporated in the Hillsborough County Code, as an addition or amendment thereto, and shall be appropriately renumbered to conform to the uniform numbering system of the Hillsborough County Code, once established.

**SECTION 17: FILING OF EMERGENCY ORDINANCE AND EFFECTIVE DATE.**

This Ordinance has passed as an emergency ordinance with a vote of at least four-fifths of the membership of the Hillsborough County BOCC. A certified copy of this Ordinance shall be filed with the Florida Department of State. In accordance with the provisions of Florida Statutes Section 125.66(3) governing emergency ordinances, this Ordinance shall be deemed filed and shall take effect when a copy has been accepted by the United States postal authorities for special delivery by certified mail to the Department of State.

**THE REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK**

STATE OF FLORIDA                    )  
COUNTY OF HILLSBOROUGH        )

I, PAT FRANK, Clerk of the Circuit Court and Ex Officio Clerk of the Board of County Commissioners of Hillsborough County, Florida, do hereby certify that the above and foregoing is a true and correct copy of an emergency ordinance adopted by the Board at its regular meeting of May 19, 2010, by a vote of 7 voting yes and 0 voting no, as the same appears in record in Minute Book 408 of the Public Records of Hillsborough County, Florida.

WITNESS my hand and official seal this 20th day of May,  
2010.

PAT FRANK  
CLERK OF THE CIRCUIT COURT

BY: Gweneth Anne Miller  
Deputy Clerk



APPROVED BY COUNTY ATTORNEY  
AS TO FORM AND LEGAL SUFFICIENCY:

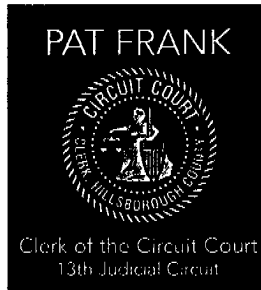
By: [Signature]

**Acknowledgement from the State not yet received.**

**Ordinance effective upon receipt by the United States postal authority.**

Emergency Ordinance

No legal ad required.



May 20, 2010

MS LIZ CLOUD CHIEF  
BUREAU OF ADMINISTRATIVE CODE  
DEPARTMENT OF STATE  
500 SOUTH BRONOUGH ST RA GRAY BLDG RM 101  
TALLAHASSEE FL 32399-0250

Re: Ordinance #10-8E  
Emergency Ordinance Regulating Pain Managment Clinics Operating in  
Hillsborough County

Dear Ms. Cloud:

Pursuant to the filing requirements of Florida Statutes 125.66, we are forwarding (by certified mail) an executed original of Hillsborough County Ordinance #10-8E, adopted by the Board of County Commissioners on May 19, 2010. It is respectfully requested that you provide this office with the required official acknowledgment of your receipt and filing of said ordinance.

Sincerely,

  
Julia Poupart,  
Director, BOCC Records/VAB

md  
Attachment  
Certified Mail # 7003 3110 0004 4683 0486

9840 6994 4000 0710 0710 0002

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Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.32</b>



Sent To	LIZ CLOUD PROGRAM ADMIN
Street, Apt. No., or PO Box No.	FLORIDA DEPARTMENT OF STATE
City, State, ZIP+4	R A GRAY BLDG 500 S BRONOUGH STREET ROOM 101 TALLAHASSEE FL 32399-0250

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <b>X</b> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">LIZ CLOUD PROGRAM ADMIN FLORIDA DEPARTMENT OF STATE R A GRAY BLDG 500 S BRONOUGH STREET ROOM 101 TALLAHASSEE FL 32399-0250</p> <p style="text-align: center;"><i>* Please Return Receipt *</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center;">7003 3110 0004 4683 0486</p>
<p>PS Form 3811, February 2004 <span style="margin-left: 200px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE



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Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	

*Sent To* LIZ CLOUD PROGRAM ADMIN  
 FLORIDA DEPARTMENT OF STATE  
 R A GRAY BLDG  
 500 S BRONOUGH STREET ROOM 101  
 TALLAHASSEE FL 32399-0250

PS Form 3800, June 2002
See Reverse for Instructions

**FLORIDA COUNTY ORDINANCE DATA RETRIEVAL SYSTEM  
(CODRS) CODING FORM**

Instructions: Florida's Department of State, Bureau of Administrative Code has developed the County Ordinance Data Retrieval System (CODRS) to facilitate the tracking of County ordinances in Florida's 67 Counties. CODRS' data base is composed of over 25,000 county ordinances enacted since 1974.

We request your cooperation in completing this coding form. It is to be completed whenever your county enacts a new ordinance. Simply complete this form and include it with other pertinent ordinance information that is submitted to the Bureau of Administrative Code.

To code this form properly, please refer to the "keyfields" description sheet that has been given to your County Attorney's Office. If you do not have this sheet please contact the Bureau. We will be happy to fax one to you for referencing purposes. Please fill out this form as completely as is possible.

Thank you for your assistance. Should you need further assistance please contact the Bureau of Administrative Code, Department of State at (850)245-6270 or Suncom 205-6270.

COUNTY: Hillsborough COUNTY ORDINANCE # 10-8E  
(e.g., 00-001)

PRIMARY KEYFIELD  
DESCRIPTOR: Pain Management Clinic

SECONDARY KEYFIELD  
DESCRIPTOR: Licenses/Permits

OTHER KEYFIELD  
DESCRIPTOR: Health

ORDINANCE DESCRIPTION: Pain Mgt. Clinic Licenses  
(25 characters maximum including spaces)

ORDINANCES AMENDED: (List below the ordinances that are amended by this legislation. If more than two, list the most recent two.)

AMENDMENT # 1: ( ) AMENDMENT # 2: ( )

ORDINANCES REPEALED: (List below the ordinances that are repealed by this legislation.) N/A

REPEAL # 1: ( ) REPEAL # 3: ( )

REPEAL # 2: ( ) REPEAL # 4: ( )

(Others repealed: List all that apply): \_\_\_\_\_

(FOR OFFICE USE ONLY): COUNTY CODE NUMBER: ( )

KEYFIELD 1 CODE: ( ) KEYFIELD 2 CODE: ( )

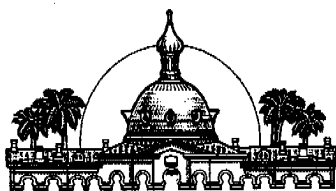
KEYFIELD 3 CODE: ( )

Rev. 4/10/01

# Office of the County Attorney

## BOARD OF COUNTY COMMISSIONERS

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Rose V. Ferlita  
Ken Hagan  
Al Higginbotham  
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Hillsborough County  
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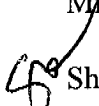
Renée Francis Lee, County Attorney  
Donald R. Odom, Deputy County Attorney

## Managing Attorneys

Christine M. Beck  
Robert E. Brazel  
Hank Ennis  
Mary Helen Farris  
Susan J. Fernandez  
Sheree C. Fish  
Adam J. Gormly  
Jennie Granahan Tarr

## MEMORANDUM

**TO:** Mildred Dixon, BOCC Records

**FROM:**  Sheree C. Fish, Managing Attorney

**SUBJECT:** PAIN MANAGEMENT CLINIC ORDINANCE

**DATE:** May 20, 2010

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An original final copy of the above-referenced ordinance adopted as an emergency ordinance by the BOCC on May 19, 2010, is attached. Please number and certify the ordinance and file with the Florida Department of State in accordance with Section 125.66(3), Florida Statutes, which provides for the ordinance to take effect when a copy is accepted by the postal authorities for special delivery by certified mail to the Department of State.

Please provide this office with a numbered, certified copy indicating the mailing date so that we will know the date of enactment. We would also appreciate a date-stamped copy of the official acknowledgment from the Department of State indicating receipt of the ordinance.

Thank you for your assistance with this matter. If you have any questions, please do not hesitate to contact me.

SCF:cb

Attachments

601 E. Kennedy Boulevard, 27th Floor  
Post Office Box 1110 · Tampa, Florida 33601

(813) 272-5670

Fax: (813) 272-5231

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