

# **SPECIAL EXCEPTION USE AFFIDAVIT OF COMPLIANCE WITH CONDITIONS OF APPROVAL**

[Med-Ped Associates, P.A.]. (23-SE-003)

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I, Marcina Joseph, being sworn, do hereby certify and affirm that the following statements are true:

I have read in its entirety the [Med-Ped Associates, P.A. & 23-SE-003] Development Review Report, any Supplemental Development Review Reports, and all attachments and exhibits associated with the special exception use application filed with the City of Lauderhill, Florida Planning and Zoning Division and understand its contents. *I further acknowledge that Special Exception Use applications are reviewed and will be subject to approval by the Lauderhill City Commission in a quasi-judicial hearing and my attendance at the hearing, or the attendance of my representative or designee, is required to ensure all facts pertaining to the matter are put on record.*

I have read and understand the below described conditions of approval and voluntarily agree to comply with all said conditions. I understand that no Special Exception will be executed or approved in final until and unless this signed Affidavit is submitted to the City:

1. This Special Exception Use Development Order allows for no controlled substance prescriptions to anyone other than a patient in connection with a procedure performed or to be performed at the Medical Office.
2. The Office, Medical, with Controlled Substance Provider use is restricted to a total of 2,500 square feet as indicated in the lease agreement. The expansion, alteration, enlargement or removal to another location of this use is prohibited and shall be unlawful unless the City Commission amends this development order to allow such expansion, alteration, enlargement or removal to another location. Notwithstanding the above, through the site plan modification process, the City Commission delegates to the Development Review Committee (DRC) the authority to allow the floor plan to be altered; however, the DRC is without authority to allow the expansion, enlargement, reduction or removal of the use to another location.
3. This Special Exception Use Development Order for Office, Medical with Controlled Substance Provider shall be specifically granted to Med-Ped Associates, P.A. and shall cover the licensed practitioners of Med-Ped Associates, P.A. (to include both employee practitioners and independent contractors working for Med-Ped Associates, P.A. where for clarification, such independent contractor bills under the billing number of Med-Ped Associates, P.A. and the patients are patients of record of Med-Ped Associates, P.A., and such development order cannot be assigned, leased, subleased, transferred or otherwise conveyed to another entity. Any change of corporate ownership affecting 51% percent or more of the interest of the business or any of its assets in any manner shall trigger this provision. Further, this special exception use development order shall automatically expire and become null and void if any entity other than Med-Ped Associates, P.A. operates the medical space. All practitioners, employees, agents and independent contractors are subject to and covered by the express terms and conditions of the Special Exception Use Development Order.

# SPECIAL EXCEPTION USE AFFIDAVIT OF COMPLIANCE WITH CONDITIONS OF APPROVAL

[Med-Ped Associates, P.A.]. (23-SE-003)

Any violation of these conditions may result in a public hearing before the City Commission in order to determine whether this special exception use development order should be revoked, suspended or modified.

I understand that I am swearing or affirming under oath the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement may include the modification, suspension or revocation of any resolution adopting the special exception use application and any certificate of use associated with the special exception use approval.

Print your name: Marcina Joseph

Sign your name: Marcina Joseph  
Date signed: 4/26/2023

The foregoing instrument was acknowledged before me this 26 day of April, 2023, by Marcina Joseph, who is personally known to me or who has produced FL Dr. LLC as identification and who did take an oath.

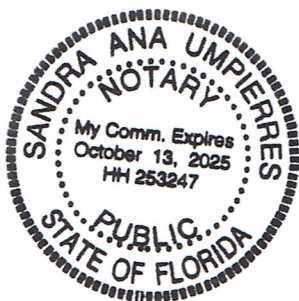
Notary public

Print your name: Sandra Ana UmPierres

Sign your name: UmPierres

State of Florida at Large Seal

My Commission Expires: 10/13/2025





# **SPECIAL EXCEPTION USE AFFIDAVIT OF COMPLIANCE WITH CONDITIONS OF APPROVAL**

[Med-Ped Associates, P.A.]. (23-SE-003)

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I, RUFUS JOSEPH, being sworn, do hereby certify and affirm that the following statements are true:

I have read in its entirety the [Med-Ped Associates, P.A. & 23-SE-003] Development Review Report, any Supplemental Development Review Reports, and all attachments and exhibits associated with the special exception use application filed with the City of Lauderdale, Florida Planning and Zoning Division and understand its contents. *I further acknowledge that Special Exception Use applications are reviewed and will be subject to approval by the Lauderdale City Commission in a quasi-judicial hearing and my attendance at the hearing, or the attendance of my representative or designee, is required to ensure all facts pertaining to the matter are put on record.*

I have read and understand the below described conditions of approval and voluntarily agree to comply with all said conditions. I understand that no Special Exception will be executed or approved in final until and unless this signed Affidavit is submitted to the City:

1. This Special Exception Use Development Order allows for no controlled substance prescriptions to anyone other than a patient in connection with a procedure performed or to be performed at the Medical Office.
2. The Office, Medical, with Controlled Substance Provider use is restricted to a total of 2,500 square feet as indicated in the lease agreement. The expansion, alteration, enlargement or removal to another location of this use is prohibited and shall be unlawful unless the City Commission amends this development order to allow such expansion, alteration, enlargement or removal to another location. Notwithstanding the above, through the site plan modification process, the City Commission delegates to the Development Review Committee (DRC) the authority to allow the floor plan to be altered; however, the DRC is without authority to allow the expansion, enlargement, reduction or removal of the use to another location.
3. This Special Exception Use Development Order for Office, Medical with Controlled Substance Provider shall be specifically granted to Med-Ped Associates, P.A. and shall cover the licensed practitioners of Med-Ped Associates, P.A. (to include both employee practitioners and independent contractors working for Med-Ped Associates, P.A. where for clarification, such independent contractor bills under the billing number of Med-Ped Associates, P.A. and the patients are patients of record of Med-Ped Associates, P.A., and such development order cannot be assigned, leased, subleased, transferred or otherwise conveyed to another entity. Any change of corporate ownership affecting 51% percent or more of the interest of the business or any of its assets in any manner shall trigger this provision. Further, this special exception use development order shall automatically expire and become null and void if any entity other than Med-Ped Associates, P.A. operates the medical space. All practitioners, employees, agents and independent contractors are subject to and covered by the express terms and conditions of the Special Exception Use Development Order.

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Any violation of these conditions may result in a public hearing before the City Commission in order to determine whether this special exception use development order should be revoked, suspended or modified.

I understand that I am swearing or affirming under oath the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement may include the modification, suspension or revocation of any resolution adopting the special exception use application and any certificate of use associated with the special exception use approval.

Print your name: \_\_\_\_\_

RUFUS  
Joseph

Sign your name: \_\_\_\_\_

Date signed: \_\_\_\_\_

4/27/23 *Rufus Joseph*

The foregoing instrument was acknowledged before me this 27 day of April, 2023, by RUFUS JOSEPH, who is personally known to me or who has produced FLDC as identification and who did take an oath.

Notary public

Print your name: \_\_\_\_\_

*Sandra Ana UmPierres*

Sign your name: \_\_\_\_\_

*Sandra Ana UmPierres*

State of Florida at Large Seal

My Commission Expires: \_\_\_\_\_

10/13/2025

