

**CITY OF MIRAMAR
PROPOSED CITY COMMISSION AGENDA ITEM**

Meeting Date: July 7, 2021

Presenter's Name and Title: Burnadette Norris-Weeks, City Attorney

Prepared By: Norman C. Powell, City Attorney

Temp. Reso. Number: 7442

Item Description: Temp. Reso. #R7442 authorizing the City of Miramar, Florida to join with the State of Florida and other local governmental units as a participant in the Florida Memorandum of Understanding and Formal Agreements, implementing a unified plan for the proposed allocation and use of the opioid litigation settlement proceeds. (City Attorney Burnadette Norris-Weeks)

Consent ☐ Resolution ☒ Ordinance ☐ Quasi-Judicial ☐ Public Hearing ☐

Instructions for the Office of the City Clerk: None

Public Notice – As required by the Sec. ____ of the City Code and/or Sec. ____, Florida Statutes, public notice for this item was provided as follows: on _____ in a _____ ad in the _____; by the posting the property on _____ and/or by sending mailed notice to property owners within ____ feet of the property on _____
(fill in all that apply)

Special Voting Requirement – As required by Sec. _____, of the City Code and/or Sec. _____, Florida Statutes, approval of this item requires a _____ (unanimous, 4/5ths etc.) vote by the City Commission.

Fiscal Impact: Yes ☐ No ☒

REMARKS: No Fiscal Impact

Content:

- **Agenda Item Memo from the City Manager to City Commission**
- **Resolution TR7442**
 - **Exhibit A: Florida Plan**



**CITY OF MIRAMAR
INTEROFFICE MEMORANDUM**

TO: Mayor, Vice Mayor, & City Commissioners

FROM: *we* Vernon E. Hargray, City Manager *V. Hargray*

BY: Burnadette Norris-Weeks, City Attorney

DATE: July 1, 2021

RE: Temp. Reso. No. 7442, authorizing the City of Miramar Florida to join with the state of Florida and other local governmental units as a participant in the Florida Memorandum of Understanding and Formal Agreements implementing a unified plan for the proposed allocation and use of the opioid litigation settlement proceeds

RECOMMENDATION: The City Manager recommends approval of Temp. Reso. No. 7442 authorizing the City of Miramar, Florida to join with the State of Florida and other local governmental units as a participant in the Florida Memorandum of Understanding (the "Florida Plan") and Formal Agreements, implementing a unified plan for the proposed allocation and use of the opioid litigation settlement proceeds.

ISSUE: City Commission approval is required to join with the State of Florida and other local governmental units as a participant in the Florida Plan and Formal Agreements implementing a unified plan.

BACKGROUND: The entire State of Florida has suffered harm as a result of the opioid epidemic. The State of Florida has filed an action, pending in Pasco County, Florida and a number of Florida Cities and Counties have also filed an action, In re: National Prescription Opiate Litigation, MDL No. 2804 (N.D. Ohio) (the "Opioid Litigation") and the City is a litigating participant in that action. The State of Florida and lawyers representing various local governments involved in the Opioid Litigation have proposed a unified plan for the allocation and use of prospective settlement dollars from opioid related litigation. The Florida Plan sets forth a framework of a unified plan for the proposed allocation and use of opioid settlement proceeds. It is anticipated that Formal Agreements implementing

the Florida Plan will be entered into at a future date. Participation in the Florida Plan by a large majority of Florida cities and counties will materially increase the amount of funds to Florida and should improve Florida's relative bargaining position during additional settlement negotiations. Failure to participate in the Florida Plan will reduce funds available to the State, the City, and every other Florida city and county.

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**CITY OF MIRAMAR
MIRAMAR, FLORIDA**

RESOLUTION NO. _____

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF MIRAMAR, FLORIDA, AUTHORIZING THE CITY OF MIRAMAR FLORIDA TO JOIN WITH THE STATE OF FLORIDA AND OTHER LOCAL GOVERNMENTAL UNITS AS A PARTICIPANT IN THE FLORIDA MEMORANDUM OF UNDERSTANDING AND FORMAL AGREEMENTS IMPLEMENTING A UNIFIED PLAN FOR THE PROPOSED ALLOCATION AND USE OF OPIOID LITIGATION SETTLEMENT PROCEEDS; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the City of Miramar, Florida ("City") has suffered harm from the opioid epidemic; and

WHEREAS, the City recognizes that the entire State of Florida has suffered harm as a result of the opioid epidemic; and

WHEREAS, the State of Florida has filed an action pending in Pasco County, Florida and a number of Florida Cities and Counties have also filed an action, In re: National Prescription Opiate Litigation, MDL No. 2804 (N.D. Ohio) (the "Opioid Litigation") and the City is a litigating participant in that action; and

WHEREAS, the State of Florida and lawyers representing various local governments involved in the Opioid Litigation have proposed a unified plan for the allocation and use of prospective settlement dollars from opioid related litigation; and

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WHEREAS, the Florida Memorandum of Understanding (the “Florida Plan”) sets forth a framework of a unified plan for the proposed allocation and use of opioid settlement proceeds and it is anticipated that Formal Agreements implementing the Florida Plan will be entered into on a future date; and

WHEREAS, participation in the Florida Plan by a large majority of Florida cities and counties will materially increase the amount of funds to Florida and should improve Florida’s relative bargaining position during additional settlement negotiations; and

WHEREAS, failure to participate in the Florida Plan will reduce funds available to the State, the City, and every other Florida city and county.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF MIRAMAR, FLORIDA, AS FOLLOWS:

Section 1. Adoption of Representations. The foregoing “Whereas” clauses are hereby ratified and confirmed as being true, and the same are hereby made a specific part of this Resolution.

Section 2. Participation in Florida Plan. The City Commission finds that participation in the Florida Plan would be in the best interest of the City and its citizens in that such a plan ensures that almost all of the settlement funds go to abate and resolve the opioid epidemic and each and every city and county receives funds for the harm that it has suffered.

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Section 3. Support for Unified Plan. The City hereby expresses its support of a unified plan for the allocation and use of opioid settlement proceeds as generally described in the Florida Plan, attached hereto as Exhibit "A."

Section 4. Authorization. The City Manager is hereby expressly authorized to execute the Florida Plan in substantially the form contained in Exhibit "A." The Manager is also authorized to execute the any Formal Agreements implementing a unified plan for the allocation and use of opioid settlement proceeds that is not substantially inconsistent with the Florida Plan and this Resolution.

Section 5. Recordation by City Clerk. The City Clerk for the City of Miramar, Florida is hereby instructed to record this Resolution in the appropriate record book upon its adoption.

Section 6. Transmittal. The City Clerk for the Miramar, Florida is hereby directed to furnish a certified copy of this Ordinance/Resolution to the Florida League of Cities/Florida Association of Counties and Attorney General Ashley Moody c/o John M. Guard The Capitol, PL-01 Tallahassee, FL 32399-1050

Section 7. Effective Date. This Resolution shall be effective immediately upon its passage and adoption.

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PASSED AND ADOPTED this _____ day of _____, _____.

Mayor, Wayne M. Messam

Vice Mayor, Yvette Colbourne

ATTEST:

City Clerk, Denise A. Gibbs

I HEREBY CERTIFY that I have approved
this RESOLUTION as to form:

City Attorney,
Austin Pamies Norris Weeks Powell, PLLC

Requested by Administration

Commissioner Winston F. Barnes
Commissioner Maxwell B. Chambers
Vice Mayor Yvette Colbourne
Commissioner Alexandra P. Davis
Mayor Wayne M. Messam

Voted

Reso. No. _____



ASHLEY MOODY
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April 13, 2021

Mayor Frank C. Ortis
City of Pembroke Pines
601 City Center Way
Pembroke Pines, FL 33025
fortis@ppines.com

RE: Opioid Litigation

Dear Mayor Ortis:

My name is John Guard and I am the Chief Deputy Attorney General for the State of Florida (the "State"). Since she took office, Attorney General Moody has been heavily involved in leading both the State's ongoing opioid litigation and several different negotiations with defendants in that litigation. Those negotiations have included litigation counsel representing cities and counties.

As part of those negotiations to enable Florida to achieve the maximum amount recoverable for both the State and its subdivisions, the State has been negotiating for a lengthy time with outside counsel for nearly all litigating political subdivisions within the State. After multiple sessions and significant compromise by both sides, the attached memorandum of understanding ("MOU") has been reached. We have offered and the lawyers for the litigating subdivisions are recommending to their clients that the attached MOU be accepted. This proposal is the result of numerous meetings and includes feedback and comments from many local subdivisions. Based on the status of this litigation, the likely structure of any resolution, the potential litigation risks in the absence of such an agreement, the State believe that this proposal reflects a reasonable compromise between the State and its political subdivisions.

The purpose of this letter is to summarize the primary terms of the MOU and attempt to anticipate questions that you, your commission, and your internal and/or other legal counsel may have regarding this litigation and allocation proposal.

What cases does this MOU apply?

This allocation agreement is intended to govern the distribution of settlement proceeds obtained through the Purdue Pharma L.P. ("Purdue") bankruptcy, the Mallinckrodt PLC ("Mallinckrodt") bankruptcy, the distributor (Cardinal Health, Inc., McKesson Corp., and AmerisourceBergen Corp. (collectively referred to as the "Distributors")) and Johnson & Johnson ("J&J") potential deal, as well as any additional settlements obtained related to the opioid litigation.

Why is an allocation agreement necessary and why now?

Almost 100 political subdivisions within the State of Florida, as well as the State of Florida itself, have filed suit against numerous entities engaged in the manufacture, marketing, promotion, distribution or dispensing of opioids. Another 30 political subdivisions within the State of Florida have filed claims in the Purdue bankruptcy.

The State and the Plaintiffs' Executive Committee for the Opioid Litigation Multi-District Litigation panel (the "PEC") are in ongoing negotiations with Purdue, Mallinckrodt, the Distributors, and J&J with potential resolutions anticipated in the coming weeks. Under the likely settlement structure for these cases, states and their political subdivisions are strongly incentivized to reach a joint resolution of all State and political subdivision claims. Under the Distributor and J&J deal, the State and its subdivisions receive a substantially larger settlement amount the higher the number of subdivisions sign on to the deal. Therefore, it is in the best interest of all political subdivisions and the State of Florida to reach an allocation agreement which will permit the joint resolution of all claims within the state.

The deals contemplate the need for relatively quick buy in by subdivisions in order to maximize recovery. The pace of negotiations is accelerating, and Purdue has filed its plan of reorganization. Given this accelerating pace, there is a greater sense of urgency among all counsel to come to agreement and resolve how monies are going to be allocated, so that we can move Purdue, Mallinckrodt, and other potential settlements toward finality. Given the Sunshine law, the likely need for public notice and comment, and the complexity of the deals, we need to agree to an allocation plan now to ensure that Florida maximizes recovery.

How can funds be utilized?

You will see as you review the MOU that the State and its subdivisions, who execute this MOU, are agreeing that almost all the funds from any settlement will go to abatement activities. In other words, funds must be utilized for strategies, programming and services used to expand the availability of treatment for individuals impacted by Opioid Use Disorder or co-occurring Substance Use Disorder and Mental Health disorders ("Approved Purposes"). A non-exclusive list of potential abatement programs and uses are included in Exhibits A and B to the agreement. The list was developed nationally consulting with public health officials in multiple states, experts for the states and subdivisions, and officials within the United States Department of Health and Human Services. These uses are intended to best serve the overall purpose and

intention of this litigation, which is to abate the continuing public health crisis of opioid addiction within our communities.

While supported by the State, this requirement was imposed the defendants for tax and other reasons. It is also necessary to militate against the United States seeking substantial amounts of settlement funds from both the State and subdivisions as recoupment.

How are the funds allocated amongst the States?

While not part of the MOU, the States have been negotiating the national allocation for almost two years with an agreement reached in late 2019. Florida's interstate allocation is 7.03%. That allocation is the second largest allocation in the nation ahead of Texas, which is the second largest state. Florida is one of a handful of states whose allocation is greater and greater by a significant percentage above its population (Florida has 6.54% of the United States' population). The only states that have larger gains over their population are the opioid belt states: West Virginia, Kentucky, etc. The interstate allocation is the product of two measures. One calculated by the PEC and the other calculated by the States. The data sets chosen are slightly different (including different years and what measures were selected), but the main difference is that some states demanded that population play a more significant factor in the state allocation and it is not a factor in the PEC calculation. Given how much Florida's allocation percentage is above its population, the need in these settlements to maximize the number of states settling, and the potential litigation risks in the absence of such an agreement, it would be our recommendation that cities and counties accept the interstate allocation.

How much money does the State expect for it and its subdivisions?

It depends. Each of the current or proposed settlements are for different lengths of time and each contain different variability. In Purdue, payments are paid over a ten-year period and vary with the performance of the ongoing business of the new company and payments from third parties. In Mallinckrodt, payment amounts are still being negotiated, but will be paid over seven years and will vary depending on the value of the emerging company seven years later as part of the recovery is warrants in the re-emerged company. In the Distributor and J&J proposed deal, the proposed deal is over eighteen years and the amount paid varies depending on subdivision participation and whether other subdivisions file opioid related litigation in the future. As part of the MOU, the State is willing to seek judicial or legislative action to reduce the variability of the monies, especially in connection with the Distributor and J&J deal. Our current best guess based on projections and assuming total participation is \$120-140M a year for the first few years, \$90-110M a year for the middle years, and then \$60-70M a year for the later years of the deal for the State and its subdivisions. Again, these numbers can and will vary and hopefully will increase if additional settlements are reached.

How are the funds allocated amongst the State and its subdivisions?

This Proposal divides all settlement funds between three funds: (1) the City/County Fund; (2) the Regional Fund; and (3) the State Fund.

The **City/County Fund** consists of 15% of the total settlement amounts allocable to the State of Florida. These funds are distributed to all counties and qualifying municipalities in the State of Florida.

The allocation of the City/County Fund between counties and municipalities is based on a model referred to as the “Negotiation Class Metrics.” This model was developed in the National Prescription Opiate MDL by the PEC, and considers: (1) the amount of opioids shipped to the county; (2) the number of opioid deaths that occurred in that county; and (3) the number of people who suffer opioid use disorder in that county. Allocations between counties and municipalities within each county use historical federal data showing how the specific county and the cities within it have made opioids-related expenditures in the past.

We have attached a spreadsheet to this letter that provides you an estimated amount per year for an amount within each range in the previous question.

The **Regional Fund** consists of a sliding scale between 30% and 40% of the total settlement amounts allocable to the State of Florida, with the largest percentages occurring in the immediate years after settlement and decreasing over time.

These funds are allocated to counties in accordance with the “Negotiating Class Metrics” described above. In the case of counties with a population of over 300,000, and which satisfy other criteria regarding abatement infrastructure, (termed “Qualified Counties”) these funds are provided directly to the county. For the remainder of counties within the State, these funds are provided to the Managing Entity (the entity that the State has contracted with to provide substance abuse treatment) for that county, to be spent on approved purposes within the region that the county is a part.

For Counties with populations greater than 300,000: We encourage you to review the definition of Qualified County in the MOU, so that you can understand the other requirements that you will have to meet. Importantly, the definition of Qualified County requires that you reach an agreement with at least some municipalities (at least 50% of the population) within your county as to how these funds are spent. The requirements of such agreements are subject to further discussion and negotiation.

We have attached a spreadsheet to this letter that provides you an estimated amount per year for an amount within each range in the previous question. The amount will vary for qualified counties depending on how many municipalities in that County: (1) join a settlement; and (2) enter an agreement with a County.

For Counties with populations less than 300,000 or that do not qualify as a Qualified County: Currently, a majority of the monies being utilized to respond to the opioid epidemic in the State flow through Managing Entities located regionally who provide service in each community. When we traveled the state before COVID and had discussions with many of you, most (outside a couple large counties) indicated that they

had a good working relationship with their Managing Entity. Indeed, several indicated that they were already involved with their Managing Entity. The actual dollar amounts annually paid to smaller counties under the contemplated settlement agreements are not substantial enough to support standalone programs. Given that reality, but wanting to maximize services locally, it made sense to have the monies flow through the existing structure to expand services in each county. If there are issues or problems with Managing Entities, we are happy to engage. We are also happy to try and help communities get involved in or engage with their Managing Entity.

We have attached a spreadsheet to this letter that demonstrates the amounts attributable to each county per year for an amount within each range in the previous question.

The **State Fund** consists of the remaining 45% to 55% of the total settlement amounts allocable to the State of Florida, depending on the amount of the Regional Fund above. As with the City/County Fund and Regional Fund, these funds must be spent on Approved Purposes

Why should we agree to this allocation?

The proposed allocation in the MOU is better than the alternative that subdivisions will receive if they do not enter an agreement with the State. Two of the defendants who we have negotiated with, Purdue and Mallinckrodt are now in bankruptcy. In advance of and in connection with those bankruptcies, the states, the PEC, and city and county representatives negotiated a default intrastate allocation and agreed that it will apply unless a state and its cities and counties agree to something else. A Deputy County Attorney for Broward County, Florida, was involved in the negotiations related to Purdue. Something like the Purdue default allocation is currently in the draft connected to the Distributor and J&J deal.

The allocation above is superior for Florida's subdivisions than that default allocation. Indeed, the State offered substantial improvements over those terms from the beginning of the negotiations that led to this MOU. We have attached a copy of the Purdue abatement term sheet for your review. Under that default allocation, there is no city/county fund. Only subdivisions with populations greater than 400,000 people are eligible to receive any monies directly. Almost all the monies will flow through the Managing Entities who are regionally supplying services. The allocation percentages for the regional bucket are dollar based and decrease to half, far more quickly than in the MOU. In other words, the allocation in this MOU allows a far greater recovery directly to each Florida city and county than the alternative and greater recoveries regionally for all subdivisions.

The allocation is also better than the cities and counties would achieve if damages were proportionally allocated. In the Purdue bankruptcy, over one hundred twenty-five Florida subdivisions filed proofs of claims. When the size of those claims is compared to that of the State's claim, the State's claim was more than four, almost five times larger than all the subdivisions' claims combined. Subdivisions are getting substantially more than what their proportional share would be. The State is willing to agree to the larger because it frankly reflects the reality of how monies are currently being spent and is consistent with how the legislature has been appropriating monies to combat this crisis.

If individual subdivisions do not agree to a settlement, what will happen?

If there are hold outs or subdivisions that do not respond, the MOU contemplates that the State will either file a new suit or sever its claims against settling defendants from its existing opioid lawsuit and add political subdivisions and through either a class action mechanism or declaratory relief seek to bar future subdivision claims. Such action is necessary to ensure that the State and any subdivisions that agree to a settlement maximize their recoveries. This not a novel position and there is a substantial body of Florida law that exists that the State may resolve and release public claims including subdivision claims.¹ That being said, the State would prefer that we reach agreement on the allocation under the proposed MOU and handle things consensually. But, if there are holdouts, the State is prepared to litigate or seek legislation from the legislature to ensure that cities and counties that agree to this MOU are protected and will receive the recovery contemplated under the allocation.

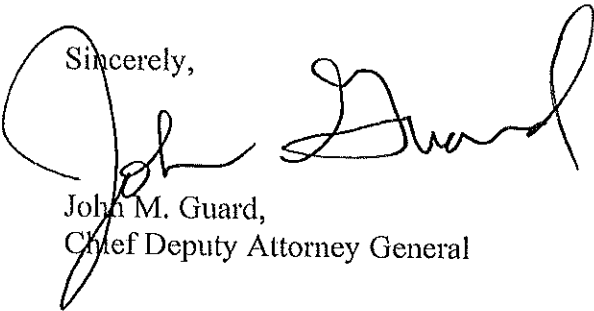
What are the next steps and the timeline?

We would ask that you review the attached MOU and proposed model resolution supporting an agreement on the MOU terms. We will be scheduling calls to answer questions about the MOU. We would ask each subdivision to think about who is attending each session and ensure that any of those discussions will not violate Florida's government-in-the-sunshine law. If you will contact my administrator, Janna Barineau, by e-mail (Janna.Barineau@myfloridalegal.com), we will include you in those discussions. After those discussions, we would then ask that you follow Florida law for approving such a resolution by your commission and in due course, pass it, and return a copy to me at the address on the first page of the letter. Potential settlements are anticipated in the coming weeks or months, but I cannot tell you exactly when a settlement will be finalized. These proposed settlements are

¹ See Fla. Stat. §501.207(1)(c)(authorizing the Attorney General to bring “[a]n action on behalf of one or more consumers or **government entities** for actual damages...” under Florida’s Deceptive and Unfair Trade Practices Act); e.g., *Engle v. Liggett Group, Inc.*, 945 So. 2d 1246, 1258-62 (Fla. 2006); *Young v. Miami Beach Improvement Co.*, 46 So. 2d 26, 30 (Fla. 1950); *Castro v. Sun Bank of Bal Harbour*, 370 So. 2d 392, 393 (Fla. 3d DCA1979); *City of New Port Richey v. State ex rel. O’Malley*, 145 So. 903, 905 (Fla. 2d DCA 1962); also *State of Florida ex rel. Shevin v. Exxon Corp.*, 526 F.2d 266, 275 (5th Cir. 1976) (holding that the Attorney General could file suit seeking damages for injuries sustained by government entities who had not specifically authorized the Attorney General to do so); *Eggers v. City of Key West*, 2007 WL 9702450, at *3 (S.D. Fla. Feb. 26, 2007) (concluding “[a]pplicable Florida law states that a judgment in an action brought against a public entity that adjudicates matters of general interest to the citizens of the jurisdiction is binding on all citizens of that jurisdiction.”); *Aerojet-General Corp. v. Askew*, 366 F. Supp. 901, 908-11 (N.D. Fla. 1973).

anticipated to include provisions which establish time limits on agreements between states and political subdivisions. As a result, we would request that you pass a resolution in the next 60-90 days, if possible.

Sincerely,

A handwritten signature in black ink, appearing to read "John M. Guard". The signature is fluid and cursive, with a large initial "J" and a long, sweeping underline.

John M. Guard,
Chief Deputy Attorney General

cc: Samuel Goren
Goren, Cherof, Doody & Ezrol P.A.
3099 East Commercial Boulevard Ste 200
Pembroke Pines, FL 33308-4348
sgoren@gorencherof.com

Enc. Proposal with Ex. A and B
Recovery Spreadsheet
Purdue Abatement Term Sheet

PROPOSAL
MEMORANDUM OF UNDERSTANDING

Whereas, the people of the State of Florida and its communities have been harmed by misfeasance, nonfeasance and malfeasance committed by certain entities within the Pharmaceutical Supply Chain;

Whereas, the State of Florida, through its Attorney General, and certain Local Governments, through their elected representatives and counsel, are separately engaged in litigation seeking to hold Pharmaceutical Supply Chain Participants accountable for the damage caused by their misfeasance, nonfeasance and malfeasance;

Whereas, the State of Florida and its Local Governments share a common desire to abate and alleviate the impacts of that misfeasance, nonfeasance and malfeasance throughout the State of Florida;

Whereas, it is the intent of the State of Florida and its Local Governments to use the proceeds from Settlements with Pharmaceutical Supply Chain Participants to increase the amount of funding presently spent on opioid and substance abuse education, treatment and other related programs and services, such as those identified in Exhibits A and B, and to ensure that the funds are expended in compliance with evolving evidence-based “best practices”;

Whereas, the State of Florida and its Local Governments, subject to the completion of formal documents that will effectuate the Parties’ agreements, enter into this Memorandum of Understanding (“MOU”) relating to the allocation and use of the proceeds of Settlements described herein; and

Whereas, this MOU is a preliminary non-binding agreement between the Parties, is not legally enforceable, and only provides a basis to draft formal documents which will effectuate the Parties’ agreements.

A. Definitions

As used in this MOU:

1. “Approved Purpose(s)” shall mean forward-looking strategies, programming and services used to expand the availability of treatment for individuals impacted by substance use disorders, to: (a) develop, promote, and provide evidence-based substance use prevention strategies; (b) provide substance use avoidance and awareness education; (c) decrease the oversupply of licit and illicit opioids; and (d) support recovery from addiction. Approved Purposes shall include, but are not limited to, the opioid abatement strategies listed on Exhibits A and B which are incorporated herein by reference.

2. “Local Governments” shall mean all counties, cities, towns and villages located within the geographic boundaries of the State.

3. “Managing Entities” shall mean the corporations selected by and under contract with the Florida Department of Children and Families or its successor (“DCF”) to manage the

daily operational delivery of behavioral health services through a coordinated system of care. The singular "Managing Entity" shall refer to a singular of the Managing Entities.

4. "County" shall mean a political subdivision of the state established pursuant to s. 1, Art. VIII of the State Constitution.

5. "Municipalities" shall mean cities, towns, or villages of a County within the State with a Population greater than 10,000 individuals and shall also include cities, towns or villages within the State with a Population equal to or less than 10,000 individuals which filed a Complaint in this litigation against Pharmaceutical Supply Chain Participants. The singular "Municipality" shall refer to a singular of the Municipalities.

6. "Negotiating Committee" shall mean a three-member group comprised by representatives of the following: (1) the State; and (2) two representatives of Local Governments of which one representative will be from a Municipality and one shall be from a County (collectively, "Members") within the State. The State shall be represented by the Attorney General or her designee.

7. "Negotiation Class Metrics" shall mean those county and city settlement allocations which come from the official website of the Negotiation Class of counties and cities certified on September 11, 2019 by the U.S. District for the Northern District of Ohio in *In re National Prescription Opiate Litigation*, MDL No. 2804 (N.D. Ohio). The website is located at <https://allocationmap.iclaimsonline.com>.

8. "Opioid Funds" shall mean monetary amounts obtained through a Settlement as defined in this MOU.

9. "Opioid Related" shall have the same meaning and breadth as in the agreed Opioid Abatement Strategies attached hereto as Exhibits A or B.

10. "Parties" shall mean the State and Local Governments. The singular word "Party" shall mean either the State or Local Governments.

11. "PEC" shall mean the Plaintiffs' Executive Committee of the National Prescription Opiate Multidistrict Litigation pending in the United States District Court for the Northern District of Ohio.

12. "Pharmaceutical Supply Chain" shall mean the process and channels through which Controlled Substances are manufactured, marketed, promoted, distributed or dispensed.

13. "Pharmaceutical Supply Chain Participant" shall mean any entity that engages in, or has engaged in the manufacture, marketing, promotion, distribution or dispensing of an opioid analgesic.

14. "Population" shall refer to published U.S. Census Bureau population estimates as of July 1, 2019, released March 2020, and shall remain unchanged during the term of this MOU. These estimates can currently be found at <https://www.census.gov>

15. "Qualified County" shall mean a charter or non-chartered county within the State that: has a Population of at least 300,000 individuals and (a) has an opioid taskforce of which it is a member or operates in connection with its municipalities or others on a local or regional basis; (b) has an abatement plan that has been either adopted or is being utilized to respond to the opioid epidemic; (c) is currently either providing or is contracting with others to provide substance abuse prevention, recovery, and treatment services to its citizens; and (d) has or enters into an agreement with a majority of Municipalities (Majority is more than 50% of the Municipalities' total population) related to the expenditure of Opioid Funds. The Opioid Funds to be paid to a Qualified County will only include Opioid Funds for Municipalities whose claims are released by the Municipality or Opioid Funds for Municipalities whose claims are otherwise barred.

16. "SAMHSA" shall mean the U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration.

17. "Settlement" shall mean the negotiated resolution of legal or equitable claims against a Pharmaceutical Supply Chain Participant when that resolution has been jointly entered into by the State and Local Governments or a settlement class as described in (B)(1) below.

18. "State" shall mean the State of Florida.

B. Terms

1. **Only Abatement** - Other than funds used for the Administrative Costs and Expense Fund as hereinafter described in paragraph 6 and paragraph 9, respectively), all Opioid Funds shall be utilized for Approved Purposes. To accomplish this purpose, the State will either file a new action with Local Governments as Parties or add Local Governments to its existing action, sever settling defendants, and seek entry of a consent order or other order binding both the State, Local Governments, and Pharmaceutical Supply Chain Participant(s) ("Order"). The Order may be part of a class action settlement or similar device. The Order shall provide for continuing jurisdiction of a state court to address non-performance by any party under the Order. Any Local Government that objects to or refuses to be included under the Order or entry of documents necessary to effectuate a Settlement shall not be entitled to any Opioid Funds and its portion of Opioid Funds shall be distributed to, and for the benefit of, the other Local Governments.

2. **Avoid Claw Back and Recoupment** - Both the State and Local Governments wish to maximize any Settlement and Opioid Funds. In addition to committing to only using funds for the Expense Funds, Administrative Costs and Approved Purposes, both Parties will agree to utilize a percentage of funds for the core strategies highlighted in Exhibit A. Exhibit A contains the programs and strategies prioritized by the U.S. Department of Justice and/or the U.S. Department of Health & Human Services ("Core Strategies"). The State is trying to obtain the United States' agreement to limit or reduce the United States' ability to recover or recoup monies from the State and Local Government in exchange for prioritization of funds to certain projects. If no agreement is reached with the United States, then there will be no requirement that a percentage be utilized for Core Strategies.

3. **Distribution Scheme** - All Opioid Funds will initially go to the State, and then be distributed according to the following distribution scheme. The Opioid Funds will be divided into three funds after deducting costs of the Expense Fund detailed in paragraph 9 below:

- (a) City/County Fund- The city/county fund will receive 15% of all Opioid Funds to directly benefit all Counties and Municipalities. The amounts to be distributed to each County and Municipality shall be determined by the Negotiation Class Metrics or other metrics agreed upon, in writing, by a County and a Municipality. For Local Governments that are not within the definition of County or Municipality, those Local Governments may receive that government's share of the City/County Fund under the Negotiation Class Metrics, if that government executes a release as part of a Settlement. Any Local Government that is not within the definition of County or Municipality and that does not execute a release as part of a Settlement shall have its share of the City/County Fund go to the County in which it is located.
- (b) Regional Fund- The regional fund will be subdivided into two parts.
 - (i) The State will annually calculate the share of each County within the State of the regional fund utilizing the sliding scale in section 4 of the allocation contained in the Negotiation Class Metrics or other metrics that the Parties agree upon.
 - (ii) For Qualified Counties, the Qualified County's share will be paid to the Qualified County and expended on Approved Purposes, including the Core Strategies identified in Exhibit A, if applicable.
 - (iii) For all other Counties, the regional share for each County will be paid to the Managing Entities providing service for that County. The Managing Entities will be required to expend the monies on Approved Purposes, including the Core Strategies. The Managing Entities shall endeavor to the greatest extent possible to expend these monies on counties within the State that are non-Qualified Counties and to ensure that there are services in every County.
- (c) State Fund - The remainder of Opioid Funds after deducting the costs of the Expense Fund detailed in paragraph 9, the City/County Fund and the Regional Fund will be expended by the State on Approved Purposes, including the provisions related to Core Strategies, if applicable.
- (d) To the extent that Opioid Funds are not appropriated and expended in a year by the State, the State shall identify the investments where settlement funds will be deposited. Any gains, profits, or interest accrued from the deposit of the Opioid Funds to the extent that any funds are not appropriated and expended within a calendar year, shall be the sole property of the Party that was entitled to the initial deposit.

4. Regional Fund Sliding Scale- The Regional Fund shall be calculated by utilizing the following sliding scale of the Opioid Funds available in any year:

- A. Years 1-6: 40%
- B. Years 7-9: 35%
- C. Years 10-12: 34%
- D. Years 13-15: 33%
- E. Years 16-18: 30%

5. Opioid Abatement Taskforce or Council - The State will create an Opioid Abatement Taskforce or Council (sometimes hereinafter "Taskforce" or "Council") to advise the Governor, the Legislature, Florida's Department of Children and Families ("DCF"), and Local Governments on the priorities that should be addressed as part of the opioid epidemic and to review how monies have been spent and the results that have been achieved with Opioid Funds.

- (a) Size - The Taskforce or Council shall have ten Members equally balanced between the State and the Local Governments.
- (b) Appointments Local Governments - Two Municipality representatives will be appointed by or through Florida League of Cities. Two county representatives, one from a Qualified County and one from a county within the State that is not a Qualified County, will be appointed by or through the Florida Association of Counties. The final representative will alternate every two years between being a county representative (appointed by or through Florida Association of Counties) or a Municipality representative (appointed by or through the Florida League of Cities). One Municipality representative must be from a city of less than 50,000 people. One county representative must be from a county less than 200,000 people and the other county representative must be from a county whose population exceeds 200,000 people.
- (c) Appointments State -
 - (i) The Governor shall appoint two Members.
 - (ii) The Speaker of the House shall appoint one Member.
 - (iii) The Senate President shall appoint one Member.
 - (iv) The Attorney General or her designee shall be a Member.
- (d) Chair - The Attorney General or designee shall be the chair of the Taskforce or Council.
- (e) Term - Members will be appointed to serve a two-year term.

- (f) Support - DCF shall support the Taskforce or Council and the Taskforce or Council shall be administratively housed in DCF.
- (g) Meetings - The Taskforce or Council shall meet quarterly in person or virtually using communications media technology as defined in section 120.54(5)(b)(2), Florida Statutes.
- (h) Reporting - The Taskforce or Council shall provide and publish a report annually no later than November 30th or the first business day after November 30th, if November 30th falls on a weekend or is otherwise not a business day. The report shall contain information on how monies were spent the previous fiscal year by the State, each of the Qualified Counties, each of the Managing Entities, and each of the Local Governments. It shall also contain recommendations to the Governor, the Legislature, and Local Governments for priorities among the Approved Purposes for how monies should be spent the coming fiscal year to respond to the opioid epidemic.
- (i) Accountability - Prior to July 1st of each year, the State and each of the Local Governments shall provide information to DCF about how they intend to expend Opioid Funds in the upcoming fiscal year. The State and each of the Local Government shall report its expenditures to DCF no later than August 31st for the previous fiscal year. The Taskforce or Council will set other data sets that need to be reported to DCF to demonstrate the effectiveness of Approved Purposes. All programs and expenditures shall be audited annually in a similar fashion to SAMHSA programs. Local Governments shall respond and provide documents to any reasonable requests from the State for data or information about programs receiving Opioid Funds.
- (j) Conflict of Interest - All Members shall adhere to the rules, regulations and laws of Florida including, but not limited to, Florida Statute §112.311, concerning the disclosure of conflicts of interest and recusal from discussions or votes on conflicted matters.

6. **Administrative Costs**- The State may take no more than a 5% administrative fee from the State Fund ("Administrative Costs") and any Regional Fund that it administers for counties that are not Qualified Counties. Each Qualified County may take no more than a 5% administrative fee from its share of the Regional Funds.

7. **Negotiation of Non-Multistate Settlements** - If the State begins negotiations with a Pharmaceutical Supply Chain Participant that is separate and apart from a multi-state negotiation, the State shall include Local Governments that are a part of the Negotiating Committee in such negotiations. No Settlement shall be recommended or accepted without the affirmative votes of both the State and Local Government representatives of the Negotiating Committee.

8. **Negotiation of Multistate or Local Government Settlements** - To the extent practicable and allowed by other parties to a negotiation, both Parties agree to communicate with

members of the Negotiation Committee regarding the terms of any other Pharmaceutical Supply Chain Participant Settlement.

9. **Expense Fund** - The Parties agree that in any negotiation every effort shall be made to cause Pharmaceutical Supply Chain Participants to pay costs of litigation, including attorneys' fees, in addition to any agreed to Opioid Funds in the Settlement. To the extent that a fund sufficient to pay the entirety of all contingency fee contracts for Local Governments in the State of Florida is not created as part of a Settlement by a Pharmaceutical Supply Chain Participant, the Parties agree that an additional expense fund for attorneys who represent Local Governments (herein "Expense Fund") shall be created out of the City/County fund for the purpose of paying the hard costs of a litigating Local Government and then paying attorneys' fees.

- (a) The Source of Funds for the Expense Fund- Money for the Expense Fund shall be sourced exclusively from the City/County Fund.
- (b) The Amount of the Expense Fund- The State recognizes the value litigating Local Governments bring to the State of Florida in connection with the Settlement because their participation increases the amount Incentive Payments due from each Pharmaceutical Supply Chain Participant. In recognition of that value, the amount of funds that shall be deposited into the Expense fund shall be contingent upon on the percentage of litigating Local Government participation in the Settlement, according to the following table:

Litigating Local Government Participation in the Settlement (by percentage of the population)	Amount that shall be paid into the Expense Fund from (and as a percentage of) the City/County fund
96 to 100%	10%
91 to 95%	7.5%
86 to 90%	5%
85%	2.5%
Less than 85%	0%

If fewer than 85% percent of the litigating Local Governments (by population) participate, then the Expense Fund shall not be funded, and this Section of the MOU shall be null and void.

- (c) The Timing of Payments into the Expense Fund- Although the amount of the Expense Fund shall be calculated based on the entirety of payments due to the City/County fund over a ten to eighteen year period, the Expense Fund shall be funded entirely from payments made by Pharmaceutical Supply Chain Participants during the first two years of the Settlement. Accordingly, to offset the amounts being paid from the City/County to the Expense Fund in the first two years, Counties or Municipalities may borrow from the Regional Fund during the first two years and pay the borrowed amounts back to the Regional Fund during years three, four, and five.

For the avoidance of doubt, the following provides an illustrative example regarding the calculation of payments and amounts that may be borrowed under the terms of this MOU, consistent with the provisions of this Section:

Opioid Funds due to State of Florida and Local Governments (over 10 to 18 years):	\$1,000
Litigating Local Government Participation:	100%
City/County Fund (over 10 to 18 years):	\$150
Expense Fund (paid over 2 years):	\$15
Amount Paid to Expense Fund in 1st year:	\$7.5
Amount Paid to Expense Fund in 2nd year:	\$7.5
Amount that may be borrowed from Regional Fund in 1st year:	\$7.5
Amount that may be borrowed from Regional Fund in 2nd year:	\$7.5
Amount that must be paid back to Regional Fund in 3rd year:	\$5
Amount that must be paid back to Regional Fund in 4th year:	\$5
Amount that must be paid back to Regional Fund in 5th year:	\$5

- (d) Creation of and Jurisdiction over the Expense Fund- The Expense Fund shall be established, consistent with the provisions of this Section of the MOU, by order of the Circuit Court of the Sixth Judicial Circuit in and for Pasco County, West Pasco Division New Port Richey, Florida, in the matter of *The State of Florida, Office of the Attorney General, Department of Legal Affairs v. Purdue Pharma L.P., et al.*, Case No. 2018-CA-001438 (the "Court"). The Court shall have jurisdiction over the Expense Fund, including authority to allocate and disburse amounts from the Expense Fund and to resolve any disputes concerning the Expense Fund.
- (e) Allocation of Payments to Counsel from the Expense Fund- As part of the order establishing the Expense Fund, counsel for the litigating Local Governments shall seek to have the Court appoint a third-neutral to serve as a special master for purposes of allocating the Expense Fund. Within 30 days of entry of the order appointing a special master for the Expense Fund, any counsel who intend to seek an award from the Expense Fund shall provide the copies of their contingency fee contracts to the special master. The special master shall then build a mathematical model, which shall be based on each litigating Local Government's share under the Negotiation Class Metrics and the rate set forth in their contingency contracts, to calculate a proposed award for each litigating Local Government who timely provided a copy of its contingency contract.

10. **Dispute resolution**- Any one or more of the Local Governments or the State may object to an allocation or expenditure of Opioid Funds solely on the basis that the allocation or expenditure at issue (a) is inconsistent with the Approved Purposes; (b) is inconsistent with the distribution scheme as provided in paragraph 3, or (c) violates the limitations set forth herein with respect to administrative costs or the Expense Fund. There shall be no other basis for bringing an objection to the approval of an allocation or expenditure of Opioid Funds.

Schedule A

Core Strategies

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies (“**Core Strategies**”)[, such that a minimum of __% of the [aggregate] state-level abatement distributions shall be spent on [one or more of] them annually].¹

A. Naloxone or other FDA-approved drug to reverse opioid overdoses

1. Expand training for first responders, schools, community support groups and families; and
2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

B. Medication-Assisted Treatment (“MAT”) Distribution and other opioid-related treatment

1. Increase distribution of MAT to non-Medicaid eligible or uninsured individuals;
2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;
3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and
4. Treatment and Recovery Support Services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication with other support services.

C. Pregnant & Postpartum Women

1. Expand Screening, Brief Intervention, and Referral to Treatment (“SBIRT”) services to non-Medicaid eligible or uninsured pregnant women;
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder (“OUD”) and other Substance Use Disorder (“SUD”)/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and
3. Provide comprehensive wrap-around services to individuals with Opioid Use Disorder (OUD) including housing, transportation, job placement/training, and childcare.

D. Expanding Treatment for Neonatal Abstinence Syndrome

1. Expand comprehensive evidence-based and recovery support for NAS babies;
2. Expand services for better continuum of care with infant-need dyad; and
3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

¹ As used in this Schedule A, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs. Priorities will be established through the mechanisms described in the Term Sheet.

E. Expansion of Warm Hand-off Programs and Recovery Services

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;
2. Expand warm hand-off services to transition to recovery services;
3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions. ;
4. Provide comprehensive wrap-around services to individuals in recovery including housing, transportation, job placement/training, and childcare; and
5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. Treatment for Incarcerated Population

1. Provide evidence-based treatment and recovery support including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and
2. Increase funding for jails to provide treatment to inmates with OUD.

G. Prevention Programs

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);
2. Funding for evidence-based prevention programs in schools.;
3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);
4. Funding for community drug disposal programs; and
5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. Expanding Syringe Service Programs

1. Provide comprehensive syringe services programs with more wrap-around services including linkage to OUD treatment, access to sterile syringes, and linkage to care and treatment of infectious diseases.

I. Evidence-based data collection and research analyzing the effectiveness of the abatement strategies within the State.

Schedule B

Approved Uses

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:²

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration.
2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH conditions
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
6. Treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.
8. Training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
10. Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD or mental health conditions, including but not limited to training,

² As used in this Schedule B, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs. Priorities will be established through the mechanisms described in the Term Sheet.

scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

12. [Intentionally Blank – to be cleaned up later for numbering]

13. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

14. Dissemination of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.

15. Development and dissemination of new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in treatment for or recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.

5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.

7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
11. Training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
14. Create and/or support recovery high schools.
15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have – or at risk of developing – OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Fund Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
6. Training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically-appropriate follow-up care through a bridge clinic or similar approach.

8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
11. Expand warm hand-off services to transition to recovery services.
12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
13. Develop and support best practices on addressing OUD in the workplace.
14. Support assistance programs for health care providers with OUD.
15. Engage non-profits and the faith community as a system to support outreach for treatment.
16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
 - a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI);
 - b. Active outreach strategies such as the Drug Abuse Response Team (DART) model;
 - c. "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
 - d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model;
 - e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

f. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions
4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
6. Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
7. Provide training on best practices for addressing the needs of criminal-justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (NAS), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women – or women who could become pregnant – who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
3. Training for obstetricians or other healthcare personnel that work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; expand long-term treatment and services for medical monitoring of NAS babies and their families.

5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.
6. Child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
7. Enhanced family supports and child care services for parents with OUD and any co-occurring SUD/MH conditions.
8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including but not limited to parent skills training.
10. Support for Children's Services – Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Fund medical provider education and outreach regarding best prescribing practices for opioids consistent with Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Support enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including but not limited to improvements that:
 - a. Increase the number of prescribers using PDMPs;
 - b. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

c. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

7. Increase electronic prescribing to prevent diversion or forgery.

8. Educate Dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Fund media campaigns to prevent opioid misuse.

2. Corrective advertising or affirmative public education campaigns based on evidence.

3. Public education relating to drug disposal.

4. Drug take-back disposal or destruction programs.

5. Fund community anti-drug coalitions that engage in drug prevention efforts.

6. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction – including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

7. Engage non-profits and faith-based communities as systems to support prevention.

8. Fund evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

10. Create of support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address

mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increase availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, individuals at high risk of overdose, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities provide free naloxone to anyone in the community
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expand, improve, or develop data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.
7. Public education relating to immunity and Good Samaritan laws.
8. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
12. Provide training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
13. Support screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in sections C, D, and H relating to first responders, support the following:

1. Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitation, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local, or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services; to support training and technical assistance; or to support other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
2. A dashboard to share reports, recommendations, or plans to spend opioid settlement funds; to show how opioid settlement funds have been spent; to report program or strategy outcomes; or to track, share, or visualize key opioid-related or health-related indicators and supports as identified through collaborative statewide, regional, local, or community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection, and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.
4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g. Hawaii HOPE and Dakota 24/7).
7. Epidemiological surveillance of OUD-related behaviors in critical populations including individuals entering the criminal justice system, including but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (ADAM) system.
8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

RESOLUTION NO. [INSERT]

A Resolution authorizing [City/County] (herein referred to as this "Governmental Unit") to join with the State of Florida and other local governmental units as a participant in the Florida Memorandum of Understanding and Formal Agreements implementing a Unified Plan.

WHEREAS, the [City/County] has suffered harm from the opioid epidemic;

WHEREAS, the [City/County] recognizes that the entire State of Florida has suffered harm as a result from the opioid epidemic;

WHEREAS, the State of Florida has filed an action pending in Pasco County, Florida, and a number of Florida Cities and Counties have also filed an action *In re: National Prescription Opiate Litigation*, MDL No. 2804 (N.D. Ohio) (the "Opioid Litigation") and [City/County] [is/is not] a litigating participant in that action;

WHEREAS, the State of Florida and lawyers representing certain various local governments involved in the Opioid Litigation have proposed a unified plan for the allocation and use of prospective settlement dollars from opioid related litigation;

WHEREAS, the Florida Memorandum of Understanding (the "Florida Plan") sets forth sets forth a framework of a unified plan for the proposed allocation and use of opioid settlement proceeds and it is anticipated that formal agreements implementing the Florida Plan will be entered into at a future date; and,

WHEREAS, participation in the Florida Plan by a large majority of Florida cities and counties will materially increase the amount of funds to Florida and should improve Florida's relative bargaining position during additional settlement negotiations;

WHEREAS, failure to participate in the Florida Plan will reduce funds available to the State, [City/County], and every other Florida city and county;

NOW, THEREFORE, BE IT RESOLVED BY THIS GOVERNMENTAL UNIT:

SECTION 1. That this Governmental Unit finds that participation in the Florida Plan would be in the best interest of the Governmental Unit and its citizens in that such a plan ensures that almost all of the settlement funds go to abate and resolve the opioid epidemic and each and every city and county receives funds for the harm that it has suffered.

SECTION 2. That this Governmental Unit hereby expresses its support of a unified plan for the allocation and use of opioid settlement proceeds as generally described in the Florida Plan, attached hereto as Exhibit "A."

SECTION 3. That [official name] is hereby expressly authorized to execute the Florida Plan in substantially the form contained in Exhibit "A."

SECTION 4. That [official name] is hereby authorized to execute the any formal agreements implementing a unified plan for the allocation and use of opioid settlement proceeds that is not substantially inconsistent with the Florida Plan and this Resolution.

SECTION 5. That the Clerk be and hereby is instructed to record this Resolution in the appropriate record book upon its adoption.

SECTION 6. The clerk of this Governmental Unit is hereby directed to furnish a certified copy of this Ordinance/Resolution to the Florida

[Florida League of Cities/Florida Association of Counties]

Attorney General Ashley Moody
c/o John M. Guard
The Capitol,
PL-01
Tallahassee, FL 32399-1050

SECTION 7. This Resolution shall take effect immediately upon its adoption.

Adopted this day of , _____, 2021.

(Mayor/Commissioner/etc.)

ATTEST: _____

ABATEMENT PLAN TERM SHEET

SUMMARY OF TERMS AND CONDITIONS

THIS TERM SHEET DOES NOT CONSTITUTE (NOR SHALL IT BE CONSTRUED AS) AN OFFER, AGREEMENT OR COMMITMENT¹

Issue	Description
1. APPLICABILITY OF AGREEMENT	These terms (once agreed) shall apply to the allocation of value received under, and shall be incorporated into, any plan of reorganization (the “ Chapter 11 Plan ”) in the chapter 11 cases of Purdue Pharma L.P. and its affiliates (collectively, “ Purdue ”) pending in the U.S. Bankruptcy Court for the Southern District of New York (the “ Bankruptcy Court ”) between the states, territories and the District of Columbia (each a “ State ”) on the one hand, each county, city, town, parish, village, municipality that functions as a political subdivision under State law, or a governmental entity that has the authority to bring Drug Dealer Liability Act (“ DDLA Claims ”) under State law (collectively, the “ Local Governments ”), and each federally recognized Native American, Native Alaskan or American Indian Tribe (each a “ Tribe ”) on the other.
2. PURPOSE	Virtually all creditors and the Court itself in the Purdue bankruptcy recognize the need and value in developing a comprehensive abatement strategy to address the opioid crisis as the most effective use of the funds that can be derived from the Purdue estate (including without limitation insurance proceeds and, if included in the Chapter 11 Plan, payments by third-parties seeking releases). Because of the unique impact the crisis has had throughout all regions of the country, and as repeatedly recognized by Judge Drain, division of a substantial portion of the bankruptcy estate should occur through an established governmental structure, with the use of such funds strictly limited to abatement purposes as provided herein. ²

¹ As a condition to participating in this abatement structure, the settlements that the states of Kentucky and Oklahoma separately entered into with Purdue must be taken into account in any allocation to them or flowing through them. Potential adjustments may include a different Government Participation Mechanism structure for the disbursement of funds to benefit Local Governments in those states or some redirection of funds, which would still be used solely for abatement purposes.

² See, e.g., Hrg. Tr at 149:22-150:5 (Oct. 11, 2019) (“I would hope that those public health steps, once the difficult allocation issues that the parties have addressed here, can be largely left up to the states and municipalities so that they can use their own unique knowledge about their own citizens and how to address them. It may be that some states think it’s more of a law enforcement issue, i.e. interdicting illegal opioids at this point. Others may think education is more important. Others may think treatment is more important.”); *id.* At 175:24-176:6 (“I also think, and again, I didn’t say this lightly, that my hope in the allocation process is that there would be an understanding between the states and the municipalities and localities throughout the whole process that[,] subject to general guidelines on how the money should be used, specific ways to use it would be left up to the states and the municipalities, with guidance from the states primarily.”); Hr’g Tr. At 165:3-165:14 (Nov. 19, 2019) (“I continue to believe that the states play a major role in [the allocation] process. The role I’m envisioning for them is not one where they say we get everything.

Issue	Description
	<p>This approach recognizes that funding abatement efforts – which would benefit most creditors and the public by reducing future effects of the crisis through treatment and other programs – is a much more efficient use of limited funds than dividing thin slices among all creditors with no obligation to use it to abate the opioid crisis. Because maximizing abatement of the opioid crisis requires coordination of efforts by all levels of government, particularly when the abatement needs far exceed the available funds, this structure requires a collaborative process between each State and its Local Governments. This Term Sheet is intended to establish the mechanisms for distribution and allocation of funds to States, Local Governments and Tribes (the “Abatement Funds”) to be incorporated into the Chapter 11 Plan and any order approving the Chapter 11 Plan (Abatement Funds net of the portion thereof allocated to a Tribal Abatement Fund under Section 5 hereof are referred to herein as “Public Funds”). The parties agree that 100% of the Public Funds distributed under the Chapter 11 Plan shall be used to abate the opioid crisis. Specifically, (i) no less than ninety five percent (95%) of the Public Funds distributed under the Chapter 11 Plan shall be used for abatement of the opioid crisis by funding opioid or substance use disorder related projects or programs that fall within the list of uses in <u>Schedule B</u> (the “Approved Opioid Abatement Uses”); (ii) priority shall be given to the core abatement strategies (“Core Strategies”) as identified on <u>Schedule A</u>; and (iii) no more than five percent (5%) of the Public Funds may be used to fund expenses incurred in administering the distributions for the Approved Opioid Abatement Uses, including the process of selecting programs to receive distributions of Public Funds for implementing those programs and in connection with the Government Participation Mechanism³ (“Allowed Administrative Expenses,” and together with the Approved Opioid Abatement Uses, “Approved Uses”).⁴ Notwithstanding anything in this term sheet that might imply to the contrary, projects or programs that constitute Approved Opioid Abatement Uses may be provided by States, State agencies, Local Governments, Local Government agencies or nongovernmental parties and funded from Public Funds.</p>
<p>3. GENERAL NOTES</p>	<p>The governmental entities maintain that the most beneficial and efficient use of limited bankruptcy funds is to dedicate as large a portion as possible to abatement programs addressing the opioid crisis. If this</p>

I think that should be clear and I think it is clear to them. But, rather, where they act – in the best principles of federalism, for their state, the coordinator for the victims in their state.”); Hr’g Tr. at 75:19-76:1 (Jan. 24, 2020) (“Even if there ultimately is an allocation here – and there’s not a deal now, obviously, at this point on a plan. But if there is an allocation that leaves a substantial amount of the Debtors’ value to the states and territories, one of the primary benefits of a bankruptcy case is that the plan can lock in, perhaps only in general ways, but perhaps more in specific ways, how the states use that money . . .”).

³ Capitalized terms not defined where first used shall have the meanings later ascribed to them in this Term Sheet.

⁴ Nothing in this term sheet is intended to, nor does it, limit or permit the ability of funds from the Purdue estate (other than Public Funds) to be used to pay for legal fees and expenses incurred in anticipation of or during Purdue’s chapter 11 case, or once confirmed, in implementing the Chapter 11 Plan.

Issue	Description
	<p>approach is taken, the governmental entities involved in the mediation – states, territories, tribes, counties, cities and others – would commit the Public Funds allocated to them to such future abatement, in lieu of direct payment for their claims.</p> <ul style="list-style-type: none"> a. Resolution of States’ and Local Governments’ claims under this model presumes signoff by and support of the federal government, including an agreement that the federal government will also forego its past damages claims. Continued coordination with the federal government therefore is necessary as this model is finalized. b. This outline addresses the allocation of Abatement Funds among governmental entities to provide abatement programs to the public for the benefit of not only the governmental entities and their constituents, but also a substantial number of other creditors. The States and Local Governments welcome other, private-side creditor groups to enter discussions concerning how such creditors may participate in, contribute to and/or benefit from the government-funded abatement programs contemplated herein in lieu of direct payment on their claims for past damages. c. In addition to providing abatement services, it is understood that, if their claims are to be released in a reorganization plan, a portion of the Purdue estate will also need to be dedicated to personal injury claimants. A proposal regarding such claims is being developed separately. d. All Public Funds distributed from the Purdue bankruptcy estate as part of this abatement structure shall be used only for such Approved Uses. Compliance with these requirements shall be verified through reporting, as set out in Section 8. This outline and the terms herein are intended to apply solely to the use and allocation of Public Funds in the Purdue Chapter 11 Plan, and do not apply to the use or allocation of funds made available as the result of judgments against or settlements with any party other than those released as part of the Chapter 11 Plan.
<p>4. DISBURSEMENT OF FUNDS</p>	<p>Disbursement of Abatement Funds</p> <p>The Bankruptcy Court shall appoint [a third-party administrator (“Administrator”)] [Trustee(s)] who will perform the ministerial task of overseeing distribution of all Abatement Funds, which will consist of all assets transferred to such fund by way of the confirmed Chapter 11 Plan, and any, growth, earnings, or revenues from such assets, as well as proceeds from any future sale of such assets. The [Administrator] [Trustees] shall distribute the Abatement Fund consistent with the Chapter 11 Plan and shall provide to the Bankruptcy Court an annual report on such distributions.</p> <p>[Points to be addressed regarding disbursements:</p>

Issue	Description
	<ul style="list-style-type: none"> • Trigger and timing for disbursements. • Insert details to show how these funds shall be distributed for abatement uses and that the funds will not flow into the state general revenue accounts (unless constitutionally required and, in that event, the funds shall still be disbursed for abatement uses as required by the terms of the document), including possible distribution to state points of contact and block grant recipients. • Possible creation of template document for Abatement Funds distribution requests. • If trust mechanism is employed, trust location and governing law.]
5. ATTORNEYS' FEES AND COSTS FUND	<p>A separate fund will be established for attorneys' fees and litigation costs in the final bankruptcy plan. Agreement by the parties to this Abatement Plan Term Sheet is contingent upon the establishment of this fund and the details of the fund, which are subject to further negotiation, including without limitation the participants, amount, jurisdiction, oversight, and administration. Participation in an abatement program, receipt of abatement services or benefits will not affect, and specific percentages in the abatement structure received by various parties will not determine, the amount of fees and costs that may be recovered.</p>
6. TRIBAL ABATEMENT FUNDING	<ol style="list-style-type: none"> a. [X%] of the Abatement Funds will be allocated to a Tribal Abatement Fund and these funds will not be a part of the structure involving abatement programs funded by state and local governments. b. The Tribes are working on their proposal for allocation among Tribes, which would be included as part of the overall abatement plan. c. The Tribes will use the tribal allocation of Abatement Funds for programs on the approved list of abatement strategies (see <u>Schedule B</u>) and also for culturally appropriate activities, practices, teachings or ceremonies that are, in the judgment of a tribe or tribal health organization, aimed at or supportive of remediation and abatement of the opioid crisis within a tribal community.⁵ The Tribes will have a list of representative examples of such culturally appropriate abatement strategies, practices and programs which is attached as <u>Schedule []</u>. The separate allocation of abatement funding and illustrative list of culturally appropriate abatement strategies recognizes that American Indian and Alaska Native Tribes and the communities they serve possess unique cultural histories, practices, wisdom, and needs that are highly relevant to the health and well-being of American Indian and Alaska Native

⁵ [NTD: Discuss how private claimants will be treated under Tribal Allocation, if at all.]

Issue	Description
	people and that may play an important role in both individual and public health efforts and responses in Native communities.
7. DIVISION OF PUBLIC FUNDS	<p>Public Funds are allocated among the States, the District of Columbia and Territories in the percentages set forth on Schedule C.</p> <p>Except as set forth below in section 7(C) for the District of Columbia and Territories, each State's Schedule C share shall then be allocated within the State in accordance with the following:</p> <ol style="list-style-type: none"> 1. Statewide Agreement. Each State and its Local Governments will have until [the later of 60 days from entry of an order confirming the Chapter 11 Plan or the Effective Date of the Chapter 11 Plan]⁶ (the "Agreement Date") to file with the Bankruptcy Court an agreed-upon allocation or method for allocating the Public Funds for that State dedicated only to Approved Uses (each a "Statewide Abatement Agreement" or "SAA"). Any State and its Local Governments that have reached agreement before the Effective Date of the Chapter 11 Plan that satisfies the metric for approval as described in the immediately following paragraph shall file a notice with the Bankruptcy Court that it has adopted a binding SAA and either include the SAA with its filing or indicate where the SAA is publicly available for the SAA to be effective for the Purdue Bankruptcy. Any dispute regarding allocation within a State will be resolved as provided by the Statewide Abatement Agreement. <p>A Statewide Abatement Agreement shall be agreed when it has been approved by the State and either (a) representatives⁷ of its Local Governments whose aggregate Population Percentages, determined as set forth below, total more than Sixty Percent (60%), or (b) representatives of its Local Governments whose aggregate Population Percentages total more than fifty percent (50%) provided that these Local Governments also represent 15% or more of the State's counties or parishes (or, in the case of States whose counties and parishes that do not function as Local Governments, 15% of or more of the State's incorporated cities or towns), by number.⁸</p>

⁶ Should there be provision for extension of the date for filing Statewide Abatement Agreement?

⁷ An authorized "representative" of local, or even State, government can differ in this Term Sheet depending on the context.

⁸ All references to population in this Term Sheet shall refer to published U. S. Census Bureau population estimates as of July 1, 2019, released March 2020, and shall remain unchanged during the term of this agreement. These estimates can currently be found at <https://www.census.gov/data/datasets/time-series/demo/popest/2010s-counties-total.html>

Issue	Description
	<p>Population Percentages shall be determined as follows:</p> <p>For States with counties or parishes that function as Local Governments,⁹ the Population Percentage of each county or parish shall be deemed to be equal to (a) (1) 200% of the population of such county or parish, minus (2) the aggregate population of all Primary Incorporated Municipalities located in such county or parish,¹⁰ divided by (b) 200% of the State's population. A "Primary Incorporated Municipality" means a city, town, village or other municipality incorporated under applicable state law with a population of at least 25,000 that is not located within another incorporated municipality. The Population Percentage of each primary incorporated municipality shall be equal to its population (including the population of any incorporated or unincorporated municipality located therein) divided by 200% of the State's population; provided that the Population Percentage of a primary incorporated municipality that is not located within a county shall be equal to 200% of its population (including the population of any incorporated or unincorporated municipality located therein) divided by 200% of the State's population. For all States that do not have counties or parishes that function as Local Governments, the Population Percentage of each incorporated municipality (including any incorporated or unincorporated municipality located therein), shall be equal to its population divided by the State's population.</p> <p>The Statewide Abatement Agreement will become effective within fourteen (14) days of filing, unless otherwise ordered by the Bankruptcy Court.</p> <p>A State and its Local Governments may revise, supplement, or refine a Statewide Abatement Agreement by filing an amended Statewide Abatement Agreement that has been approved by the State and sufficient Local Governments to satisfy the approval standards set forth above with the Bankruptcy Court, which shall become effective within fourteen (14) days of filing, unless otherwise ordered by the Bankruptcy Court.</p> <p>2. Default Allocation Mechanism (excluding Territories and DC addressed below). The Public Funds allocable to a State that is not party to a Statewide Abatement Agreement as defined in 7(1) above (each a "Non-SAA State") shall be allocated as between the State and its Local Governments to be</p>

⁹ The following states do not have counties or parishes that function as Local Governments: Alaska, Connecticut, Massachusetts, Rhode Island, and Vermont [INSERT OTHERS]. All other States have counties or parishes that function as Local Governments.

¹⁰ Discuss how to deal with cities and towns that straddle counties.

Issue	Description
	<p>used only for Approved Uses, in accordance with this Section (B) (the “Default Allocation Mechanism”).</p> <p>a. Regions. Except as provided in the final sentence of this paragraph, each Non-SAA State shall be divided into “Regions” as follows: (a) each Qualifying Block Grantee (as defined below) shall constitute a Region; and (b) the balance of the State shall be divided into Regions (such Regions to be designated by the State agency with primary responsibility for substance abuse disorder services employing to the maximum extent practical, existing regions established in that State for opioid abuse treatment or similar public health purposes); such non-Qualifying Block Grantee Regions are referred to herein as “Standard Regions”). The Non-SAA States which have populations under 4 million and do not have existing regions described in the foregoing clause (b) shall not be required to establish Regions;¹¹ such a State that does not establish Regions but which does contain one or more Qualifying Block Grantees shall be deemed to consist of one Region for each Qualifying Block Grantee and one Standard Region for the balance of the State.</p> <p>b. Regional Apportionment. Public Funds shall be allocated to each Non-SAA State, as defined in 7(1) above, as (a) a Regional Apportionment or (b) a Non-Regional Apportionment based on the amount of Public Funds dispersed under a confirmed Chapter 11 Plan as follows:</p> <ul style="list-style-type: none"> i. First \$1 billion – 70% Regional Apportionment/30% Non-Regional Apportionment ii. \$1-\$2.5 billion – 64% Regional Apportionment /36% Non-Regional Apportionment iii. \$2.5-\$3.5 billion – 60% Regional Apportionment /40% Non-Regional Apportionment iv. Above \$3.5 billion – 50% Regional Apportionment /50% Non-Regional Apportionment

¹¹ To the extent they are not parties to a Statewide Abatement Agreement, the following States will qualify as a Non-SAA State that does not have to establish Regions: Connecticut, Delaware, Hawai’i, Iowa, Maine, Nevada, New Hampshire, New Mexico, Rhode Island, Vermont [INSERT OTHERS].

Issue	Description
	<p>c. Qualifying Block Grantee. A “Qualifying Local Government” means a county or parish (or in the cases of States that do not have counties or parishes that function as political subdivision, a city), that (a) either (i) has a population of 400,000 or more or (ii) in the case of California has a population of 750,000 or more and (b) has funded or otherwise manages an established, health care and/or treatment infrastructure (e.g., health department or similar agency) to evaluate, award, manage and administer a Local Government Block Grant.¹² A Qualifying Local Government that elects to receive Public Funds through Local Government Block Grants is referred to herein as a Qualifying Block Grantee.¹³</p> <p>d. Proportionate Shares of Regional Apportionment. As used herein, the “Proportionate Share” of each Region in each Non-SAA State shall be (a) for States in which counties or parishes function as Local Governments, the aggregate shares of the counties or parishes located in such Region under the allocation model employed in connection with the Purdue Bankruptcy (the “Allocation Model”),¹⁴ divided by the aggregate shares for all counties or parishes in the State under the Allocation Model; and (b) for all other States, the aggregate shares of the cities and towns in that Region under the Allocation Model’s intra-county allocation formula, divided by the aggregate shares for all cities and towns¹⁵ in the State under the Allocation Model.</p> <p>e. Expenditure or Disbursement of Regional Apportionment. Subject to 7(2)(i) below regarding Allowed Administrative Expenses, all Regional Apportionments shall be disbursed or expended in the form of Local Government Block Grants or otherwise for Approved Opioids Abatement Uses in the Standard Regions of each Non-SAA State.</p>

¹² As noted in footnote 8, the population for each State shall refer to published U. S. Census Bureau population estimates as of July 1, 2019, released March 2020, and shall remain unchanged during the term of this agreement. These estimates can currently be found at <https://www.census.gov/data/datasets/time-series/demo/popest/2010s-counties-total.html>

¹³ [NTD: Perhaps provide for a Qualifying Political Subdivision to expand to include neighboring areas that are part of its metro area?]

¹⁴ Need to address whether to use the Negotiation Class Allocation Model or other metric to determine Proportionate Share.

¹⁵ Should this be all cities and towns or only primary incorporated municipalities?

Issue	Description
	<p>f. Qualifying Block Grantees. Each Qualifying Block Grantee shall receive its Regional Apportionment as a block grant (a “Local Government Block Grant”).</p> <p>Local Government Block Grants shall be used only for Approved Opioid Abatement Uses by the Qualifying Block Grantee or for grants to organizations within its jurisdiction for Approved Opioid Abatement Uses and for Allowed Administrative Expenses in accordance with 7(2)(i) below. Where a municipality located wholly within a Qualifying Block Grantee would independently qualify as a block grant recipient (“Independently Qualifying Municipality”), the Qualifying Block Grantee and Independently Qualifying Municipality must make a substantial and good faith effort to reach agreement on use of Abatement Funds as between the qualifying jurisdictions. If the Independently Qualifying Municipality and the Qualifying Block Grantee cannot reach such an agreement on or before the Agreement Date [or some later specified date], the Qualifying Block Grantee will receive the Local Government Block Grant for its full Proportionate Share and commit programming expenditures to the benefit of the Independently Qualifying Municipality in general proportion to Proportionate Shares (determined as provided in 7(2)(d) above) of the municipalities within the Qualifying Block Grantee. Notwithstanding the allocation of the Proportionate Share of each Regional Apportionment to the Qualifying Block Grantee, a Qualifying Block Grantee may choose to contribute a portion of its Proportionate Share towards a Statewide program.</p> <p>g. Standard Regions. The portions of each Regional Apportionment not disbursed in the form of Local Government Block Grants shall be expended throughout the Standard Regions of each Non-SAA State in accordance with 95%-105% of the respective Proportionate Shares of such Standard Regions. Such expenditures will be in a manner that will best address Opioid abatement within the State as determined by the State with the input, advice and recommendations of the Government Participation Mechanism described in Section 8 below. This regional spending requirement may be met by delivering Approved Opioid Abatement Use services or programs to a Standard Region or its residents. Delivery of such services or programs can be</p>

Issue	Description
	<p>accomplished directly or indirectly through many different infrastructures and approaches, including without limitation the following:</p> <ul style="list-style-type: none"> i. State agencies, including local offices; ii. Local governments, including local government health departments; iii. State public hospital or health systems; iv. Health care delivery districts; v. Contracting with abatement service providers, including nonprofit and commercial entities; or vi. Awarding grants to local programs. <p>h. Expenditure or Disbursement of Public Funds Other Than Regional Apportionment. All Public Funds allocable to a Non-SAA State that are not included in the State's Regional Apportionment shall be expended only on Approved Uses. The expenditure of such funds shall be at the direction of the State's lead agency (or other point of contact designated by the State) and may be expended on a statewide and/or localized manner, including in the manners described in herein. Qualifying Block Grantees will be eligible to participate in or receive the benefits of any such expenditures on the same basis as other Regions.</p> <p>i. Allowed Administrative Expenses. Qualifying Block Grantees States may use up to 5% of their Non-Regional Apportionments plus 5% of the Regional Apportionment not used to fund Local Government Block Grants, for Allowed Administrative Expenses. Qualifying Block Grantees may use up to 5% of their Local Government Block Grants to fund their Allowed Administrative Expenses.</p> <p>3. Records. The State shall maintain records of abatement expenditures and its required reporting will include data on regional expenditures so it can be verified that the Regional Distribution mechanism guarantees are being met.¹⁶ Qualifying Block Grantees shall maintain records of abatement expenditures and shall provide those records periodically to their State for inclusion in the State's required periodic reporting, and shall be subject to audit consistent with State law applicable to the granting of State funds.</p>

¹⁶ Additional records and reporting requirements?

Issue	Description
	<p>(C) Allocation for Territories and the District of Columbia Only The allocation of Public Funds within a Territory or the District of Columbia will be determined by its local legislative body [within one year of the Agreement Date], unless that legislative body is not in session, in which case, the allocation of Public Funds shall be distributed pursuant to the direction of the Territory's or District of Columbia's executive, in consultation – to the extent applicable – with its Government Participation Mechanism [within ninety (90) days of the Agreement Date].¹⁷</p>
<p>8. GOVERNMENT PARTICIPATION MECHANISM</p>	<p>In each Non-SAA State, as defined in 7(1) above, there shall be a process, preferably pre-existing, whereby the State shall allocate funds under the Regional Distribution mechanism only after meaningfully consulting with its respective Local Governments. Each such State shall identify its mechanism (whether be it a council, board, committee, commission, taskforce, or other efficient and transparent structure) for consulting with its respective Local Governments (the “Government Participation Mechanism” or “GPM”) in a notice filed with the Bankruptcy Court identifying what GPM has been formed and describing the participation of its Local Governments in connection therewith. States may combine these notices into one or more notices for filing with the Bankruptcy Court. These notices are reviewable by the Bankruptcy Court upon the motion of any Local Government in that State asserting that no GPM has been formed.</p> <p>Government Participation Mechanisms shall conform to the following:</p> <p style="padding-left: 40px;">(A) Composition. For each State,</p> <ol style="list-style-type: none"> a. the State, on the one hand, and State's Local Governments, on the other hand, shall have equal representation on a GPM; b. Local Government representation on a GPM shall be weighted in favor of the Standard Regions but can include representation from the State's Qualifying Block Grantees; c. the GPM will be chaired by a non-voting Chairperson appointed by the State; d. Groups formed by the States' executive or legislature may be used as a GPM, provided that the group has equal representation by the State and the State's Local Governments.¹⁸ <p>Appointees should possess experience, expertise and education with respect to public health, substance abuse, and other related</p>

¹⁷ Territory and DC provisions to be discussed

¹⁸ Additional potential terms: mechanism for state and local appointment; duration of term, reimbursement of expenses.

Issue	Description
	<p>topics as is necessary to assure the effective functioning of the GPM.</p> <p>(B) Consensus. Members of the GPMs should attempt to reach consensus with respect to GPM Recommendations and other actions of the GPM. Consensus is defined in this process as a general agreement achieved by the members that reflects, from as many members as possible, their active support, support with reservations, or willingness to abide by the decision of the other members. Consensus does not require unanimity or other set threshold and may include objectors. In all events, however, actions of a GPM shall be effective if supported by at least a majority of its Members. GPM Recommendations and other action shall note the existence and summarize the substance of objections where requested by the objector(s).</p> <p>(C) Proceedings. Each GPM shall hold no fewer than four public meetings annually, to be publicized and located in a manner reasonably designed to facilitate attendance by residents throughout the State. Each GPM shall function in a manner consistent with its State's open meeting, open government or similar laws, and with the Americans with Disabilities Act. GPM members shall be subject to State conflict of interest and similar ethics in government laws.</p> <p>(D) Consultation and Discretion. The GPM shall be a mechanism by which the State consults with community stakeholders, including Local Governments (including those not a part of the GPM), state and local public health officials and public health advocates, in connection with opioid abatement priorities and expenditure decisions for the use of Public Funds on Approved Opioid Abatement Uses.¹⁹</p> <p>(E) Recommendations. A GPM shall make recommendations regarding specific opioid abatement priorities and expenditures for the use of Public Funds on Approved Opioid Abatement Uses to the State or the agency designated by a State for this purpose ("GPM Recommendations"). In carrying out its obligations to provide GPM Recommendations, a GPM may consider local, state and federal initiatives and activities related to education, prevention, treatment and services for individuals and families experiencing and affected by opioid use disorder; recommend priorities to address the State's opioid epidemic, which recommendations may be Statewide or specific to Regions; recommend Statewide or Regional funding with respect to specific programs or initiatives; recommend measurable outcomes to determine the effectiveness of funds expended for</p>

¹⁹ Address form of consultation with non-GPM members, public hearings, etc.

Issue	Description
	<p>Approved Opioid Abatement Uses; monitor the level of Allowed Administrative Expenses expended from Public Funds.</p> <p>The goal is for a process that produces GPM Recommendations that are recognized as being an efficient, evidence-based approach to abatement that addresses the State's greatest needs while also including programs reflecting particularized needs in local communities. It is anticipated that such a process, particularly given the active participation of state representatives, will inform and assist the state in making decisions about the spending of the Public Funds. To the extent a State chooses not to follow a GPM Recommendation, it will make publicly available within 14 days after the decision is made a written explanation of the reasons for its decision, and allow 7 days for the GPM to respond.</p> <p>(F) Review. Local Governments and States may object to an allocation or expenditure of Public Funds (whether a Regional Apportionment or Non-Regional Apportionment) solely on the basis that the allocation or expenditure at issue (i) is inconsistent with the provisions of Section 7(B)2 hereof with respect to the levels of Regional Apportionments and Non-Regional Apportionments; (ii) is inconsistent with the provisions of Section 7(B)(5) hereof with respect to the amounts of Local Government Block Grants or Regional Apportionment expenditures; (iii) is not for an Approved Use, or (iv) violates the limitations set forth herein with respect to Allowed Administrative Fees. The objector shall have the right to bring that objection to either (a) a court with jurisdiction within the applicable State ("State Court") or (b) the Bankruptcy Court if the Purdue chapter 11 case has not been closed; provided that nothing herein is intended to expand the scope of the Bankruptcy Court's post-confirmation jurisdiction or be deemed to be a consent to any expanded post-confirmation jurisdiction by the Bankruptcy Court (each an "Objection"). If an Objection is filed within fourteen (14) days of approval of an Allocation, then no funds shall be distributed on account of the aspect of the Allocation that is the subject of the Objection until the Objection is resolved or decided by the Bankruptcy Court or State Court, as applicable. There shall be no other basis for bringing an Objection to the approval of an Allocation.</p>
8. COMPLIANCE, REPORTING, AUDIT AND ACCOUNTABILITY	<p>At least annually, each State shall publish on the lead State Agency's website or on its Attorney General's website a report detailing for the preceding time period, respectively (i) the amount of Public Funds received, (ii) the allocation awards approved (indicating the recipient, the</p>

Issue	Description
	<p>amount of the allocation, the program to be funded and disbursement terms), and (iii) the amounts disbursed on approved allocations, to Qualifying Local Governments for Local Government Block Grants and Allowed Administrative Fees.</p> <p>At least annually, each Qualifying Block Grantee which has elected to take a Local Government Block Grant shall publish on its lead Agency's or Local Government's website a report detailing for the preceding time period, respectively (i) the amount of Local Government Block Grants received, (ii) the allocation awards approved (indicating the recipient, the amount of the grant, the program to be funded and disbursement terms), and (iii) the amounts disbursed on approved allocations.</p> <p>As applicable, each State or Local Government shall impose reporting requirements on each recipient to ensure that Public Funds are only being used for Approved Uses, in accordance with the terms of the allocation, and that the efficacy of the expenditure of such Public Funds with respect to opioids abatement can be publicly monitored and evaluated.</p> <p>The expenditure and disbursement of Public Funds shall be subject to audit by States as follows: [details of audit scope, process, output, etc.]</p> <p>(a) A court with jurisdiction within the applicable State ("State Court") or (b) the Bankruptcy Court if the Purdue chapter 11 case has not been closed shall have jurisdiction to enforce the terms of this agreement, and as applicable, a Statewide Abatement Agreement or Default Mechanism; provided that nothing herein is intended to expand the scope of the Bankruptcy Court's post-confirmation jurisdiction.</p>

Schedule A
Core Strategies

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies (“**Core Strategies**”)[, such that a minimum of __% of the [aggregate] state-level abatement distributions shall be spent on [one or more of] them annually].

A. Naloxone/Narcan

1. Expand training for first responders, EMTs, law enforcement, schools, community support groups and families; and
2. Increase distribution to non-Medicaid eligible or uninsured individuals.

B. Medication Assisted Treatment (“MAT”) Distribution and other opioid-related treatment

1. Increase distribution of MAT to non-Medicaid eligible or uninsured individuals;
2. Provide MAT services to youth and education to school-based and youth-focused programs that discourage or prevent misuse;
3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and
4. Non-MAT treatment, including addition and expansion of services for managing withdrawal and related systems such as detox, residential, hospitalization, intensive outpatient, outpatient, recovery housing, and treatment facilities.

C. Pregnant & Postpartum Women

1. Expand Screening, Brief Intervention, and Referral to Treatment (“SBIRT”) services to non-Medicaid eligible or uninsured pregnant women;
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder (“OUD”) and other Substance Use Disorder (“SUD”)/Mental Health disorders from 60 days postpartum to 12 months (post-Medicaid coverage); and
3. Provide comprehensive wrap-around services to individuals in recovery including housing, transportation, job placement/training, and childcare.

D. Expanding Treatment for Neonatal Abstinence Syndrome

1. Expand comprehensive evidence-based and recovery support for NAS babies;
2. Expand services for better continuum of care with infant-need dyad; and
3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. Expansion of Warm Hand-off Programs and Recovery Services

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;
2. Expand warm hand-off services to transition to recovery services;
3. Broaden scope of recovery services to include co-occurring SUD or other polysubstance abuse problems;
4. Provide comprehensive wrap-around services to individuals in recovery including housing, transportation, job placement/training, and childcare; and
5. Hire additional social workers to facilitate expansions above.

F. Treatment for Incarcerated Population

1. Provide evidence-based treatment and recovery support including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and
2. Increase funding for jails that currently have or had detox units to treat inmates with OUD.

G. Prevention Programs

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);
2. Funding for school-based prevention programs, beyond education about MAT mentioned above, including evidence-based school-wide programs;
3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);
4. Funding for community drug disposal programs; and
5. Funding for additional city police officers/county sheriffs to specifically address OUD and opioid-related ODs.

H. Expanding Syringe Service Programs

1. Provide comprehensive syringe exchange services programs with more wrap-around services including treatment information.

I. Evidence based data collection and research analyzing the effectiveness of the abatement strategies within the State.

Schedule B
Approved Uses²⁰

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration.
2. Support and reimburse services that include the full American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH conditions, including but not limited to:
 - a. Medication-Assisted Treatment (MAT);
 - b. Abstinence-based treatment;
 - c. Treatment, recovery, or other services provided by states, subdivisions, community health centers; non-for-profit providers; or for-profit providers;
 - d. Treatment by providers that focus on OUD treatment as well as treatment by providers that offer OUD treatment along with treatment for other SUD/MH conditions; or
 - e. Evidence-informed residential services programs, as noted below.
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-based, evidence-informed, or promising practices such as adequate methadone dosing and low threshold approaches to treatment.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with

²⁰ [NTD: Discuss expanded list of Approved Uses to be included. Discuss "self-executing" function based on additional information received from NCSG.]

OD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

6. Treatment of mental health trauma resulting from the traumatic experiences of the opioid user (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
7. Support detoxification (detox) and withdrawal management services for persons with OD and any co-occurring SUD/MH conditions, including medical detox, referral to treatment, or connections to other services or supports.
8. Training on MAT for health care providers, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OD and any co-occurring SUD/MH conditions.
10. Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Scholarships and supports for certified addiction counselors and other mental and behavioral health providers involved in addressing OD any co-occurring SUD/MH conditions, including but not limited to training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.
12. Scholarships for persons to become certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, and licensed mental health counselors practicing in the SUD field, and scholarships for certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, and licensed mental health counselors practicing in the SUD field for continuing education and licensing fees.
13. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MAT for OD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
14. Dissemination of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.
15. Development and dissemination of new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in treatment for and recovery from OUD and any co-occurring SUD/MH conditions through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Provide the full continuum of care of recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, residential treatment, medical detox services, peer support services and counseling, community navigators, case management, and connections to community-based services.
2. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.
3. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, or training for housing providers.
4. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
5. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.
6. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
7. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
8. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
9. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to manage the opioid user in the family.
10. Training and development of procedures for government staff to appropriately interact and provide social and other services to current and recovering opioid users, including reducing stigma.
11. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
12. Create or support culturally-appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

13. Create and/or support recovery high schools.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED
(CONNECTIONS TO CARE)

Provide connections to care for people who have – or at risk of developing – OUD and any co-occurring SUD/MH conditions through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Fund Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
6. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into community treatment or recovery services through a bridge clinic or similar approach.
7. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
8. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
9. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
10. Provide funding for peer navigators, recovery coaches, care coordinators, or care managers that offer assistance to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced on opioid overdose.

11. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
12. Develop and support best practices on addressing OUD in the workplace.
13. Support assistance programs for health care providers with OUD.
14. Engage non-profits and the faith community as a system to support outreach for treatment.
15. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.
16. Create or support intake and call centers to facilitate education and access to treatment, prevention, and recovery services for persons with OUD and any co-occurring SUD/MH conditions.
17. Develop or support a National Treatment Availability Clearinghouse – a multistate/nationally accessible database whereby health care providers can list locations for currently available in-patient and out-patient OUD treatment services that are accessible on a real-time basis by persons who seek treatment.

D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved – or are at risk of becoming involved – in the criminal justice system through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
 - a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI);
 - b. Active outreach strategies such as the Drug Abuse Response Team (DART) model;
 - c. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
 - d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model;
 - e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

- f. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise and to reduce perceived barriers associated with law enforcement 911 responses.
2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
3. Support treatment and recovery courts for persons with OUD and any co-occurring SUD/MH conditions, but only if these courts provide referrals to evidence-informed treatment, including MAT.
4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
6. Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
7. Provide training on best practices for addressing the needs of criminal-justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome, through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Support evidence-based, evidence-informed, or promising treatment, including MAT, recovery services and supports, and prevention services for pregnant women – or women who could become pregnant – who have OUD and any co-occurring SUD/MH conditions, and other measures educate and provide support to families affected by Neonatal Abstinence Syndrome.

2. Training for obstetricians or other healthcare personnel that work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
3. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.
4. Child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
5. Enhanced family supports and child care services for parents with OUD and any co-occurring SUD/MH conditions.
6. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
7. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including but not limited to parent skills training.
8. Support for Children's Services – Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
2. Academic counter-detailing to educate prescribers on appropriate opioid prescribing.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

5. Support enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including but not limited to improvements that:
 - a. Increase the number of prescribers using PDMPs;
 - b. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or
 - c. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD.
6. Development and implementation of a national PDMP – Fund development of a multistate/national PDMP that permits information sharing while providing appropriate safeguards on sharing of private health information, including but not limited to:
 - a. Integration of PDMP data with electronic health records, overdose episodes, and decision support tools for health care providers relating to OUD.
 - b. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database.
7. Increase electronic prescribing to prevent diversion or forgery.
8. Educate Dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Corrective advertising or affirmative public education campaigns based on evidence.
2. Public education relating to drug disposal.
3. Drug take-back disposal or destruction programs.
4. Fund community anti-drug coalitions that engage in drug prevention efforts.
5. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction – including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).
6. Engage non-profits and faith-based communities as systems to support prevention.

7. Support evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
8. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
9. Create of support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
10. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
11. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Increase availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, opioid users, families and friends of opioid users, schools, community navigators and outreach workers, drug offenders upon release from jail/prison, or other members of the general public.
2. Public health entities provide free naloxone to anyone in the community, including but not limited to provision of intra-nasal naloxone in settings where other options are not available or allowed.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, and other members of the general public.
4. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expand, improve, or develop data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.
7. Public education relating to immunity and Good Samaritan laws.

8. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
12. Provide training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
13. Support screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items C8, D1 through D7, H1, H3, and H8, support the following:

1. Law enforcement expenditures relating to the opioid epidemic.
2. Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
3. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, and coordination to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Community regional planning to identify goals for reducing harms related to the opioid epidemic, to identify areas and populations with the greatest needs for treatment

intervention services, or to support other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A government dashboard to track key opioid-related indicators and supports as identified through collaborative community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to in items A7, A8, A9, A12, A13, A14, A15, B7, B10, C3, C5, D7, E2, E4, F1, F3, F8, G5, H3, H12, and I-2, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

- a. Monitoring, surveillance, and evaluation of programs and strategies described in this opioid abatement strategy list.
- b. Research non-opioid treatment of chronic pain.
- c. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.
- d. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

- e. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
- f. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g. Hawaii HOPE and Dakota 24/7).
- g. Research on expanded modalities such as prescription methadone that can expand access to MAT.
- h. Epidemiological surveillance of OUD-related behaviors in critical populations including individuals entering the criminal justice system, including but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (ADAM) system.
- i. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
- j. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

Schedule C

State Allocation Percentages

[TO BE INSERTED]

63779069 v1

City/County Fund	15%
Regional Fund	35%
Scenario 1	\$ 130,000,000.00
City/County Fund Scenario 1	\$ 19,500,000.00
Regional Fund Scenario 1	\$ 45,500,000.00
Scenario 2	\$ 100,000,000.00
City/County Fund Scenario 2	\$ 15,000,000.00
Regional Fund Scenario 2	\$ 35,000,000.00
Scenario 3	\$ 70,000,000.00
City/County Fund Scenario 3	\$ 10,500,000.00
Regional Fund Scenario 3	\$ 24,500,000.00

County	Allocated Subdivisions	Overall Total %	Allocated % by entity	Scenario 1 City/County Fund	Scenario 1 Regional Fund	Scenario 2 City/County Fund	Scenario 2 Regional Fund	Scenario 3 City/County Fund	Scenario 3 Regional Fund
Alachua	Alachua County	1.241050164449%	0.821689546303%	\$ 160,229.46	\$ 564,682.37	\$ 123,253.43	\$ 434,371.06	\$ 86,277.40	\$ 304,059.74
	Alachua		0.013113332457%	\$ 2,557.10		\$ 1,967.00		\$ 1,376.90	
	Archer		0.000219705515%	\$ 42.84		\$ 32.96		\$ 23.07	
	Gainesville		0.381597611347%	\$ 74,411.53		\$ 57,239.64		\$ 40,067.75	
	Hawthorne		0.000270546460%	\$ 52.76		\$ 40.58		\$ 28.41	
	High Springs		0.011987568663%	\$ 2,337.58		\$ 1,798.14		\$ 1,258.69	
	La Crosse		0.000975056706%	\$ 190.14		\$ 146.26		\$ 102.38	
	Micanopy		0.002113530737%	\$ 412.14		\$ 317.03		\$ 221.92	
	Newberry		0.00610229215%	\$ 1,190.03		\$ 915.41		\$ 640.79	
	Waldo		0.002958721299%	\$ 582.80		\$ 448.31		\$ 313.82	
Baker	Baker County	0.193173804130%	0.169449240037%	\$ 33,042.60	\$ 87,894.08	\$ 25,417.39	\$ 67,610.83	\$ 17,792.17	\$ 47,327.58
	Glen St. Mary		0.000096234647%	\$ 18.77		\$ 14.44		\$ 10.10	
	Macleenny		0.02367832946%	\$ 4,607.52		\$ 3,544.25		\$ 2,450.97	
Bay	Bay County	0.839656373312%	0.508772605155%	\$ 99,210.66	\$ 382,043.65	\$ 76,315.89	\$ 293,879.73	\$ 53,421.12	\$ 205,715.81
	Callaway		0.024953825527%	\$ 4,865.00		\$ 3,743.07		\$ 2,610.15	
	Lynn Haven		0.039205632015%	\$ 7,645.10		\$ 5,880.84		\$ 4,116.59	
	Mexico Beach		0.005614292883%	\$ 1,094.79		\$ 842.14		\$ 589.50	
	Panama City		0.15515385596%	\$ 30,255.00		\$ 23,723.08		\$ 16,291.15	
	Panama City Beach		0.080897023117%	\$ 15,774.92		\$ 12,134.55		\$ 8,494.19	
	Parker		0.008704696176%	\$ 1,697.42		\$ 1,305.70		\$ 913.99	
	Springfield		0.016354442736%	\$ 3,189.12		\$ 2,453.17		\$ 1,717.22	
Bradford	Bradford County	0.189484204081%	0.151424309090%	\$ 29,527.74	\$ 86,215.31	\$ 22,713.65	\$ 66,319.47	\$ 15,899.55	\$ 46,423.63
	Brook		0.000424855045%	\$ 82.85		\$ 63.73		\$ 44.61	
	Hampton		0.002839879959%	\$ 553.77		\$ 425.97		\$ 298.18	
	Lawley		0.003400896108%	\$ 663.17		\$ 510.13		\$ 357.09	
	Starke		0.031392468132%	\$ 6,121.53		\$ 4,708.87		\$ 3,796.21	
Brevard	Brevard County	3.878799180444%	2.32302266852%	\$ 452,989.42	\$ 1,764,853.63	\$ 348,453.40	\$ 1,357,579.71	\$ 243,917.38	\$ 950,305.80
	Cape Canaveral		0.045560750209%	\$ 8,884.35		\$ 6,824.11		\$ 4,783.88	
	Cocoa		0.149245411423%	\$ 29,102.86		\$ 22,385.81		\$ 15,670.77	
	Cocoa Beach		0.084353286155%	\$ 16,450.84		\$ 12,654.49		\$ 8,858.15	
	Grant-Valkaria		0.000321387406%	\$ 67.67		\$ 48.21		\$ 33.75	
	Indianalantic		0.024136738902%	\$ 4,706.66		\$ 3,620.51		\$ 2,534.36	
	Indian Harbour Beach		0.021089913665%	\$ 4,112.53		\$ 3,163.49		\$ 2,214.44	
	Malabar		0.002505732317%	\$ 488.67		\$ 375.86		\$ 263.10	
	Melbourne		0.383104682233%	\$ 74,705.41		\$ 57,465.70		\$ 40,225.99	
	Melbourne Beach		0.012091066302%	\$ 2,357.76		\$ 1,813.66		\$ 1,269.56	
	Melbourne Village		0.003782203200%	\$ 737.53		\$ 567.33		\$ 397.13	
	Palm Bay		0.404817397481%	\$ 78,939.39		\$ 60,722.61		\$ 42,505.83	
	Palm Shores		0.000127102364%	\$ 24.78		\$ 19.07		\$ 13.35	
	Rockledge		0.096603243798%	\$ 18,837.63		\$ 14,490.49		\$ 10,143.34	
	Satellite Beach		0.035975416224%	\$ 7,015.21		\$ 5,396.31		\$ 3,777.42	
	Titusville		0.240056418924%	\$ 46,811.00		\$ 36,008.46		\$ 25,205.92	
	West Melbourne		0.051997577066%	\$ 10,139.53		\$ 7,799.64		\$ 5,459.75	
Broward	Broward County	9.057962672578%	3.96403576878%	\$ 773,448.70	\$ 4,121,373.02	\$ 594,960.54	\$ 3,170,286.94	\$ 416,472.38	\$ 2,219,200.85
	Coccol Creek		0.101131719448%	\$ 19,720.69		\$ 15,169.76		\$ 10,618.83	
	Cooper City		0.073935445073%	\$ 14,417.41		\$ 11,090.32		\$ 7,763.22	
	Coral Springs		0.323406517664%	\$ 63,064.27		\$ 48,510.98		\$ 33,957.68	
	Dania Beach		0.017807401180%	\$ 3,472.37		\$ 2,671.06		\$ 1,869.74	
	Davie		0.26692227153%	\$ 52,049.83		\$ 40,038.33		\$ 28,026.83	
	Deerfield Beach		0.20242324725%	\$ 39,427.53		\$ 30,363.48		\$ 21,254.44	
	Fort Lauderdale		0.830581264531%	\$ 161,963.35		\$ 124,587.19		\$ 87,211.03	
	Hallandale Beach		0.154950491814%	\$ 30,215.35		\$ 23,242.57		\$ 16,269.80	
	Hillsboro Beach		0.012407006463%	\$ 2,419.37		\$ 1,861.05		\$ 1,302.74	
	Hollywood		0.520164608456%	\$ 101,432.10		\$ 78,024.69		\$ 54,617.28	
	Lauderdale-By-The-Sea		0.022807611325%	\$ 4,447.48		\$ 3,421.14		\$ 2,394.80	
	Lauderdale Lakes		0.062675150435%	\$ 12,211.90		\$ 9,393.77		\$ 6,575.64	
	Lauderhill		0.14438283130%	\$ 28,154.65		\$ 21,657.43		\$ 15,160.20	
	Lazy Lake		0.000021785977%	\$ 4.25		\$ 3.27		\$ 2.29	
	Lighthouse Point		0.019131861803%	\$ 5,600.71		\$ 4,369.78		\$ 3,058.85	
	Margate		0.143683775129%	\$ 28,018.34		\$ 21,553.57		\$ 15,086.80	
	Miramar		0.279280208419%	\$ 54,459.64		\$ 41,892.03		\$ 29,324.42	
	North Lauderdale		0.066096624956%	\$ 12,883.58		\$ 9,910.44		\$ 6,937.31	
	Oakland Park		0.100430406999%	\$ 19,584.01		\$ 15,064.63		\$ 10,545.24	
	Ocean Breeze		0.005381877237%	\$ 1,049.47		\$ 807.28		\$ 565.10	
	Parkland		0.045804060448%	\$ 8,931.79		\$ 6,870.61		\$ 4,809.43	
	Pembroke Park		0.024597938908%	\$ 4,796.60		\$ 3,689.69		\$ 2,582.78	
	Pembroke Pines		0.462832363603%	\$ 90,252.31		\$ 69,424.85		\$ 48,597.40	
	Plantation		0.213918725664%	\$ 41,714.15		\$ 32,087.81		\$ 22,461.47	
	Pompano Beach		0.335472163493%	\$ 65,417.07		\$ 50,320.82		\$ 35,224.58	
	Sea Ranch Lakes		0.00502417470%	\$ 979.71		\$ 753.63		\$ 527.54	
	Southwest Ranches		0.025979723178%	\$ 5,066.05		\$ 3,896.96		\$ 2,727.87	
	Sunrise		0.286071106146%	\$ 55,783.87		\$ 42,910.67		\$ 30,037.47	
	Tamarac		0.134492458472%	\$ 26,226.03		\$ 20,173.87		\$ 14,121.71	
	Weston		0.138637811283%	\$ 27,034.37		\$ 20,795.67		\$ 14,556.97	
	West Park		0.029553115352%	\$ 5,762.86		\$ 4,432.97		\$ 3,103.03	
	Wilton Manors		0.031630331127%	\$ 6,167.91		\$ 4,744.55		\$ 3,271.18	
Calhoun	Calhoun County	0.047127740781%	0.03866087128%	\$ 7,578.89	\$ 21,443.12	\$ 5,829.91	\$ 16,494.71	\$ 4,080.94	\$ 11,546.30
	Altha		0.000366781107%	\$ 71.52		\$ 55.02		\$ 38.51	
	Blountstown		0.00789668293%	\$ 1,539.85		\$ 1,184.50		\$ 829.15	
Charlotte	Charlotte County	0.737346233376%	0.690275755579%	\$ 134,594.02	\$ 335,492.54	\$ 103,533.86	\$ 258,071.18	\$ 72,473.70	\$ 180,649.83
	Punta Gorda		0.047120477689%	\$ 9,188.49		\$ 7,068.07		\$ 4,947.65	
Citrus	Citrus County	0.969645776606%	0.919715661117%	\$ 181,294.55	\$ 441,188.83	\$ 139,457.35	\$ 339,376.02	\$ 97,620.14	\$ 237,563.22
	Crystal River		0.021928789266%	\$ 4,276.11		\$ 3,289.32		\$ 2,302.52	
	Inverness		0.018001326222%	\$ 3,510.26		\$ 2,700.20		\$ 1,890.14	
Clay	Clay County	1.193429461456%	1.055764891131%	\$ 205,874.15	\$ 543,010.40	\$ 158,364.73	\$ 417,700.31	\$ 110,855.31	\$ 292,390.22
	Green Cove Springs		0.057767577142%	\$ 11,263.70		\$ 8,664.39		\$ 6,065.07	
	Keystone Heights		0.002753534483%	\$ 146.94		\$ 113.03		\$ 79.12	
	Orange Park		0.078589207399%	\$ 15,324.90		\$ 11,788.38		\$ 8,251.87	
	Penney Farms		0.000561066149%	\$ 109.41		\$ 84.16		\$ 58.91	
Collier	Collier County	1.551333376427%	1.354673336030%	\$ 264,161.30	\$ 705,856.69	\$ 203,201.00	\$ 542,966.68	\$ 142,240.70	\$ 380,076.68
	Everglades		0.000148591341%	\$ 29.03		\$ 22.33		\$ 15.63	
	Marco Island		0.062094952003%	\$ 12,108.52		\$ 9,314.24		\$ 6,519.97	
	Naples		0.134416197054%	\$ 26,211.16		\$ 20,162.43		\$ 14,113.70	
Columbia		0.446781150792%			\$ 203,285.42		\$ 156,373.40		\$ 109,461.38

	Columbia County	0.341887201373%	\$ 66,668.00	\$ 51,283.08	\$ 35,838.16
	Fort White	0.000236047247%	\$ 46.03	\$ 35.41	\$ 24.78
	Lake City	0.104659717920%	\$ 20,408.64	\$ 15,698.96	\$ 10,989.27
DeSoto	DeSoto County	0.113640407802%	\$ 51,706.39	\$ 39,774.14	\$ 27,841.90
	DeSoto County	0.096884684746%	\$ 18,892.51	\$ 14,532.70	\$ 10,172.89
	Arcaia	0.016755723056%	\$ 3,267.37	\$ 2,513.36	\$ 1,759.35
Dixie	Dixie County	0.103744580900%	\$ 47,203.78	\$ 36,310.60	\$ 25,417.42
	Dixie County	0.098822087921%	\$ 19,270.31	\$ 14,823.31	\$ 10,376.32
	Cross City	0.004639236782%	\$ 904.65	\$ 695.89	\$ 487.12
	Horseshoe Beach	0.000281440949%	\$ 54.88	\$ 42.22	\$ 29.55
Duval	Jacksonville	5.434975156935%	\$ 2,472,913.70	\$ 1,902,241.30	\$ 1,331,568.91
	Jacksonville	5.270570064997%	\$ 1,027,761.16	\$ 790,585.51	\$ 553,409.86
	Atlantic Beach	0.038391507601%	\$ 7,583.84	\$ 5,833.73	\$ 4,083.61
	Baldwin	0.002751527558%	\$ 439.05	\$ 337.73	\$ 236.41
	Jacksonville Beach	0.100447182431%	\$ 19,587.20	\$ 15,067.08	\$ 10,546.95
	Neptune Beach	0.022814874318%	\$ 4,448.90	\$ 3,422.23	\$ 2,395.56
Escambia	Escambia County	1.341634449244%	\$ 610,443.67	\$ 469,572.06	\$ 328,700.44
	Escambia County	1.005660371574%	\$ 196,142.87	\$ 150,879.13	\$ 106,615.39
	Century	0.005136751249%	\$ 1,001.67	\$ 770.51	\$ 539.36
	Pensacola	0.330636826421%	\$ 64,714.18	\$ 49,595.52	\$ 34,716.87
Flagler	Flagler County	0.389864712244%	\$ 177,388.44	\$ 136,452.65	\$ 95,516.85
	Flagler County	0.279755934409%	\$ 54,552.41	\$ 41,963.39	\$ 29,374.37
	Beverly Beach	0.000154335555%	\$ 30.10	\$ 23.15	\$ 16.21
	Bunnell	0.009501809575%	\$ 1,852.85	\$ 1,425.27	\$ 997.69
	Flagler Beach	0.015482833669%	\$ 3,019.16	\$ 2,322.43	\$ 1,625.70
	MarineLand	0.000114392127%	\$ 22.31	\$ 17.16	\$ 12.01
	Palm Coast	0.084857169626%	\$ 16,547.15	\$ 12,728.58	\$ 8,910.00
Franklin	Franklin County	0.049911282550%	\$ 22,709.63	\$ 17,468.95	\$ 12,228.26
	Franklin County	0.046254365966%	\$ 9,019.60	\$ 6,938.15	\$ 4,856.71
	Apalachicola	0.001768538606%	\$ 344.87	\$ 265.28	\$ 185.70
	Carabelle	0.00188377978%	\$ 368.23	\$ 283.26	\$ 198.28
Gadsden	Gadsden County	0.123656074077%	\$ 56,263.51	\$ 43,279.63	\$ 30,295.74
	Gadsden County	0.090211810642%	\$ 17,591.30	\$ 13,531.77	\$ 9,472.24
	Chattahoochee	0.004181667722%	\$ 815.43	\$ 627.75	\$ 439.08
	Greensboro	0.000492067723%	\$ 95.95	\$ 73.81	\$ 51.67
	Gretna	0.002240633101%	\$ 436.92	\$ 336.09	\$ 235.27
	Havana	0.00545954403%	\$ 1,064.69	\$ 818.99	\$ 573.30
	Midway	0.001202075213%	\$ 234.39	\$ 180.30	\$ 126.21
	Quincy	0.019867915223%	\$ 3,874.24	\$ 2,980.19	\$ 2,086.13
Gilchrist	Gilchrist County	0.064333769355%	\$ 29,271.87	\$ 22,516.82	\$ 15,761.77
	Gilchrist County	0.061274233881%	\$ 11,948.48	\$ 9,191.14	\$ 6,433.79
	Bell	0.000099866143%	\$ 19.47	\$ 14.98	\$ 10.49
	Fanning Springs	0.000385700344%	\$ 75.77	\$ 58.29	\$ 40.80
	Trenton	0.002571099247%	\$ 501.36	\$ 385.66	\$ 269.97
Glades	Glades County	0.040612836758%	\$ 7,881.97	\$ 6,063.06	\$ 4,244.14
	Moore Haven	0.000192469294%	\$ 37.53	\$ 28.87	\$ 20.21
Gulf	Gulf County	0.059914235583%	\$ 27,260.98	\$ 20,969.98	\$ 14,678.99
	Gulf County	0.054715751905%	\$ 10,669.57	\$ 8,207.36	\$ 5,745.15
	Port St. Joe	0.004817179591%	\$ 939.35	\$ 722.58	\$ 505.80
	Wewahatchka	0.000381307029%	\$ 74.35	\$ 57.70	\$ 40.04
Hamilton	Hamilton County	0.047941195910%	\$ 21,813.24	\$ 16,779.42	\$ 11,745.59
	Hamilton County	0.038817061931%	\$ 7,569.33	\$ 5,822.56	\$ 4,075.79
	Jasper	0.004869836285%	\$ 949.62	\$ 730.48	\$ 511.33
	Jennings	0.002623755940%	\$ 511.63	\$ 393.56	\$ 275.49
	White Springs	0.001630541754%	\$ 317.96	\$ 244.58	\$ 171.21
Hardee	Hardee County	0.067110048132%	\$ 30,535.07	\$ 23,488.52	\$ 16,441.96
	Hardee County	0.058100306280%	\$ 11,329.55	\$ 8,715.05	\$ 6,100.53
	Bowling Green	0.001797590575%	\$ 350.53	\$ 269.64	\$ 188.75
	Wauchula	0.006667426860%	\$ 1,300.15	\$ 1,000.11	\$ 700.08
	Zolfo Springs	0.000544724171%	\$ 106.22	\$ 81.71	\$ 57.20
Hendry	Hendry County	0.144460915297%	\$ 65,729.72	\$ 50,561.32	\$ 35,392.92
	Hendry County	0.122147187443%	\$ 23,818.70	\$ 18,332.08	\$ 12,825.45
	Cleiston	0.017589151414%	\$ 3,429.88	\$ 2,638.37	\$ 1,846.86
	LaBelle	0.004724576440%	\$ 921.29	\$ 708.69	\$ 496.08
Hernando	Hernando County	1.510075949110%	\$ 687,084.56	\$ 528,526.58	\$ 369,968.61
	Hernando County	1.447521612849%	\$ 282,266.71	\$ 217,128.24	\$ 151,989.77
	Brooksville	0.061319627583%	\$ 11,957.33	\$ 9,197.94	\$ 6,438.56
	Weeki Wachee	0.001234702678%	\$ 240.77	\$ 185.21	\$ 129.64
Highlands	Highlands County	0.357185510237%	\$ 162,520.77	\$ 125,015.98	\$ 87,511.19
	Highlands County	0.287621754986%	\$ 56,086.24	\$ 43,143.26	\$ 30,200.28
	Avon Park	0.025829016090%	\$ 5,036.66	\$ 3,874.35	\$ 2,712.05
	Lake Placid	0.005565267790%	\$ 1,085.23	\$ 834.79	\$ 584.35
	Sebring	0.038172471371%	\$ 7,443.63	\$ 5,725.87	\$ 4,008.11
Hillsborough	Hillsborough County	8.710984113657%	\$ 3,963,497.77	\$ 3,048,844.44	\$ 2,134,191.11
	Hillsborough County	6.523111204400%	\$ 1,272,006.68	\$ 978,466.68	\$ 684,926.68
	Plant City	0.104218491142%	\$ 20,322.61	\$ 15,632.77	\$ 10,942.94
	Tampa	1.975671881253%	\$ 385,256.02	\$ 296,350.78	\$ 207,445.55
	Temple Terrace	0.107980721113%	\$ 21,056.24	\$ 16,197.11	\$ 11,337.58
Holmes	Holmes County	0.081612427851%	\$ 37,133.65	\$ 28,564.35	\$ 19,995.04
	Holmes County	0.066805002459%	\$ 13,026.98	\$ 10,030.75	\$ 7,014.53
	Bonifay	0.006680201686%	\$ 1,345.12	\$ 1,034.70	\$ 724.29
	Esto	0.006269778036%	\$ 1,222.61	\$ 940.47	\$ 658.33
	Noma	0.001278286631%	\$ 249.27	\$ 191.74	\$ 134.22
	Ponce de Leon	0.000179759057%	\$ 35.05	\$ 26.96	\$ 18.87
	Westville	0.000179759057%	\$ 35.05	\$ 26.96	\$ 18.87
Indian River	Indian River County	0.753076058781%	\$ 342,649.61	\$ 263,576.62	\$ 184,503.63
	Indian River County	0.623571460217%	\$ 121,596.43	\$ 93,535.72	\$ 65,475.00
	Fellsmere	0.004917045734%	\$ 958.82	\$ 737.56	\$ 516.29
	Indian River Shores	0.025322422382%	\$ 4,937.87	\$ 3,798.36	\$ 2,658.85
	Orchid	0.000306561421%	\$ 59.84	\$ 46.03	\$ 32.22
	Sebastian	0.038315915467%	\$ 7,471.60	\$ 5,747.39	\$ 4,023.17
	Vero Beach	0.060642353558%	\$ 11,825.26	\$ 9,096.35	\$ 6,367.45
Jackson	Jackson County	0.158936058795%	\$ 72,315.91	\$ 55,627.62	\$ 38,939.33
	Jackson County	0.075213731704%	\$ 14,666.68	\$ 11,282.06	\$ 7,897.44
	Alford	0.000303229257%	\$ 59.13	\$ 45.48	\$ 31.84
	Bascom	0.000061735434%	\$ 12.04	\$ 9.26	\$ 6.48
	Campbellton	0.001648699234%	\$ 321.50	\$ 247.30	\$ 173.11
	Cottondale	0.001093080329%	\$ 213.15	\$ 163.96	\$ 114.77
	Graceville	0.002794436257%	\$ 544.92	\$ 419.17	\$ 293.42
	Grandridge	0.000030867717%	\$ 6.02	\$ 4.63	\$ 3.24
	Greenwood	0.001292812616%	\$ 252.10	\$ 193.92	\$ 135.75
	Jacob City	0.000481173235%	\$ 93.83	\$ 72.18	\$ 50.52
	Malone	0.000092603151%	\$ 18.06	\$ 13.89	\$ 9.72
	Marianna	0.073519638766%	\$ 14,336.33	\$ 11,027.95	\$ 7,719.56
	Sneads	0.002404050426%	\$ 468.79	\$ 360.61	\$ 252.43
Jefferson	Jefferson County	0.040821647784%	\$ 18,573.85	\$ 14,287.58	\$ 10,001.30
	Jefferson County	0.037584169001%	\$ 7,328.91	\$ 5,637.63	\$ 3,946.34
	Monticello	0.00327478783%	\$ 631.31	\$ 485.62	\$ 339.94
Lafayette	Lafayette County	0.031911722076%	\$ 14,519.86	\$ 11,169.12	\$ 7,818.38
	Lafayette County	0.03155585457%	\$ 6,153.40	\$ 4,793.38	\$ 3,313.37
	Mayo	0.00035586619%	\$ 69.40	\$ 53.38	\$ 37.37
Lake	Lake County	1.139211224519%	\$ 518,341.11	\$ 398,723.93	\$ 279,106.75
	Lake County	0.757458827343%	\$ 147,703.50	\$ 113,618.07	\$ 79,532.65
	Altavilla	0.00272725379%	\$ 531.81	\$ 409.09	\$ 285.36
	Clermont	0.075909163109%	\$ 14,802.29	\$ 11,386.37	\$ 7,970.46
	Eustis	0.04192925098%	\$ 8,176.20	\$ 6,289.39	\$ 4,402.57
	Fruitland Park	0.008381493024%	\$ 1,634.39	\$ 1,257.22	\$ 890.06
	Groveland	0.026154034992%	\$ 5,100.04	\$ 3,923.11	\$ 2,746.17
	Howey-In-The-Hills	0.002981458307%	\$ 581.38	\$ 447.22	\$ 313.05
	Lady Lake	0.025048244426%	\$ 4,884.41	\$ 3,757.24	\$ 2,630.07

	Leesburg		0.091339390185%	\$	17,811.18		\$	13,700.91	\$	9,590.64	
	Mascotte		0.01141560825%	\$	2,226.04		\$	1,712.34	\$	1,198.64	
	Minneola		0.01605847503%	\$	3,131.40		\$	2,408.77	\$	1,686.14	
	Montverde		0.001347285057%	\$	262.72		\$	202.09	\$	141.46	
	Mount Dora		0.041021350070%	\$	7,999.17		\$	6,153.21	\$	4,307.24	
	Tavares		0.031820984673%	\$	6,205.09		\$	4,773.15	\$	3,341.20	
	Umatilla		0.00562337128%	\$	1,096.56		\$	843.51	\$	590.45	
Lee		3.325371883359%		\$	1,513,044.21		\$	1,163,880.16	\$	814,716.11	
	Lee County		2.115268407509%	\$	412,477.34		\$	317,290.26	\$	222,103.18	
	Bonita Springs		0.017374593143%	\$	3,388.10		\$	2,606.23	\$	1,824.36	
	Cape Coral		0.714429677167%	\$	139,313.79		\$	107,164.45	\$	75,015.12	
	Estero		0.012030171813%	\$	2,355.63		\$	1,817.03	\$	1,268.42	
	Fort Myers		0.431100350555%	\$	84,064.57		\$	64,665.05	\$	45,265.54	
	Fort Myers Beach		0.000522935440%	\$	101.97		\$	78.44	\$	54.91	
	Sanibel		0.034595447702%	\$	6,746.11		\$	5,189.32	\$	3,632.52	
Leon		0.897199244939%		\$	408,225.66		\$	314,019.74	\$	219,813.82	
	Leon County		0.471201146391%	\$	91,884.22		\$	70,680.17	\$	49,476.12	
	Tallahassee		0.425958093549%	\$	83,069.63		\$	63,899.71	\$	44,729.80	
Levy		0.251192401748%		\$	114,292.54		\$	87,917.34	\$	61,542.14	
	Levy County		0.200131750679%	\$	39,025.69		\$	30,019.76	\$	21,013.83	
	Bronson		0.005701448894%	\$	1,111.78		\$	855.22	\$	598.65	
	Cedar Key		0.005180329202%	\$	1,010.16		\$	777.05	\$	543.93	
	Chiefland		0.015326729337%	\$	2,988.71		\$	2,299.01	\$	1,609.31	
	Fanning Springs		0.000808007885%	\$	157.56		\$	121.20	\$	84.84	
	Inglis		0.004976955420%	\$	970.51		\$	746.54	\$	572.58	
	Otter Creek		0.000408543312%	\$	79.67		\$	61.28	\$	42.90	
	Williston		0.01774357715%	\$	3,466.00		\$	2,666.15	\$	1,866.31	
	Yankeetown		0.000884269303%	\$	172.43		\$	132.64	\$	92.85	
Liberty		0.019399452225%		\$	8,826.75		\$	6,789.81	\$	4,752.87	
	Liberty County		0.019303217576%	\$	3,764.13		\$	2,895.48	\$	2,026.84	
	Bristol		0.00096234647%	\$	18.77		\$	14.44	\$	10.10	
Madison		0.063540287455%		\$	28,910.83		\$	22,239.10	\$	15,567.37	
	Madison County		0.053145129837%	\$	10,353.30		\$	7,971.77	\$	5,580.24	
	Greenville		0.000110760631%	\$	21.60		\$	16.61	\$	11.63	
	Lee		0.000019973229%	\$	3.89		\$	3.00	\$	2.10	
	Madison		0.01026423758%	\$	2,001.56		\$	1,539.66	\$	1,077.76	
Manatee		2.721323346235%		\$	1,238,202.12		\$	952,463.17	\$	666,724.22	
	Manatee County		2.201647174006%	\$	429,321.20		\$	330,247.08	\$	231,172.95	
	Anna Maria		0.009930326116%	\$	1,936.41		\$	1,489.55	\$	1,042.68	
	Bradenton		0.379930754623%	\$	74,086.50		\$	56,989.61	\$	39,892.73	
	Bradenton Beach		0.014012127744%	\$	2,732.36		\$	2,101.82	\$	1,471.27	
	Holmes Beach		0.028038781473%	\$	5,467.56		\$	4,205.82	\$	2,944.07	
	Longboat Key		0.034895046131%	\$	6,804.53		\$	5,234.26	\$	3,663.98	
	Palmetto		0.052869136132%	\$	10,309.48		\$	7,930.37	\$	5,551.26	
Marion		1.701176168960%		\$	774,035.16		\$	595,411.66	\$	416,788.16	
	Marion County		1.303728892837%	\$	254,227.13		\$	195,559.33	\$	136,891.53	
	Belleview		0.009799592256%	\$	1,910.92		\$	1,469.94	\$	1,028.96	
	Dunnellon		0.018400780795%	\$	3,588.15		\$	2,760.12	\$	1,932.08	
	McIntosh		0.000145258844%	\$	28.33		\$	21.79	\$	15.25	
	Ocala		0.365994504094%	\$	71,953.93		\$	55,349.18	\$	38,744.42	
	Reddick		0.000107129135%	\$	20.89		\$	16.07	\$	11.25	
Martin		0.869487298116%		\$	395,616.72		\$	304,320.55	\$	213,024.39	
	Martin County		0.750762795758%	\$	146,398.75		\$	112,614.42	\$	78,830.09	
	Jupiter Island		0.020873833646%	\$	4,070.40		\$	3,131.08	\$	2,191.75	
	Ocean Breeze Park		0.008270732393%	\$	1,612.79		\$	1,240.61	\$	868.43	
	Sewall's Point		0.008356072551%	\$	1,629.43		\$	1,253.41	\$	877.39	
	Stuart		0.081223557767%	\$	15,838.65		\$	12,183.58	\$	8,528.51	
Miami-Dade		5.232119784173%		\$	2,380,614.50		\$	1,831,241.92	\$	1,281,869.35	
	Miami-Dade County		4.282797675552%	\$	835,145.55		\$	642,419.65	\$	449,693.76	
	Aventura		0.024619272885%	\$	4,800.85		\$	3,692.96	\$	2,585.07	
	Bal Harbour		0.010041086474%	\$	1,958.01		\$	1,506.16	\$	1,054.31	
	Bay Harbor Islands		0.004272455175%	\$	833.13		\$	640.87	\$	448.61	
	Biscayne Park		0.001134842555%	\$	221.29		\$	170.23	\$	119.16	
	Coral Gables		0.071780152131%	\$	13,997.13		\$	10,767.02	\$	7,536.92	
	Cutler Bay		0.00944653666%	\$	1,835.86		\$	1,412.20	\$	938.54	
	Doral		0.013977628531%	\$	2,725.64		\$	2,096.64	\$	1,467.65	
	El Portal		0.000924215760%	\$	180.22		\$	138.63	\$	97.04	
	Florida City		0.003929278792%	\$	766.21		\$	589.39	\$	412.57	
	Golden Beach		0.002847029251%	\$	555.18		\$	427.06	\$	298.94	
	Hialeah		0.008015895785%	\$	19,113.10		\$	14,702.38	\$	10,291.67	
	Hialeah Gardens		0.005452691411%	\$	1,063.27		\$	817.90	\$	572.53	
	Homestead		0.024935668046%	\$	4,862.46		\$	3,740.35	\$	2,618.25	
	Indian Creek		0.002543863026%	\$	496.05		\$	381.58	\$	267.11	
	Key Biscayne		0.013683477346%	\$	2,668.28		\$	2,052.52	\$	1,436.77	
	Medley		0.008748274131%	\$	1,705.91		\$	1,312.24	\$	918.57	
	Miami		0.292793005448%	\$	57,094.64		\$	43,918.95	\$	30,743.27	
	Miami Beach		0.181409572478%	\$	35,374.87		\$	27,211.44	\$	19,048.01	
	Miami Gardens		0.040633650932%	\$	7,933.31		\$	6,102.55	\$	4,271.78	
	Miami Lakes		0.007835768608%	\$	1,528.17		\$	1,175.52	\$	822.86	
	Miami Shores		0.006787935156%	\$	1,216.15		\$	943.19	\$	660.23	
	Miami Springs		0.006169911893%	\$	1,203.13		\$	925.49	\$	647.84	
	North Bay Village		0.005160359749%	\$	1,006.27		\$	774.05	\$	541.84	
	North Miami		0.030379280717%	\$	5,923.96		\$	4,556.89	\$	3,189.82	
	North Miami Beach		0.030391920953%	\$	5,916.44		\$	4,558.80	\$	3,181.16	
	Opa-locka		0.007847663096%	\$	1,530.29		\$	1,177.15	\$	824.00	
	Palmetto Bay		0.007404620570%	\$	1,443.90		\$	1,110.69	\$	777.49	
	Pinecrest		0.008296152866%	\$	1,617.75		\$	1,244.42	\$	871.10	
	South Miami		0.007833137111%	\$	1,527.46		\$	1,174.97	\$	822.48	
	Sunny Isles Beach		0.00769324511%	\$	1,500.20		\$	1,154.00	\$	807.80	
	Surfside		0.004869836285%	\$	949.62		\$	730.48	\$	511.33	
	Sweetwater		0.004116300842%	\$	802.68		\$	617.45	\$	432.21	
	Virginia Gardens		0.001172973244%	\$	228.73		\$	175.95	\$	123.16	
	West Miami		0.002654623657%	\$	517.65		\$	398.19	\$	278.74	
Monroe		0.476358735585%		\$	216,756.88		\$	166,736.06	\$	116,715.24	
	Monroe County		0.330124785469%	\$	64,374.33		\$	49,518.72	\$	34,663.10	
	Islamorada		0.022357305808%	\$	4,359.67		\$	3,353.60	\$	2,347.52	
	Key Colony Beach		0.004751812661%	\$	926.60		\$	712.77	\$	498.94	
	Key West		0.088087385417%	\$	17,177.04		\$	13,213.11	\$	9,249.18	
	Layton		0.000150707089%	\$	29.39		\$	22.61	\$	15.82	
	Marathon		0.030916747141%	\$	6,028.76		\$	4,637.51	\$	3,246.26	
Nassau		0.476933463002%		\$	217,004.73		\$	166,926.71	\$	116,848.70	
	Nassau County		0.392706357951%	\$	76,577.74		\$	58,905.95	\$	41,234.17	
	Callahan		0.00022512759%	\$	43.90		\$	33.77	\$	23.64	
	Fernandina Beach		0.083159445195%	\$	16,216.09		\$	12,473.92	\$	8,731.74	
	Hilliard		0.000842507093%	\$	164.29		\$	126.38	\$	88.46	
Okeechobee		0.819212865955%		\$	372,741.85		\$	286,724.50	\$	200,707.15	
	Okeechobee County		0.612059617545%	\$	119,351.63		\$	91,808.94	\$	64,266.26	
	Cinco Bayou		0.000733562214%	\$	143.04		\$	110.03	\$	77.02	
	Crestview		0.07040130066%	\$	13,735.83		\$	10,566.02	\$	7,396.21	
	Destin		0.014678507281%	\$	2,862.31		\$	2,201.78	\$	1,541.24	
	Fort Walton Beach		0.077837487644%	\$	15,178.31		\$	11,675.62	\$	8,172.94	
	Laurel Hill		0.00079892914%	\$	15.58		\$	11.98	\$	8.39	
	Mary Esther		0.009366549730%	\$	1,824.53		\$	1,403.48	\$	982.44	
	Niceville		0.031745398713%	\$	4,240.35		\$	3,261.81	\$	2,283.27	
	Shuford		0.001824876796%	\$	355.84		\$	273.72	\$	191.61	
	Valparaiso		0.01045683052%	\$	2,039.09		\$	1,568.53	\$	1,097.97	
Okeechobee		0.353495278692%		\$	160,840.35		\$	123,723.35	\$	86,606.34	
	Okeechobee County		0.314543851405%	\$	61,306.05		\$	47,181.58	\$	33,027.10	
	Okeechobee		0.038951427287%	\$	7,595.53		\$	5,842.71	\$	4,083.90	
Orange		4.671028214546%		\$	2,125,317.84		\$	1,634,859.88	\$	1,144,401.91	
	Orange County		3.06330336979%	\$	597,349.43		\$	459,499.56	\$	321,649.69	

	Apopka		0.097215150892%	\$	18,956.95	\$	14,582.27	\$	10,207.59
	Bay Lake		0.02356594013%	\$	4,595.49	\$	3,534.99	\$	2,474.49
	Belle Isle		0.01079825686%	\$	2,105.65	\$	1,619.74	\$	1,133.82
	Eatonville		0.003825204835%	\$	1,623.41	\$	1,248.78	\$	874.15
	Edgewood		0.009716067845%	\$	1,894.63	\$	1,457.41	\$	1,020.19
	Lake Buena Vista		0.010355211161%	\$	2,019.27	\$	1,553.28	\$	1,087.30
	Martland		0.046728276209%	\$	9,112.01	\$	7,009.24	\$	4,906.47
	Oakland		0.00542906656%	\$	1,058.67	\$	814.36	\$	570.05
	Ocoee		0.065593822928%	\$	12,986.97	\$	9,989.97	\$	6,992.98
	Orlando		1.160248451490%	\$	226,248.45	\$	174,037.27	\$	121,826.09
	Windermere		0.007548084657%	\$	1,471.87	\$	1,132.21	\$	792.55
	Winter Garden		0.05676458496%	\$	10,971.59	\$	8,439.69	\$	5,907.78
	Winter Park		0.104903028159%	\$	20,456.09	\$	15,735.45	\$	11,014.82
Osceola		1.073452092940%		\$	488,420.70	\$	375,708.23	\$	262,995.76
	Osceola County		0.837248591390%	\$	163,263.49	\$	125,587.30	\$	87,911.11
	Kissimmee		0.162366006872%	\$	31,661.37	\$	24,354.90	\$	17,048.43
	St. Cloud		0.073837394678%	\$	14,399.29	\$	11,075.61	\$	7,752.93
Palm Beach		8.601594372053%		\$	3,913,725.44	\$	3,010,558.03	\$	2,107,390.62
	Palm Beach County		5.552548475026%	\$	1,082,746.95	\$	832,882.27	\$	583,017.59
	Atlantis		0.018751230169%	\$	3,656.49	\$	2,812.68	\$	1,968.88
	Belle Glade		0.020828445945%	\$	4,061.55	\$	3,124.27	\$	2,186.99
	Boca Raton		0.472069073361%	\$	92,054.37	\$	70,810.36	\$	49,567.25
	Boynton Beach		0.306498271771%	\$	59,767.16	\$	45,974.74	\$	32,182.32
	Briny Breezes		0.003257452012%	\$	635.20	\$	488.62	\$	342.03
	Cloud Lake		0.000188837798%	\$	36.82	\$	28.33	\$	19.83
	Delray Beach		0.351846579457%	\$	68,610.08	\$	52,776.99	\$	36,943.89
	Glen Ridge		0.000052656694%	\$	10.27	\$	7.90	\$	5.53
	Golf		0.004283349663%	\$	835.25	\$	642.50	\$	449.75
	Greenacres		0.076424835657%	\$	14,902.84	\$	11,463.73	\$	8,024.61
	Gulf Stream		0.010671151322%	\$	2,000.87	\$	1,600.67	\$	1,120.47
	Haverhill		0.001084001589%	\$	211.38	\$	162.60	\$	113.82
	Highland Beach		0.032510968934%	\$	6,339.64	\$	4,876.65	\$	3,413.65
	Hypoluxo		0.005153092982%	\$	1,004.85	\$	772.96	\$	541.07
	Juno Beach		0.016757538804%	\$	3,267.72	\$	2,513.63	\$	1,759.54
	Jupiter Island		0.125466374888%	\$	24,465.94	\$	18,819.96	\$	13,173.97
	Jupiter Inlet Colony		0.005276563849%	\$	1,028.93	\$	791.48	\$	554.04
	Lake Clarke Shores		0.007560774903%	\$	1,474.35	\$	1,134.12	\$	793.88
	Lake Park		0.029433275900%	\$	5,739.49	\$	4,414.99	\$	3,090.49
	Lake Worth		0.117146617298%	\$	22,843.59	\$	17,571.99	\$	12,300.39
	Lantana		0.024507151505%	\$	4,778.89	\$	3,676.07	\$	2,573.25
	Loxahatchee Groves		0.002531152789%	\$	493.57	\$	379.67	\$	265.77
	Manalapan		0.021632822333%	\$	4,218.40	\$	3,244.92	\$	2,271.45
	Mangonia Park		0.010696571795%	\$	2,085.83	\$	1,604.49	\$	1,123.14
	North Palm Beach		0.04349646256%	\$	8,648.18	\$	6,652.45	\$	4,656.71
	Ocean Ridge		0.012786497807%	\$	2,493.37	\$	1,917.97	\$	1,342.58
	Pahokee		0.004018750479%	\$	781.56	\$	602.74	\$	421.92
	Palm Beach		0.185476848123%	\$	36,167.99	\$	27,821.53	\$	19,475.07
	Palm Beach Gardens		0.233675880257%	\$	45,566.80	\$	35,051.38	\$	24,535.97
	Palm Beach Shores		0.014135598512%	\$	2,756.44	\$	2,120.34	\$	1,484.24
	Palm Springs		0.038021764282%	\$	7,414.24	\$	5,703.26	\$	3,992.29
	Riviera Beach		0.163617057282%	\$	31,905.33	\$	24,542.56	\$	17,179.79
	Royal Palm Beach		0.049295743559%	\$	9,612.67	\$	7,394.36	\$	5,176.05
	South Bay		0.001830274040%	\$	356.90	\$	274.54	\$	192.18
	South Palm Beach		0.005866681967%	\$	1,144.00	\$	880.00	\$	616.00
	Tequesta		0.031893614595%	\$	6,219.25	\$	4,844.04	\$	3,348.83
	Wellington		0.050183644758%	\$	9,785.81	\$	7,527.55	\$	5,269.28
	West Palm Beach		0.549265602541%	\$	107,106.79	\$	82,389.84	\$	57,672.89
Pasco		4.692087260494%		\$	2,134,899.70	\$	1,642,230.54	\$	1,149,561.38
	Pasco County		4.319205239813%	\$	842,245.02	\$	647,880.79	\$	453,516.55
	Dade City		0.055819726723%	\$	10,824.85	\$	8,372.96	\$	5,861.07
	New Port Richey		0.145879107494%	\$	29,226.43	\$	22,481.87	\$	15,737.31
	Port Richey		0.045259754555%	\$	9,658.35	\$	7,429.50	\$	5,200.65
	San Antonio		0.002189792155%	\$	427.01	\$	328.47	\$	229.93
	St. Leo		0.002790304761%	\$	544.31	\$	418.62	\$	293.03
	Zephyrhills		0.112672614039%	\$	21,971.16	\$	16,900.89	\$	11,830.62
Pinellas		7.934889316777%		\$	3,610,374.87	\$	2,777,211.44	\$	1,944,048.01
	Pinellas County		4.546593184553%	\$	886,585.67	\$	681,988.98	\$	477,982.28
	Belleair		0.018095745121%	\$	3,528.67	\$	2,714.36	\$	1,900.05
	Belleair Beach		0.004261560656%	\$	831.00	\$	639.23	\$	447.46
	Belleair Bluffs		0.007502670955%	\$	1,463.02	\$	1,125.40	\$	787.78
	Belleair Shore		0.000439411029%	\$	85.69	\$	65.91	\$	46.14
	Clearwater		0.633863120196%	\$	123,603.31	\$	95,079.47	\$	66,555.63
	Dunedin		0.102440873796%	\$	19,975.97	\$	15,366.13	\$	10,756.29
	Gulfport		0.047893985460%	\$	9,339.33	\$	7,184.10	\$	5,028.87
	Indian Rocks Beach		0.008953453662%	\$	1,745.92	\$	1,343.02	\$	940.11
	Indian Shores		0.011323004874%	\$	2,207.59	\$	1,698.45	\$	1,188.92
	Kenneth City		0.017454786055%	\$	3,403.68	\$	2,618.22	\$	1,832.75
	Largo		0.374199907777%	\$	72,967.63	\$	56,128.95	\$	39,290.26
	Madison Beach		0.022616957779%	\$	4,410.31	\$	3,392.54	\$	2,374.78
	North Redington Beach		0.003839333909%	\$	744.97	\$	573.05	\$	401.14
	Oldsmar		0.038421708033%	\$	7,687.23	\$	5,913.16	\$	4,139.28
	Pinellas Park		0.251666311991%	\$	49,074.93	\$	37,749.95	\$	26,424.96
	Redington Beach		0.003611522882%	\$	704.25	\$	541.73	\$	379.21
	Redington Shores		0.006451352841%	\$	1,258.01	\$	967.70	\$	677.39
	Safety Harbor		0.038061710740%	\$	7,422.03	\$	5,709.26	\$	3,996.48
	Seminole		0.055248695748%	\$	18,573.50	\$	14,287.30	\$	10,001.11
	South Pasadena		0.02996891656%	\$	5,843.94	\$	4,495.34	\$	3,146.74
	St. Pete Beach		0.07179104619%	\$	13,999.25	\$	10,768.66	\$	7,538.06
	St. Petersburg		1.456593090134%	\$	284,035.65	\$	218,488.96	\$	152,942.27
	Tarpon Springs		0.101970595050%	\$	19,884.27	\$	15,295.59	\$	10,706.91
	Treasure Island		0.040652783215%	\$	7,927.29	\$	6,097.92	\$	4,268.54
Polk		2.150483025298%		\$	978,469.78	\$	752,669.06	\$	526,868.34
	Polk County		1.558049828484%	\$	303,819.72	\$	233,707.47	\$	163,595.23
	Auburndale		0.028635162584%	\$	5,584.05	\$	4,295.42	\$	3,006.80
	Barrow		0.043971970606%	\$	8,574.53	\$	6,595.80	\$	4,617.06
	Davenport		0.005305615818%	\$	1,034.60	\$	795.84	\$	557.09
	Dundee		0.005597951255%	\$	1,091.60	\$	839.69	\$	587.78
	Eagle Lake		0.002550177997%	\$	503.13	\$	387.03	\$	270.92
	Fort Meade		0.007702403251%	\$	1,501.97	\$	1,155.36	\$	808.75
	Frostproof		0.005857603227%	\$	1,142.23	\$	878.64	\$	615.05
	Haines City		0.047984773863%	\$	9,357.03	\$	7,197.72	\$	5,038.40
	Highland Park		0.000063551182%	\$	12.39	\$	9.53	\$	6.67
	Hillcrest Heights		0.000005447244%	\$	1.06	\$	0.82	\$	0.57
	Lake Alfred		0.007489960729%	\$	1,460.54	\$	1,123.49	\$	786.45
	Lake Hamilton		0.002540231530%	\$	495.35	\$	381.03	\$	266.72
	Lakeland		0.294875668468%	\$	57,500.76	\$	44,231.35	\$	30,961.95
	Lake Wales		0.036293172134%	\$	7,077.17	\$	5,443.98	\$	3,810.78
	Mulberry		0.005414560702%	\$	1,055.84	\$	812.18	\$	568.53
	Polk City		0.001080370093%	\$	210.67	\$	162.06	\$	113.44
	Winter Haven		0.097035760879%	\$	18,921.55	\$	14,555.04	\$	10,188.53
Putnam		0.384893194068%		\$	175,126.40	\$	134,712.62	\$	94,298.83
	Putnam County		0.329259901882%	\$	64,199.07	\$	49,383.90	\$	34,568.73
	Greentown City		0.005561636494%	\$	1,084.52	\$	834.25	\$	583.97
	Interlachen		0.001877483489%	\$	366.11	\$	281.62	\$	197.14
	Palatka		0.046955244716%	\$	9,156.27	\$	7,043.29	\$	4,930.30
	Pomona Park		0.000379491344%	\$	74.00	\$	56.92	\$	39.85
	Welaka		0.000893348043%	\$	174.20	\$	134.00	\$	93.80
Santa Rosa		0.701267319513%		\$	319,076.63	\$	245,443.56	\$	171,810.49
	Santa Rosa County		0.592523984216%	\$	115,542.18	\$	88,878.60	\$	62,215.02
	Gulf Breeze		0.061951507906%	\$	12,090.54	\$	9,292.73	\$	6,504.91
	Jay		0.000159785829%	\$	31.16	\$	23.97	\$	16.78

Sarasota	Milton	2.805043857579%	0.046632041562%	\$ 9,093.25	\$ 1,276,294.95	\$ 6,994.81	\$ 981,765.35	\$ 4,895.36	\$ 687,235.75
	Sarasota County		1.924315263251%	\$ 375,241.48	\$ 288,647.29	\$ 202,053.10	\$ 8,537.08	\$ 8,403.63	\$ 8,375.60
	Longboat Key		0.04489458556%	\$ 8,675.44	\$ 6,673.42	\$ 4,671.39	\$ 22,009.24	\$ 50,849.40	\$ 14,946.48
	North Port		0.202611771277%	\$ 40,874.30	\$ 31,441.77	\$ 22,009.24	\$ 50,849.40	\$ 14,946.48	\$ 14,946.48
	Sarasota		0.484279979635%	\$ 94,434.60	\$ 72,642.00	\$ 21,352.11	\$ 21,352.11	\$ 21,352.11	\$ 21,352.11
	Venice		0.142347384560%	\$ 27,757.74	\$ 21,352.11	\$ 21,352.11	\$ 21,352.11	\$ 21,352.11	\$ 21,352.11
Seminole	Seminole County	2.141148264544%	1.505694164839%	\$ 294,195.36	\$ 226,304.12	\$ 158,412.89	\$ 158,412.89	\$ 158,412.89	\$ 158,412.89
	Altamonte Springs		0.081305566430%	\$ 15,854.59	\$ 12,195.83	\$ 8,537.08	\$ 8,537.08	\$ 8,537.08	\$ 8,537.08
	Casselberry		0.080034542793%	\$ 15,606.74	\$ 12,005.18	\$ 8,403.63	\$ 8,403.63	\$ 8,403.63	\$ 8,403.63
	Lake Mary		0.07976727827%	\$ 15,554.69	\$ 11,965.14	\$ 8,375.60	\$ 8,375.60	\$ 8,375.60	\$ 8,375.60
	Longwood		0.06170013415%	\$ 12,033.45	\$ 9,256.50	\$ 6,479.55	\$ 6,479.55	\$ 6,479.55	\$ 6,479.55
	Oviedo		0.103130585057%	\$ 20,110.52	\$ 15,469.63	\$ 10,818.74	\$ 10,818.74	\$ 10,818.74	\$ 10,818.74
	Sanford		0.164243490367%	\$ 32,027.48	\$ 24,636.52	\$ 17,245.57	\$ 17,245.57	\$ 17,245.57	\$ 17,245.57
	Winter Springs		0.062762000824%	\$ 12,141.09	\$ 9,339.30	\$ 6,537.51	\$ 6,537.51	\$ 6,537.51	\$ 6,537.51
St. Johns	St. Johns County	0.710333349554%	0.656334818131%	\$ 127,985.29	\$ 98,450.22	\$ 68,915.16	\$ 68,915.16	\$ 68,915.16	\$ 68,915.16
	Hastings		0.000010894488%	\$ 2.12	\$ 1.63	\$ 1.14	\$ 1.14	\$ 1.14	\$ 1.14
	MarineLand		0.000000000000%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	St. Augustine		0.046510386442%	\$ 9,069.53	\$ 6,976.56	\$ 4,883.59	\$ 4,883.59	\$ 4,883.59	\$ 4,883.59
	St. Augustine Beach		0.007477250493%	\$ 1,458.06	\$ 1,121.59	\$ 785.11	\$ 785.11	\$ 785.11	\$ 785.11
St. Lucie	St. Lucie County	1.506627843552%	0.956156584302%	\$ 186,450.53	\$ 143,423.49	\$ 100,396.44	\$ 100,396.44	\$ 100,396.44	\$ 100,396.44
	Fort Pierce		0.159535255654%	\$ 31,109.37	\$ 23,930.29	\$ 16,751.20	\$ 16,751.20	\$ 16,751.20	\$ 16,751.20
	Port St. Lucie		0.350034539395%	\$ 76,206.67	\$ 58,620.52	\$ 41,034.36	\$ 41,034.36	\$ 41,034.36	\$ 41,034.36
	St. Lucie Village		0.000132549608%	\$ 25.85	\$ 19.88	\$ 13.92	\$ 13.92	\$ 13.92	\$ 13.92
Sumter	Sumter County	0.32639870459%	0.302723076046%	\$ 58,943.24	\$ 45,340.95	\$ 31,738.67	\$ 31,738.67	\$ 31,738.67	\$ 31,738.67
	Bushnell		0.006607507174%	\$ 1,288.46	\$ 991.13	\$ 693.79	\$ 693.79	\$ 693.79	\$ 693.79
	Center Hill		0.001312785844%	\$ 255.99	\$ 195.92	\$ 137.84	\$ 137.84	\$ 137.84	\$ 137.84
	Coleman		0.000748088199%	\$ 145.88	\$ 112.21	\$ 78.55	\$ 78.55	\$ 78.55	\$ 78.55
	Webster		0.001423546476%	\$ 277.59	\$ 213.53	\$ 149.47	\$ 149.47	\$ 149.47	\$ 149.47
	Wildwood		0.014033916721%	\$ 2,736.61	\$ 2,105.09	\$ 1,473.56	\$ 1,473.56	\$ 1,473.56	\$ 1,473.56
Suwannee	Suwannee County	0.191014879692%	0.161027800555%	\$ 31,400.42	\$ 24,154.17	\$ 16,907.92	\$ 16,907.92	\$ 16,907.92	\$ 16,907.92
	Brantford		0.00092963004%	\$ 181.28	\$ 139.45	\$ 97.61	\$ 97.61	\$ 97.61	\$ 97.61
	Live Oak		0.029057416132%	\$ 5,666.20	\$ 4,358.61	\$ 3,051.03	\$ 3,051.03	\$ 3,051.03	\$ 3,051.03
Taylor	Taylor County	0.092181897282%	0.069969851319%	\$ 13,644.12	\$ 10,495.48	\$ 7,346.83	\$ 7,346.83	\$ 7,346.83	\$ 7,346.83
	Perry		0.022212045963%	\$ 4,331.35	\$ 3,331.81	\$ 2,332.26	\$ 2,332.26	\$ 2,332.26	\$ 2,332.26
Union	Union County	0.065156303224%	0.063629259109%	\$ 12,407.71	\$ 9,544.39	\$ 6,681.07	\$ 6,681.07	\$ 6,681.07	\$ 6,681.07
	Lake Butler		0.001398126003%	\$ 272.63	\$ 209.72	\$ 146.80	\$ 146.80	\$ 146.80	\$ 146.80
	Raiford		0.000012710236%	\$ 2.48	\$ 1.91	\$ 1.33	\$ 1.33	\$ 1.33	\$ 1.33
	Worthington Springs		0.000116207876%	\$ 22.65	\$ 17.43	\$ 12.20	\$ 12.20	\$ 12.20	\$ 12.20
Volusia	Volusia County	3.130329674480%	1.708575342287%	\$ 333,172.19	\$ 256,286.30	\$ 179,400.41	\$ 179,400.41	\$ 179,400.41	\$ 179,400.41
	Daytona Beach		0.447556475212%	\$ 87,273.51	\$ 67,133.47	\$ 46,993.43	\$ 46,993.43	\$ 46,993.43	\$ 46,993.43
	Daytona Beach Shores		0.039743093439%	\$ 7,749.90	\$ 5,961.46	\$ 4,173.02	\$ 4,173.02	\$ 4,173.02	\$ 4,173.02
	DeBary		0.035283616215%	\$ 6,880.31	\$ 5,292.54	\$ 3,704.78	\$ 3,704.78	\$ 3,704.78	\$ 3,704.78
	DeLand		0.038383689498%	\$ 19,301.82	\$ 14,847.55	\$ 10,393.29	\$ 10,393.29	\$ 10,393.29	\$ 10,393.29
	Deltona		0.199329190038%	\$ 38,869.19	\$ 29,899.38	\$ 20,929.56	\$ 20,929.56	\$ 20,929.56	\$ 20,929.56
	Edgewater		0.058042202343%	\$ 11,318.23	\$ 8,706.33	\$ 6,094.43	\$ 6,094.43	\$ 6,094.43	\$ 6,094.43
	Flagler Beach		0.000223337011%	\$ 43.55	\$ 33.50	\$ 23.45	\$ 23.45	\$ 23.45	\$ 23.45
	Holly Hill		0.031615805143%	\$ 6,165.08	\$ 4,742.37	\$ 3,319.66	\$ 3,319.66	\$ 3,319.66	\$ 3,319.66
	Lake Helen		0.004918861482%	\$ 959.18	\$ 737.83	\$ 516.48	\$ 516.48	\$ 516.48	\$ 516.48
	New Smyrna Beach		0.104065968306%	\$ 20,292.86	\$ 15,609.90	\$ 10,926.93	\$ 10,926.93	\$ 10,926.93	\$ 10,926.93
	Oak Hill		0.004820811037%	\$ 940.06	\$ 723.12	\$ 506.19	\$ 506.19	\$ 506.19	\$ 506.19
	Orange City		0.033562287055%	\$ 6,544.65	\$ 5,034.34	\$ 3,524.04	\$ 3,524.04	\$ 3,524.04	\$ 3,524.04
	Ormond Beach		0.114644516477%	\$ 22,355.68	\$ 17,196.68	\$ 12,037.67	\$ 12,037.67	\$ 12,037.67	\$ 12,037.67
	Pierson		0.002333236251%	\$ 454.98	\$ 349.99	\$ 244.99	\$ 244.99	\$ 244.99	\$ 244.99
	Ponce Inlet		0.023813535748%	\$ 4,643.64	\$ 3,572.03	\$ 2,500.42	\$ 2,500.42	\$ 2,500.42	\$ 2,500.42
	Port Orange		0.177598691562%	\$ 34,631.32	\$ 26,639.48	\$ 18,647.63	\$ 18,647.63	\$ 18,647.63	\$ 18,647.63
	South Daytona		0.045221205323%	\$ 8,818.14	\$ 6,783.18	\$ 4,748.23	\$ 4,748.23	\$ 4,748.23	\$ 4,748.23
Wakulla	Wakulla County	0.115129321208%	0.114953193647%	\$ 22,415.87	\$ 17,242.98	\$ 12,070.09	\$ 12,070.09	\$ 12,070.09	\$ 12,070.09
	Sopchoppy		0.000107129135%	\$ 20.89	\$ 16.07	\$ 11.25	\$ 11.25	\$ 11.25	\$ 11.25
	St. Marks		0.000068998426%	\$ 13.45	\$ 10.35	\$ 7.24	\$ 7.24	\$ 7.24	\$ 7.24
Walton	Walton County	0.265558216151%	0.224268489581%	\$ 43,732.36	\$ 33,640.27	\$ 23,548.19	\$ 23,548.19	\$ 23,548.19	\$ 23,548.19
	DeFuniak Springs		0.017057137234%	\$ 3,326.14	\$ 2,558.57	\$ 1,791.00	\$ 1,791.00	\$ 1,791.00	\$ 1,791.00
	Freeport		0.003290135477%	\$ 641.58	\$ 493.52	\$ 345.46	\$ 345.46	\$ 345.46	\$ 345.46
	Paxton		0.023942453860%	\$ 4,668.78	\$ 3,591.37	\$ 2,513.96	\$ 2,513.96	\$ 2,513.96	\$ 2,513.96
Washington	Washington County	0.12012444109%	0.104908475404%	\$ 20,457.15	\$ 15,736.27	\$ 11,015.39	\$ 11,015.39	\$ 11,015.39	\$ 11,015.39
	Caryville		0.001401757499%	\$ 273.34	\$ 210.26	\$ 147.18	\$ 147.18	\$ 147.18	\$ 147.18
	Chipley		0.012550450560%	\$ 2,447.34	\$ 1,882.57	\$ 1,317.80	\$ 1,317.80	\$ 1,317.80	\$ 1,317.80
	Ebro		0.000221521263%	\$ 43.20	\$ 33.23	\$ 23.26	\$ 23.26	\$ 23.26	\$ 23.26
	Vernon		0.000361333863%	\$ 70.46	\$ 54.20	\$ 37.94	\$ 37.94	\$ 37.94	\$ 37.94
	Wausau		0.000680905521%	\$ 132.78	\$ 102.14	\$ 71.50	\$ 71.50	\$ 71.50	\$ 71.50
		100.00%	100.00%	\$ 19,500,000.00	\$ 45,500,000.00	\$ 15,000,000.00	\$ 35,000,000.00	\$ 10,500,000.00	\$ 24,500,000.00

**RETAINER AGREEMENT FOR OUTSIDE COUNSEL SERVICES
IN CONNECTION WITH OPIOID EPIDEMIC LITIGATION**

This Retainer Agreement ("Agreement") is entered into by and among the City of Pembroke Pines, a Florida municipality, (the "City") and the following law firms: Haliczr, Pettis & Schwamm, P.A.; Kopelowitz Ostrow Ferguson Weiselberg Gilbert; Morgan & Morgan, P.A; (collectively, the "Law Firms"). The obligations of each of these Law Firms under this Agreement are joint and several. The Law Firms and the City are sometimes collectively referred to as the "Parties."

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows:

ARTICLE 1: DEFINITIONS

- 1.1 **Board.** The City Commission of the City of Pembroke Pines, Florida.
- 1.2 **City Attorney.** The chief legal counsel for the City appointed by the Board.
- 1.3 **City's Net Recovery.** The net amount remaining after the City's Total Recovery is reduced by the Law Firms' Fee and Reasonable Costs/Expenses.
- 1.4 **City's Total Recovery.** The amount of Monetary Recovery and Nonmonetary Recovery combined, prior to the deduction of the Law Firms' Fee and reimbursement of Reasonable Costs/Expenses.
- 1.5 **Law Firms' Fee.** This term is defined in Article 3 below.
- 1.6 **Litigation.** This term is defined in Article 2 below.
- 1.7 **Monetary Recovery.** The total amount of any monetary recovery, whether described as damages, restitution, or otherwise, directly awarded or obligated to be paid to the City specifically through either judgment or settlement of the City's lawsuit.
- 1.8 **Nonmonetary Recovery.** The total amount of any nonmonetary recovery directly awarded or obligated to be paid to the City specifically through either judgment or settlement of the City's lawsuit, including goods and/or services that, if paid for by the City, would be a budget item for which City funds would be allocated. The monetary value of any goods and/or services for the purposes of this Agreement will be determined according to the fair market value of such items and/or according to other objective criteria.
- 1.9 **Reasonable Costs/Expenses.** The out-of-pocket expenses actually incurred by the Law Firms in connection with the Litigation, including, but not limited to: court fees; process server fees; necessary and reasonable travel expenses of the Law Firms' attorneys to attend depositions, court proceedings, witness interviews, and meetings related to the Litigation (the Law Firms shall maintain records specifying why attendance by its attorneys at the described events was necessary and reasonable); and expert expenses. Reasonable Costs/Expenses shall

not include the following expenses: first-class or business-class airfare; routine copying and printing charges; fax charges; routine postage; office supplies; telephone charges unless related to teleconferencing services; local travel (within a 30-mile radius of the main office of the applicable attorney or individual Law Firm, including mileage, parking, and tolls); delivery services performed by internal staff; electricity or other utilities; software costs or subscription fees; legal research costs (including but not limited to costs associated with any attorney or other person's time to perform legal research); routine internet or wireless access charges not associated with specific Litigation-related tasks; time expended by law clerks; or time expended by administrative staff.

ARTICLE 2: SCOPE OF SERVICES

2.1 The Law Firms shall represent the City in civil litigation to be promptly filed to pursue all available legal and equitable remedies in connection with the harm incurred by the City as a result of the unlawful, wrongful, deceptive, and fraudulent practices of pharmaceutical manufacturers and pharmaceutical wholesalers/distributors of opioid medications, which representation shall last through resolution of the lawsuit including through any and all appellate proceedings (the "Litigation"). The Law Firms have conducted an investigation and believe there is a valid basis to commence and prosecute the Litigation seeking monetary damages and other relief. The Law Firms will perform all necessary and prudent investigations to determine whether other categories of defendants should be added to the Litigation. Defendants other than manufacturers and wholesalers/distributors may be added only with the prior written consent of the City Attorney.

2.2 The Law firms shall not initiate discovery (except to the extent that common discovery is initiated in the multi-district litigation ("MDL") proceeding) or file a motion for summary judgment without the City Attorney's prior written consent.

2.3 As part of this contracted representation, the Law Firms will also defend the City (and all of its officials and employees) for any claims that may be asserted against them arising from commencement, prosecution, and/or resolution of the Litigation including, but not limited to, any claims to recover adverse party attorneys' fees or costs.

2.4 The City will cooperate reasonably in the prosecution of the Litigation, including participating in discovery and providing deposition testimony, if requested.

2.5 At least quarterly, the Law Firms will provide the City Attorney with a status report containing all material information pertinent to the Litigation.

2.6 The City Attorney's Office (through the City Attorney) shall retain control over any litigation decisions and settlement of the City's claims (subject to the City Commission's final approval of any proposed settlement). All work performed by the Law Firms will be in a manner satisfactory to the City Attorney.

2.7 The Law Firms shall provide the City Attorney with all key documents (including the Complaint and dispositive motions) with sufficient advance time to allow the City Attorney to review the same and provide meaningful input.

2.8 It is important that any documents potentially relevant to the Litigation, in the broadest sense, are set aside and protected from destruction. This includes electronic records such as communications by e-mail. The Law Firms shall assist the City in identifying and preserving all relevant documents and electronic files.

2.9 If the Litigation is filed in federal court, in consultation with the City Attorney, the Law Firms may explore opportunities for the City to be featured in the MDL in a role commensurate with the City's size and with the impact that the opioid epidemic has had on the people of the City.

2.10 The Law Firms hereby designate Eugene K. Pettis to serve as the Law Firms' representative ("Law Firms' Point of Contact"). The City hereby designates Samuel S. Goren, Esq. to serve as the City's representative ("City's Representative"). The Law Firms' Point of Contact shall have the authority and responsibility to: (i) promptly inform the City Attorney and City's Representative of any decision or circumstance with respect to which the Law Firms need the City's informed consent; (ii) reasonably consult with the City's Representative about the means by which the City's objectives are to be accomplished and communicate such information to the Law Firms; (iii) keep the City's Representative and the City Attorney reasonably informed about the status of the matter; (iv) promptly comply with reasonable requests for information from the City's Representative; (v) consult with the City's Representative about any relevant limitation on the Law Firms' conduct when the Law Firms know or reasonably should know that the City expects assistance not permitted by the Rules of Professional Conduct or any law; (vi) explain the matter to the extent reasonably necessary to permit the City to make informed decisions regarding the representation; and (vii) keep the Law Firms informed about communications with the City. Nothing in this section shall preclude the City from communicating with the other Law Firms or the Law Firms from communicating with the City on any of the areas of responsibility listed above. The City's Representative and City Attorney are authorized and responsible to act on behalf of the City with respect to communicating and coordinating with the Law Firms and with regards to administering the City's obligations under this Agreement.

ARTICLE 3: FEE STRUCTURE

3.1 The Law Firms will undertake the representation and diligently prosecute the Litigation on a contingency fee and cost basis. The Law Firms shall expend all time, and advance all expenses, necessary to fully and effectively prosecute the Litigation. The City is obligated to pay attorneys' fees to the Law Firms and to reimburse the Law Firms for Reasonable Costs/Expenses expended by them only out of any Monetary Recovery. If the City does not receive a Monetary Recovery, it is not obligated to pay any amounts to the Law Firms whatsoever, whether as attorneys' fees or as reimbursement for Reasonable Costs/Expenses.

Under no circumstances shall the City be required to pay any sums as Law Firms' Fee or for Reasonable Costs/Expenses that, when aggregated, exceed the amount of the Monetary Recovery. The City's obligations regarding fees and expenses are further limited below.

3.2 The Law Firms' Fee structure is tiered based on the stage of the litigation at which the Litigation is resolved. Subject to the provisions stated below in Article 3, the Law Firms' Fee shall be calculated by multiplying the applicable percentage below by the City's Total Recovery (before deducting the amount necessary to pay all Reasonable Costs/Expenses advanced by the Law Firms that are property allocable to the City):

- a. Upon commencement of the engagement up to the commencement of discovery: four percent (4%);
- b. After the commencement of discovery up to the filing of any motion(s) for summary judgment: twelve and one-half percent (12.5%); and
- c. After the filing of any motion(s) for summary judgment through the conclusion of trial and any and all post-trial appellate proceedings: fifteen percent (15%).

3.3 Notwithstanding the Law Firms' Fee percentages set forth above, the maximum percentage that the Law Firms will receive as their combined Law Firms' Fee and reimbursement of Reasonable Costs/Expenses shall not exceed the following percentages of the City's Monetary Recovery:

- a. Five percent (5%) up to the commencement of discovery;
- b. Seventeen and one-half percent (17.5%) after the commencement of discovery up to the filing of any motion(s) for summary judgment; and
- c. Twenty-five percent (25%) after the filing of any motion(s) for summary judgment through the conclusion of trial and any and all post-judgment appellate proceedings.

3.4 If the Law Firms seek recovery of attorneys' fees from Defendant(s) in connection with any Monetary Recovery achieved for the City, and obtain payment of attorneys' fees from Defendant(s) for that Monetary Recovery, the Law Firms' Fee due from the City shall be reduced, offset, or credited by the amount of any attorneys' fees paid by Defendant(s) for that Monetary Recovery. If Law Firms seek recovery of attorneys' fees from Defendant(s) in connection with any Nonmonetary Recovery, and the Law Firms obtain payment of attorneys' fees from Defendant(s) in connection with that Nonmonetary Recovery, the Law Firms' Fee due from the City shall not be reduced, offset, or credited by the amount of any attorneys' fees paid by Defendant(s) for the Nonmonetary Recovery.

3.5 To the extent Reasonable Costs/Expenses are expended for the common benefit of the City and other similarly-situated plaintiffs (i.e., governmental entities that are also seeking to recover funds as a result of the sale, distribution, and use of opioids) represented by any or all of the Law Firms (individually, collectively, or in any combination), the City shall only bear a

proportionate, fair, and equitable share of such Reasonable Costs/Expenses as either determined by court order or, in the absence of court order, based on the relative size of the City's Total Recovery. Representation for purposes of this section does not include representation of governmental entities solely as court-appointed leadership in *In re: National Prescription Opiate Litigation*, MDL No. 2804. Common benefit expenses are expenses expended for the common benefit of a group of clients. For example, if a deposition of a defendant expert witness is taken in one case, and this deposition can be used for and/or benefits the claims of other clients, these costs will be classified as common benefit expenses. By using this common benefit expenses system, no one client has to solely bear costs that actually benefit the group as a whole, and many of the most substantial costs of litigation can be shared equitably by all.

3.6 After the Total Recovery has been reduced by the Law Firms' Fee and Reasonable Costs/Expenses, the remaining sum (i.e., the City's Net Recovery) shall be promptly remitted to the City.

3.7 In the event the Monetary Recovery is paid over a period of time (not in a single lump sum), the payment of attorneys' fees to the Law Firms shall be made on a pro rata basis commensurate with the payment of the Monetary Recovery over time. This provision shall not apply to reimbursement of Reasonable Costs/Expenses, and all Reasonable Costs/Expenses shall be reimbursed in full from any Monetary Recovery and not made on a pro rata basis. By way of example only, if, in a settlement reached after the commencement of discovery, the City receives \$1,000,000 each year for five years, and the Reasonable Costs/Expenses are \$200,000, the Law Firms would deduct the \$200,000 for Reasonable Costs/Expenses from the first year's payment of \$1,000,000. Following the deduction for Reasonable Costs/Expenses, the Law Firms would immediately receive \$125,000 (or 12.5% of the initial payment of \$1,000,000) as the pro rata portion of the Law Firms' Fee and then remit to the City \$675,000. For each of the next four years, the Law Firms would deduct \$125,000 from the \$1,000,000 payment as the pro rata portion of the Law Firms' Fee and then remit to the City \$875,000.

3.8 At the time they remit the City's Recovery, the Law Firms shall provide the City with a detailed disbursement sheet reflecting the amount of attorneys' fees retained by the Law Firms and the Reasonable Costs/Expenses, which shall include enough specificity to permit the City to determine what the cost/expense is, the amount spent on the cost/expense, the percentage thereof to be paid by the City (if the incurrence benefitted other entities) and, where not obvious, the reason for incurring the cost/expense.

3.9 The Law Firms shall not commit to or incur any singular litigation cost/expense exceeding \$25,000 without the prior written approval of the City Attorney. Any proposed expense in excess of \$25,000, and the rationale for incurring such expense, shall be presented for the City Attorney's consideration in a manner that will allow the City Attorney to meaningfully consider the cost/expense in advance of when it would otherwise be incurred. The Law Firms shall report to the City on a quarterly basis all costs and expenses incurred during the preceding quarter in connection with the Litigation, and where the incurrence of that cost or expense has benefitted other clients, shall indicate the share of such cost or expense reasonably allocable to the City.

3.10 The City acknowledges and agrees that, if the Litigation is consolidated and/or coordinated with other actions as part of a multidistrict litigation, the Law Firms may determine that it benefits the City to associate with additional firm(s), which may result in the Law Firms' decision to share with other firms the attorneys' fees to which they would be entitled under this Agreement. This sharing of attorneys' fees with other law firms may be on a percentage basis or based on time spent by all counsel involved in assisting with the prosecution of the Litigation. The City consents to such association and sharing of fees, provided that no attorney and none of the Law Firms representing the City in this matter violates the City's Conflict of Interest Policy (as referenced below) or the Rules of Professional Conduct of The Florida Bar. Any such sharing of attorneys' fees will not increase, decrease, or otherwise affect the percentage or amount of attorneys' fees due under this Agreement. In addition, despite any such sharing of attorneys' fees, the City will not be responsible or obligated to pay any costs/expenses expended by other additional law firm(s) and any such costs/expenses shall not be included in Reasonable Costs/Expenses under this Agreement.

ARTICLE 4. CONFLICTS OF INTEREST

4.1 The City understands that it may be one of multiple governmental plaintiffs being represented by any or all of the Law Firms in opioid epidemic-related litigation. The City consents to such representation and waives any potential conflict that might arise from such representation of other governmental entities. The City recognizes and agrees that an aggregate settlement of multiple opioid cases at one time may be reached, provided the Law Firms believe the aggregate settlement to be fair and adequate for the group as a whole. In this scenario, the case may be settled only with the City's prior written approval. The Board has final decision-making authority as to whether to accept any proposed settlement of the City's claims. If the City rejects any such settlement proposal(s), the Law Firms shall continue to represent the City through any subsequent settlement or any trial and appellate proceedings.

4.2 While this Agreement remains in effect, the Law Firms (individually, collectively, or in any combination) shall not act as counsel in any lawsuit or other adversarial proceeding in which the City is named as an adverse party or in which the Law Firms (individually, collectively, or in any combination) take or may take a position adverse to the City.

4.3 Neither any of the Law Firms nor any of their employees shall have or hold any continuing or frequently recurring employment or contractual relationship substantially antagonistic to or incompatible with the Law Firms' loyal and conscientious exercise of judgment related to their performance under this Agreement.

4.4 The Law Firms agree that none of their officers or employees shall, during the term of this Agreement, serve as an expert witness against the City in any legal or administrative proceeding in which he or she is not a party, unless compelled by court process, nor shall such person give sworn testimony or issue a report or writing, as an expression of his or her expert opinion, that is adverse or prejudicial to the interests of the City, in connection with any such pending or threatened legal or administrative proceeding. The limitations of this Section 4.6 shall not preclude such person from representing himself or herself in any action or in any administrative or legal proceeding.

4.5 If, at any time, any of the Law Firms desires to represent a client in matters having to do with the City government, the Law Firms must contact the City Attorney before undertaking such representation so that it can be determined whether a conflict of interest exists. All actual, potential, or apparent conflicts of interest must be disclosed to the City Attorney as soon as they become known.

ARTICLE 5. DOCUMENTS AND PUBLIC RECORDS

Notwithstanding any other provision of this Agreement, the Law Firms shall comply with all applicable requirements of the Florida Public Records Act with respect to the Law Firm's records relating to, arising from, or in connection with this Agreement, including the requirements of Exhibit A attached hereto and made a part hereof.

ARTICLE 6. NOTICES

All notices to be given by the Parties hereto shall be by email as follows (unless changed pursuant to proper notice):

TO CITY:

Pembroke Pines City Attorney
Samuel S. Goren
Goren, Cherof, Doody and Ezrol, P.A.
Email: sgoren@cityatty.com

With a copy to:

Pembroke Pines City Manager
Charles F. Dodge
Email: cdodge@ppines.com

TO LAW FIRMS:

Eugene K. Pettis, Esq.
Halliczer, Pettis & Schwamm, P.A.
Email: epettis@hpslegal.com

With a copy to:

Robert C. Gilbert, Esq.
Kopelowitz Ostrow Ferguson Weiselberg Gilbert
Email: gilbert@kolawyers.com

ARTICLE 7. TERMINATION

7.1 In the event of a material breach of this Agreement by any party that remains uncured for thirty (30) days after written notice thereof is provided by the City to the Law Firms or by the Law Firms to the City, as applicable, this Agreement may be terminated. Except as otherwise provided in Paragraph 4.3, any termination of this Agreement by the City shall be through formal action by the Board. Material breach includes, but is not limited to, failure of any of the Law Firms to comply with the City's Conflict of Interest Policy. In the event the City terminates this Agreement for material breach, the Law Firms shall not be entitled to receive any

attorneys' fees (notwithstanding any subsequent monetary recovery by the City) or any reimbursement for any litigation cost/expenses expended pursuant to this Agreement, absent a judicial determination that the City's termination was not properly based on a material breach.

7.2 This Agreement may also be terminated for convenience for any reason other than material breach by the City, through formal action by the Board, upon not less than thirty (30) days' advance written notice to Law Firms. If terminated for convenience, and the City obtains a Monetary Recovery, either through settlement or judgment, the Law Firms shall nevertheless be entitled to recover their Law Firms' Fee and all Reasonable Costs/Expenses from the Monetary Recovery on a *quantum meruit* basis (subject to the limitations stated above).

ARTICLE 8. INDEMNIFICATION

The Law Firms shall at all times indemnify, hold harmless and defend the City, its officers, agents, servants, and employees (collectively, "Indemnified Party") from and against any and all causes of action, demands, claims, losses, liabilities, judgments, settlements, and expenditures of any kind, including attorneys' fees, court costs, and expenses (collectively, a "Claim") raised or asserted by any person or entity not a party to this Agreement, which Claim is caused or alleged to be caused, in whole or part, by any acts or omissions of the Law Firm(s), any of their employees, agents, servants, or officers, or otherwise accrues from, results from, or is related to the subject matter of this Agreement, to the fullest extent allowable under all applicable law and ethics rules. Notwithstanding the foregoing, the Law Firms shall not take any action that may violate any applicable ethics rules or laws and may not indemnify and/or hold the City harmless from adverse party legal fees and/or costs arising from or relating to the subject matter of this Agreement except as otherwise permitted under applicable law and ethics rules or as ordered by a court of competent jurisdiction. In the event any Claim is brought against an Indemnified Party, the Law Firms, upon written notice from the City, shall defend each Indemnified Party against each such Claim by counsel satisfactory to the City Attorney or, at the City Attorney's option, pay for an attorney selected by the City to defend the City or other Indemnified Party. The obligations of this section shall survive the expiration or termination of this Agreement.

ARTICLE 9. INSURANCE

9.1 The Law Firms agree collectively to maintain Professional Liability coverage with the limits of liability provided by such policy no less than Five Million Dollars (\$5,000,000.00) for each claim with a maximum deductible of Two Million Dollars (\$2,000,000), unless otherwise approved in advance by the City's Risk Manager.

9.2 The Law Firms shall maintain this collective coverage continuously in force for a minimum of two (2) years following the expiration or termination of this Agreement, and shall annually provide the City's Risk Manager with evidence of continuous coverage upon request. The obligations of this article shall survive the expiration or termination of this Agreement.

9.3 Such insurance coverage shall be on a coverage form acceptable to the City's Risk Manager, issued by companies authorized to issue insurance policies and otherwise do business in the State of Florida, and having agents upon whom service of process may be made in the State of Florida. In addition, each such insurer shall have and maintain throughout the

period for which coverage is required a minimum A. M. Best Company Rating of "A-" and a minimum Financial Size Category of "VII."

ARTICLE 10. MISCELLANEOUS PROVISIONS

10.1 This Agreement shall be interpreted and construed in accordance with and governed by the laws of the State of Florida. The exclusive venue for any lawsuit arising from, related to, or in connection with interpretation or enforcement of this Agreement shall be in the state courts of the Seventeenth Judicial Circuit in and for Broward County, Florida. If any claim arising from, related to, or in connection with this Agreement must be litigated in federal court, the exclusive venue for any such lawsuit shall be in the United States District Court or United States Bankruptcy Court for the Southern District of Florida.

10.2 Except with regard to the association referenced in Section 3.10, neither this Agreement nor any right or interest herein may be assigned, transferred, subcontracted, or encumbered by any of the Law Firms without the prior written consent of the City Attorney. If any of the Law Firms violate this provision, the City shall have the right to immediately terminate this Agreement for material breach. The Law Firms represent that each person and entity that will provide services under this Agreement is duly qualified to perform such services and is sufficiently experienced and skilled in the area(s) for which such person or entity will render services. The Law Firms agree that all services under this Agreement shall be performed in a skillful and respectful manner, and that the quality of all such services shall equal or exceed prevailing industry standards for the provision of such services in litigation of this nature.

10.3 Neither the Law Firms nor the City intend(s) to directly or substantially benefit a third party by this Agreement. Therefore, the Law Firms and the City acknowledge that there are no third-party beneficiaries to this Agreement and that no third party shall be entitled to assert a right or claim against either of them based upon this Agreement.

10.4 The City fully preserves its sovereign immunity.

10.5 This Agreement sets forth the entire understanding and agreement between the Parties regarding the subject matter hereof, supersedes all prior oral or written understandings and agreements regarding the subject matter hereof, and may only be modified in writing signed by all Parties hereto.

10.6 The City understands that it may be one of multiple plaintiffs represented by the Law Firms in the opioid litigation. The City consents to such representation and waives any potential conflict that might arise from such representation. The City further understands the effect of joint representation on attorney-client confidentiality. Except as otherwise provided by Florida law with respect to the City, attorney-client communications are privileged and are protected against disclosure to a third party. By entering into this Agreement, except as otherwise provided by the Rules of Professional Conduct of the Florida Bar, the City waives any right it may have to require the Law Firms to disclose to the City any confidences the Law Firms have obtained from any other plaintiff in connection with similar litigation.

10.7 The City, acting by and through its City Auditor or the City Auditor's designee or an auditor hired by the City (individually or collectively, "City Auditor"), shall have the right to audit the books and records of Law Firms pertinent to the litigation costs and expenses allocated to the City. The Law Firms shall preserve and make available, at reasonable times for examination and audit by the City Auditor, all financial records, supporting documents, and other documents pertinent to the litigation costs and expenses for a period of three (3) years after expiration or termination of this Agreement or for the period required by Florida law and Florida public records retention schedules, whichever is longer, or, if any audit has been initiated and audit findings have not been resolved at the end of the three years or the period required by Florida law and Florida public records retention schedules, whichever is longer, such books and records shall be retained until resolution of the audit findings or the period required by Florida law and Florida public records retention schedules, whichever is longer. The obligations of this paragraph shall survive the expiration or termination of this Agreement.

10.8 The City authorizes the Law Firms to pursue the Litigation and prepare, sign, and file all pleadings. The Law Firms are also authorized and empowered to act as the City's negotiator in any and all negotiations concerning the Litigation. To be clear, all decisions regarding final resolution of the Litigation, including settlement, are within the sole power of the City. The Law Firms will take no action to settle the City's claim(s) without prior express written approval of the City (acting through the Board).

10.9 This Agreement may be executed in counterparts all of which, taken together, shall constitute one and the same agreement.

10.10 Each party represents that the person signing on its behalf has been fully authorized by all required action to sign on behalf of and to bind that party to the obligations stated herein.

LAW FIRMS:

Kopelowitz Ostrow Ferguson Weiselberg Gilbert Haliczzer Pettis & Schwamm, P.A.

By: _____

Robert C. Gilbert

By: _____

Eugene K. Pettis

Morgan & Morgan, P.A.

By: _____

James D. Young

CITY OF PEMBROKE PINES

By: _____

Samuel S. Goren
Pembroke Pines, City Attorney

5/5/18

DATE

EXHIBIT A
PUBLIC RECORDS

To the extent the Law Firms are acting on behalf of the City as stated in Section 119.0701, Florida Statutes, the Law Firms shall:

- a) Keep and maintain public records required by the City to perform the services under this Agreement;
- b) Upon request from the City, provide the City with a copy of the requested records or allow the records to be inspected or copied within a reasonable time and at a cost that does not exceed that provided in Chapter 119, Florida Statutes, or as otherwise provided by law;
- c) Ensure that public records that are exempt or confidential and exempt from public record requirements are not disclosed except as authorized by law for the duration of this Agreement and following completion or termination of this Agreement if the records are not transferred to the City; and
- d) Upon completion or termination of this Agreement, transfer to the City, at no cost, all public records in possession of the Law Firms and destroy any duplicate public records that are exempt or confidential and exempt. All records stored electronically must be provided to the City upon request in a format that is compatible with the information technology systems of the City.

The failure of the Law Firms to comply with the provisions of this Exhibit shall constitute a material breach of this Agreement entitling the City to exercise any remedy provided in this Agreement or under applicable law.

A request for public records regarding this Agreement must be made directly to the City, who will be responsible for responding to any such public records requests. The Law Firms will provide any requested records to the City to enable the City to timely respond to the public records request.

IF THE LAW FIRMS HAVE QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO LAW FIRMS' DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT CITY CLERK'S OFFICE, City of Pembroke Pines, 601 City Center Way, Pembroke Pines, FL 33025, PHONE: 954-450-1050.



(../../asce/)

5.6 billion opioid pills flooded the state, and rogue South Florida doctors helped get them on the streets

2019-07-27 | Sun Sentinel

July 27-- Jul. 27--As deaths from opioids reached crisis levels in Florida, pharmaceutical companies doped the state up with nearly 5.6 billion prescription pain pills between 2006 and 2012, new data shows.

South Florida doctors stocked their shelves with pills in amounts that went unmatched by physicians anywhere else in the state in those seven years, setting the region up as the headquarters of the "Oxy Express" and fueling a nationwide opioid epidemic.

Recently released figures from the U.S. Drug Enforcement Administration open an unprecedented window into the sheer volume of prescription opioids that made their way into the state -- legally -- and set off a drug crisis that would eventually claim thousands of lives.

Total pills to physicians by county 2006-2012
20M5M10M15M20M25M30M35M40M45M50M55M60M
Pills supplied
Broward
Palm Beach
Miami-Dade
Hillsboroug
Duval
Orange
Lee
Pinellas
Seminole
St. Lucie

The U.S. Drug Enforcement Administration released its database of millions of transactions from prescription opioid manufacturers and distributors to the pharmacies and clinics they supplied from 2006 to 2012.

The release of the data from the DEA's Automation of Reports and Consolidated Orders System, or ARCOS, was the result of a lawsuit from The Washington Post and West Virginia's Charleston Gazette-Mail against the DEA. The Post made the raw data available on its website.

A South Florida Sun Sentinel analysis of the transactions shows pharmaceutical companies sent 5,556,554,671 oxycodone and hydrocodone pills to Florida during that time period.

The supply would eventually help bolster South Florida as the epicenter for the opioid black market.

"Florida was a key supplier of diverted powerful prescription opioid medications that supplied not only users in Florida, but throughout East Coast," said Jim Hall, a drug abuse epidemiologist at Nova Southeastern University.

Doctors turned dealers

While the data shows most pills went to chain pharmacies like Publix and Walgreens, individual doctors and physicians also ordered millions of doses to their offices.

Pill mills found fertile ground in Florida, where doctors were once allowed to prescribe and dispense the opioids in the same place.

"That was the setup for the pain clinics," Hall said.

Urge Your Senator to Vote YES on S. 1260! (../take-action;jsessionid=node0181xk651a4vpl1rrvcargofw;engagementId=511835)

This week the Senate will consider S. 1260, the Endless Frontier Act of 2021. The bipartisan bill would increase American investments in science and technology innovation, authorizing \$13 billion annually for the National Science Foundation (NSF). The legislation would also establish a new Directorate for Technology and Innovation, with an authorized budget of \$26.6 billion over the next five years. Contact your Senator to vote YES on S. 1260!

Tell Your Members of Congress – Pass Comprehensive Infrastructure Package Now (../take-action;jsessionid=node0181xk651a4vpl1rrvcargofw;engagementId=511420)

Negotiations on an infrastructure package stopped between President Biden and Senate Republicans. With American families losing \$3,300 annually due to our failing infrastructure, inaction is not an option. Write your Member of Congress to pass a comprehensive infrastructure package now.

Shady operators recruited unscrupulous doctors through places like Craigslist to pump out prescriptions. Some clinics raked in \$50,000 a day passing out pills. During one raid, law enforcement found \$4 million stashed in cardboard boxes in an attic, Hall said.

South Florida became the go-to place for out-of-state addicts and dealers, who road-tripped down interstates 75 and 95 in search of cash-only deals through pain clinics.

Both prescription opioid overdoses and opioid prescriptions in Florida peaked in 2010, according to the National Institute on Drug Abuse, when providers in the state wrote about 88 prescriptions for every 100 Floridians.

That same year, 90 of the top 100 doctors buying oxycodone nationwide were practicing in Florida. Broward County emerged as a particularly troublesome spot. Hall said his research showed 25 of the country's top 50 opioid-dispensing physicians were based in Broward in 2009-10.

A look at the medical practitioners in Florida who bought the largest amounts of pain pills reveals a list of disgraced doctors and physicians who have since been banned from practicing medicine for overprescribing.

The top three doctors in the state bought opioids in record numbers years before they faced consequences.

-- Alfred Boyce, a former Fort Lauderdale physician, bought 1,692,900 pain pills, the most pills of all practitioners. Boyce's license was suspended after he was found to have overprescribed oxycodone and Xanax.

-- John Peter Christensen, a former West Palm Beach doctor, came in second with 1,622,000 pills. The state health department revoked his license after he was found to have prescribed at "inappropriately or in excessive or inappropriate quantities."

-- Michael Lazzopina, a former Fort Lauderdale doctor, ranked third for buying 1,557,300 pills. His license was suspended due to overprescribing.

On the receiving end of the No. 2 doctor on that list was Ken Fusco's son, Jason, who got as many as 500 pills per month from a pill mill operated by John Peter Christensen.

Investigators determined at least 35 of Christensen's patients died of drug overdoses. One was Jason Fusco. He was 24.

After Christensen's 2013 arrest, he was charged with first-degree murder in two patient overdoses from painkillers and anti-anxiety medicines. Prosecutors even considered seeking the death penalty.

But the case ended with Christensen pleading "guilty in my best interest" to two manslaughter counts and receiving a four-year state prison sentence.

Ken Fusco said he doesn't think justice was served given the damage the doctor inflicted on people's lives. He said Christensen enriched himself as his patients suffered and died.

Ken Fusco wasn't shocked to learn Christensen doled out 1.6 million pills, and he thinks community leaders looked the other way because of the money the pill mill trade was generating.

"The laws weren't here to stop anybody," Fusco said. "How many times can doctors get caught and get a slap on the hand? Meanwhile, if you go buy the pills, you get nailed for the trafficking."

Some doctors continued to dispense pain pills for years even while they had disciplinary cases pending, a 2017 Sun Sentinel investigation found.

But in some instances, prosecutors made examples of some of the most egregious offenders, including Barry Schultz, a former West Delray Beach doctor who was sentenced to 157 years in state prison after he was accused of overprescribing.

Schultz ordered nearly 708,000 pain pills between 2006 and 2012.

Florida practioner pill orders 2006-2012

Search the table to see the number of oxycodone and hydrocodone pain pills Florida doctors and physicians ordered from 2006 to 2012. A doctor's appearance in this list does not neccesarilly mean they have been accused of overprescribing, but reflects they purchased prescription opioids during the specified timeframe.

Physician City County Total pills

BOYCE, ALFRED DO	FORT LAUDERDALE	BROWARD	1,692,900
CHRISTENSEN, JOHN PETER MD	WEST PALM BEACH	PALM BEACH	1,622,000
LAZZOPINA, MICHAEL S MD	FORT LAUDERDALE	BROWARD	1,557,300
ALMOJERA, BELLE B MD	JACKSONVILLE	DUVAL	1,492,250
WILLIAMS, WILSON CHARLES MD	DAVIE	BROWARD	1,476,200
SEINFELD, AMY L DO	PLANTATION	BROWARD	1,465,140
GLASSMAN, TODD, D D.O.	NORTH MIAMI BEACH	MIAMI-DADE	1,406,584
SHOOK, MICHAEL R MD	FORT LAUDERDALE	BROWARD	1,363,100
FRIEDBERG, GARRY MD	PEMBROKE PARK	BROWARD	1,344,672
GARI, RODOLFO MD	TAMPA HILLSBOROUGH		1,324,950
KLEIN, GERALD J MD	PORT SAINT LUCIE	SAINT LUCIE	1,303,810
ZELFMAN, MIKHAIL DO	HALLANDALE	BROWARD	1,259,400
WAYNE, CHRISTOPHER G DO	MIAMI LAKES	MIAMI-DADE	1,202,268
CHAMBERS, RALPH J JR MD	DAYTONA BEACH	VOLUSIA	1,169,870
ELHABASHY, BASIM I MD	DELRAY BEACH	PALM BEACH	1,141,820
SMITH, DOUGLAS RANDALL MD	DELRAY BEACH	PALM BEACH	1,090,500
GONZALEZ-PUJOL, ENRIQUE A MD	DAVIE	BROWARD	1,089,520
FITZGERALD, GERALD J DO	LARGO	PINELLAS	1,086,260
BROWNE, ROGER A MD	POMPANO BEACH	BROWARD	1,051,900
COOPER, ROBERT F MD	LONGWOOD	SEMINOLE	1,050,200
LOPEZ, ELIZABETH DANIA	BEACH	BROWARD	1,033,900
BOSHERS, BEAU MD	PALM BEACH GARDENS	PALM BEACH	1,004,020
PHILLIPS, JAMES BENJAMIN, MD	MIAMI	MIAMI-DADE	980,300
LONG, AARON E MD	BRADENTON	MANATEE	973,800
SWARTZ, FREDRIC A MD	POMPANO BEACH	BROWARD	964,800
ARUTA, MICHAEL J MD	LAKE WORTH	PALM BEACH	938,400
DAVISON, JOHN FREDERICK MD	OAKLAND PARK	BROWARD	890,900
SOLLIE, EDDIE CARLOS MD	MIAMI	MIAMI-DADE	882,400
CADET, CYNTHIA M MD	LAKE WORTH	PALM BEACH	879,300

DRESZER, RONI LAKE WORTH PALM BEACH 869,652

SHEHATA, NADER H MD FT LAUDERDALE BROWARD 868,168

HALL, DONALD W, DO JACKSONVILLE DUVAL 855,930

WASSERMAN, NORMAN MD PEMBROKE PINES BROWARD 854,600

VEGA, ANDRES, MD HIALEAH MIAMI-DADE 851,470

PINSLEY, SHERRI W DO DEL REY BEACH PALM BEACH 848,795

DRESZER, JACOBO MD SUNNY ISLES BEACH PALM BEACH 846,200

HOFFMAN, GERALD MILES DO BOCA RATON PALM BEACH 839,100

FINDLEY, ULYSSES DARRELL, MD JACKSONVILLE DUVAL 838,100

HALE, MARTIN E MD PLANTATION BROWARD 831,916

EDWARDS, DONALD C. MD ORLANDO ORANGE 794,900

AVERILL, LYNN E NORTH MIAMI BEACH MIAMI-DADE 793,620

CABAN, JR, EPHRAIM MD HOLLYWOOD BROWARD 781,830

MILNER, DAVID MD DAVIE BROWARD 773,000

MURRAY, GWINN MD SANFORD SEMINOLE 757,700

SABATES, RICARDO J, MD DELRAY BEACH PALM BEACH 754,500

MADAN, ELIO MD JACKSONVILLE DUVAL 743,980

MOSKOWITZ, NORMAN, MD BOCA RATON PALM BEACH 739,260

KARTEN, IRVING MD NORTH MIAMI BEACH MIAMI-DADE 735,220

GIDDENS, LEE J MD HOLLYWOOD BROWARD 717,100

RODRIGUEZ IZNAGA, CLARA S MD MIAMI MIAMI-DADE 714,400

PERPER, ZVI H MD DELRAY BEACH PALM BEACH 710,148

SCHULTZ, BARRY M MD DELRAY BEACH PALM BEACH 707,828

JOSEPH, ENOCK MD FORT LAUDERDALE BROWARD 700,600

MARTINEZ, FEDERICO J MD WESTON BROWARD 699,800

POWELL, FRED J MD ST AUGUSTINE SAINT JOHNS 694,090

NORDEN, JACK ALVIN MD LAUDERDALE LAKES BROWARD 686,600

GLICKMAN, DAVID DO PALM SPRINGS PALM BEACH 680,900

ALBITES, FRANCISCO A MD MIAMI MIAMI-DADE 667,756

KLEIN, DAVID STEPHEN MD LONGWOOD SEMINOLE 667,460

MILA PRATS, EDUARDO J MD WESTON BROWARD 659,010

ATREIDIS, VERNON T MD PALM SPRINGS, PALM BEACH 658,180

GOLOFF, JACK M DO FORT LAUDERDALE BROWARD 652,763

JUNGREIS, ALEXANDER C MD WINTER PARK ORANGE 646,292

BAILEY, TREVOR L DO SOUTH MIAMI MIAMI-DADE 640,510

GLAUSER, B MARILEE DO OAKLAND PARK BROWARD 636,000

FRANK, ANDREW G MD NORTH MIAMI BEACH MIAMI-DADE 631,600

MEEK, ROBERT J DO BOCA RATON PALM BEACH 630,000

SHEHATA, NADER H MD FT. LAUDERDALE BROWARD 629,564

DALGLEISH, FREDERICK A MD HOLLYWOOD BROWARD 624,754

SLAVIN, DOUGLAS, M.D. MIAMI MIAMI-DADE 622,710

PIAZZA, JOSEPH F MD FORT LAUDERDLE BROWARD 609,820

DAVISON, JOHN, FREDERICK MD DEERFIELD BEACH BROWARD 604,870

KOLLINGER, EDWIN P DO FORT LAUDERDALE BROWARD 603,340

PACE, LEONARD D MD FORT MYERS LEE 596,100

MELLON, HERMANN JEAN MD TAMARAC BROWARD 595,780

SIAMBANES, DAVID DO TAMPA HILLSBOROUGH 581,490

CARDOZO-ISAZA, ERNESTO MD PEMBROKE PINES BROWARD 579,600

PADULA, JAMES C DO NORTH MIAMI BEACH MIAMI-DADE 574,740

YAFFE, MICHAEL G MD VENICE SARASOTA 567,430

GENAO, ESTEBAN A MD PEMBROKE PARK BROWARD 567,190

HELLER, CHRISTOPHER J MD LAKE WORTH PALM BEACH 566,500

TAFFLIN, MARC E DO PONTE VEDRA BEACH SAINT JOHNS 561,800

EL-TOBGUI, MAHMOUD A MD MERRITT ISLAND BREVARD 552,200

GOLOVAC, STANLEY MD CORAL GABLES MIAMI-DADE 545,140

WOLFF, RANDALL L. DEERFIELD BEACH BROWARD 540,800

JAFFE, KENNETH MD BOYNTON BEACH PALM BEACH 539,060

HASSAN, KAZI M MD NEW PORT RICHEY PASCO 538,970

KELLER, ROBERT H MD TAMPA HILLSBOROUGH 534,100

JIMENEZ, FERNANDO MD DELRAYBEACH PALM BEACH 531,200

OUW, WILLEM B G MD POMPANO BEACH BROWARD 524,780

KOPP, STEWART E DO DAVIE BROWARD 521,080

BENNETT, JOHN G MD HALLANDALE BROWARD 519,100

JOCELYN, JUDIVE, DO JACKSONVILLE DUVAL 516,420

WILLIAMS, EUGENE W DO FT MYERS LEE 513,000

CANTOR, BERNARD MD TAMARAC BROWARD 502,460

GONZALEZ, CARLOS MD LAKE PARK PALM BEACH 501,100

HENDERSON, ALEXIS P MD CLEARWATER PINELLAS 498,700

MILNE, JAMES R DO OAKLAND PARK BROWARD 493,550

SANCHEZ, PETER MD NORTH MIAMI MIAMI-DADE 491,800

DE CESPEDES, RAUL R MD HOLLYWOOD BROWARD 487,800

TERRERO, ALFREDO(MD) SUNRISE BROWARD 487,700

HOLLAND, THOMAS V., M.D. BRANDON HILLSBOROUGH 484,360

MATYKO, CHRISTOPHER A MD BEVERLY HILLS CITRUS 474,100

WIRTH, CYNTHIA NORTH MIAMI BEACH MIAMI-DADE 470,600

LIPMAN, JEFFREY MARK DO MIAMI MIAMI-DADE 470,000

YODASHKIN, ROBERT, MD DELRAY BEACH PALM BEACH 467,200

OSSORIO, JOSEPH MANUEL, MD PEMBROKE PINES BROWARD 467,001

WEED, THOMAS J, MD BOCA RATON PALM BEACH 463,100

GUIRGUIS, ROBERT DO TAMPA HILLSBOROUGH 460,830

BLAIR, JOHN RODNEY MD DELRAY BEACH PALM BEACH 460,000

KEANE, MOULTON W D MD MIAMI MIAMI-DADE 458,100

PETTY, MARK A, MD GAINESVILLE ALACHUA 451,620

KRISCIUNAS, ALGIRDAS J MD LAUDERDALE LAKES BROWARD 447,800

JAMES, BRIAN C MD PUNTA GORDA CHARLOTTE 439,380

ALPER, RICHARD GERALD MD MELBOURNE BREVARD 439,100

BARSOUM, NABIL A MD DEERFIELD BEACH BROWARD 438,314

ARAIZA, JOSEPH PHILLIP MD PEMBROKE PINES BROWARD 436,900

PRIETO, JOSE A HIALEAH MIAMI-DADE 435,400

FOX, STUART H MD BOYNTON BEACH PALM BEACH 434,300

COSBY, JOHN LEMUAL, DO MIAMI MIAMI-DADE 433,400

BAMBERG, NORMAN B MD TITUSVILLE BREVARD 432,000

PEREZ, ARTURO MD MIAMI MIAMI-DADE 431,300

BERTMAN, MARTIN MD HOLLYWOOD BROWARD 430,400

LAWLER, HAROLD J III MD NEW SMYRNA VOLUSIA 426,140

WESTON, MICHAEL A. MD DAVIE BROWARD 421,800

DE LUCA, JOHN MD WEST PALM BEACH PALM BEACH 420,850

DANTON, JACK ALAN DO BOCA RATON PALM BEACH 420,000

WASSERMAN, NORMAN H MD ORLANDO ORANGE 419,000

GOMEZ, CECILIA MD BOYNTON BEACH PALM BEACH 412,900

ROSE, MICHAEL I MD NORTH MIAMI BEACH MIAMI-DADE 412,700

BERETSKY, IRWIN MD WEST PALM BEACH PALM BEACH 409,013

PADULA, JAMES C DO NORTH MIAMI BEACH MIAMI-DADE 404,060

JACOBS, STEPHEN J MD PLANTATION BROWARD 402,690

JACOBS, JAY P MD BOCA RATON PALM BEACH 401,600

GAGLIARDI, IDA J MD PORT CHARLOTTE CHARLOTTE 398,510

SABATES, RICARDO J MD DELRAY BEACH PALM BEACH 397,700

BERTMAN, MARTIN I MD HOLLYWOOD BROWARD 392,950

EDWARDS, DONALD C MD WINTER GARDEN ORANGE 391,800

FEBRE, ASTRID A MD NORTH MIAMI MIAMI-DADE 390,300

RINCON, GEORGE A, MD FT PIERCE SAINT LUCIE 389,100

BIRZON, RALPH DO HALLANDALE BROWARD 386,732

SILK, MARSHALL B FORT LAUDERDALE BROWARD 385,200

DOWBAK, GREGORY M MD FORT MYERS LEE 384,710

SEGUI, ARMANDO MIAMI MIAMI-DADE 381,318

CHICO, CHRISTINE R DO PLANTATION BROWARD 375,520

MENDEZ, EDUARDO S MD PEMBROKE PINES BROWARD 367,400

FERNANDEZ, MANUEL JAVIER MD BOCA RATON PALM BEACH 367,360

TYLER, LUCY STANSBURY MD HOMESTEAD MIAMI-DADE 367,300

BEAMAN, RODERICK T DO JACKSONVILLE DUVAL 356,840

THOMPSON, RHONDA A MD NORTH BAY VILLAGE MIAMI-DADE 355,060

LEGG, ROBERT C MD INDIAN HARBOUR BEACH, BREVARD 350,400

BEAMAN, RODERICK T DO BRANDON HILLSBOROUGH 348,000

BOGDANY, RICA S. MD CLERMONT LAKE 345,700

EARDLEY, ROBERT J MD PEMBROKE PINES BROWARD 343,300

OSSORIO, JOSEPH M MD MIAMI MIAMI-DADE 342,900

PACE, ANGELO VINCENT MD PALM SPRINGS PALM BEACH 339,850

DOWBAK, GREGORY M MD SARASOTA SARASOTA 338,390

KIJNER, HERRY H MD HOLLYWOOD BROWARD 337,150

STEIN, KIMBERLY NORTH MIAMI MIAMI-DADE 336,700

SMITH, DOUGLAS R MD POMPANO BEACH BROWARD 333,600

LEHRMAN, DAVID NORTH MIAMI BEACH MIAMI-DADE 331,600

CASTRONUOVO, JOSEPH J MD KEY LARGO MONROE 331,250

TAYLOR, ALEXANDRA LOXAHATCHEE PALM BEACH 330,920

COBA, JOSE V MD LAUDERDALE LAKES BROWARD 327,120

GAUS, VICTORIA, M., M.D. PEMBROKE PINES BROWARD 324,200

FINK, DAVID B, DO MARGATE BROWARD 319,130

FOX, STUART, H, MD PORT ST LUCIE SAINT LUCIE 316,600

YEE, GARVIN MD ROYAL PALM BEACH PALM BEACH 312,140

MILA PRATS, EDUARDO J HOLLYWOOD BROWARD 311,700

PINSLEY, SHERRI W DO BOYNTON BEACH PALM BEACH 309,680

KRONENBERG, ROBERT D M.D. SUNRISE BROWARD 306,900

OUW, WILLEM B G MD DEERFIELD BEACH BROWARD 305,740

BRANDT, ELDON DALE DO JACKSONVILLE DUVAL 305,640

BLETZ, DONALD MD DELRAY BEACH PALM BEACH 302,700

STEIN, HARRY C ORLANDO ORANGE 300,200

BUNKER, GORDON FRANK DO HOMOSASSA CITRUS 300,000

BELTZER, LIRON MD FORT LAUDERDALE BROWARD 296,050

BLETZ, DONALD B MD DEERFIELD BEACH BROWARD 293,720

PADRON, JOHN G MD NORTH MIAMI BEACH MIAMI-DADE 291,440

DANTON, JACK ALAN DO POMPANO BEACH BROWARD 290,000

KOPITNIK, NANCY WINTER PARK ORANGE 282,720

CUKIERMAN, MARK S MD BOCA RATON PALM BEACH 281,500

PERLA, TODD A MD LAKE CITY COLUMBIA 278,380

URICH, NORMAN DO CLEARWATER PINELLAS 277,790

BATTILANA, JOHN JR MD PALM BEACH GARDENS PALM BEACH 276,370

NEURINGER, CHARLES MD DEERFIELD BEACH BROWARD 269,900

BLETZ, DONALD B MD BOCA RATON PALM BEACH 268,900

BLUMBERG, GARY DELRAY BEACH PALM BEACH 263,900

COHEN, CLARENCE L MD HOLLYWOOD BROWARD 263,800

RAFFA, JAMES MD DAVIE BROWARD 258,200

FRANZON, NERI MD FORT LAUDERDALE BROWARD 257,620

WALLACE, JEFFREY P MD FORT LAUDERDALE BROWARD 256,400

PEARLBERG, KENNETH BOCA RATON PALM BEACH 254,630

ADELAKUN, FADEJIMI, MD BOCA RATON PALM BEACH 252,800

COSBY, JOHN LEMUAL DO HIALEAH MIAMI-DADE 249,200

RAMIREZ-BAEZ, SONIA MD MIAMI MIAMI-DADE 247,970

FADERANI, RAHAT DO LAKE WORTH PALM BEACH 245,540

CABRERA, FERDINAND MD TAMARAC BROWARD 239,980

KHAN, SAQIB B MD LAKELAND POLK 235,920

WILCOX, ROBERT N MD TAMPA HILLSBOROUGH 235,200

HUSSAIN, SYED SAJID MD JACKSONVILLE DUVAL 231,500

SMITH, RICHARD C MD OCOEE ORANGE 231,060

STEIN, WILLIAM J MD MELBOURNE BREVARD 230,750

RIVERA-KOLB, KENNETH MD WILTON MANORS BROWARD 229,100

AARON, H ARNOLD DO BOCA RATON PALM BEACH 228,430

BORGES, IBEM R MD ORLANDO ORANGE 228,000

ROBINSON, SHARLENE D MD FORT LAUDERDALE BROWARD 226,500

ISAACSON, WAYNE MD FT MYERS LEE 226,080

PIZZA, JAMES THOMAS, MD LONGWOOD SEMINOLE 222,160

LAKE, NORMA S MD PLANTATION BROWARD 220,700

REILLY, PAUL MD POMPANO BEACH BROWARD 219,800

YAFFE, MICHAEL G MD FORT MYERS LEE 219,800

AVILES, RAFAEL F MD HOLLYWOOD BROWARD 216,900

REICH, MARVIN BOCA RATON PALM BEACH 216,700

LONG, AARON E MD BRANDON HILLSBOROUGH 212,300

BEAMAN, RODERICK T TAMPA HILLSBOROUGH 211,900

LANDRON, ISMAEL, A, MD NORTH MIAMI MIAMI-DADE 210,700

CUKIERMAN, MARK S MD BOCA RATON PALM BEACH 208,800

KARTER, QUINN K DO WEST PALM BEACH PALM BEACH 206,470

HICKS, DAVID L DO CLEARWATER PINELLAS 205,950

MIRANDA, ALTAGRACIA MIRANDA, MD MIAMI BEACH MIAMI-DADE 205,900

CABRERA, FERDINAND MD POMPANO BEACH BROWARD 205,780

NUCCI, ROBERT C MD TAMPA HILLSBOROUGH 205,420

KAPLAN, DONALD DO DELRAY BEACH PALM BEACH 203,800

AVILES, RAFAEL F MD MIAMI MIAMI-DADE 203,600

JACOBS, DANIEL M MD POMPANO BEACH BROWARD 203,560

WIRTH, CYNTHIA D (MD) POMPANO BEACH BROWARD 200,820

WENDER, STEPHEN SAMUEL MD AVENTURA MIAMI-DADE 200,790

LIEBOWITZ, FRED A MD FORT MYERS LEE 200,130

PIZARRO, ANTONIO R MD FORT MYERS LEE 200,100

FOLKERTH, DAVID D DO TAMPA HILLSBOROUGH 196,900

LEACH, GREGORY E. NAPLES COLLIER 196,500

LEHRMAN, DAVID G MD NORTH MIAMI MIAMI-DADE 195,900

BATAY-CSORBA, THOMAS MD ORLANDO ORANGE 194,500

GRAHAM, PATRICK V MD WEST PALM BEACH PALM BEACH 193,800

BECKER, SCOTT FORT LAUDERDALE BROWARD 192,600

BERMAN, MIKHAIL PALM BEACH GARDENS PALM BEACH 192,600

BERETSKY, IRWIN MD BOCA RATON PALM BEACH 191,400

MORRIS, LAURA MD VENICE SARASOTA 190,700

POSCA, ANTHONY P., MD PENSACOLA ESCAMBIA 189,034

JORDAN, STEVE ERLING MD GULF BREEZE SANTA ROSA 188,494

LEGOWIK, JOHN T MD FORT MYERS LEE 187,200

DEUTSCHER, MATTHEW C MD CORAL SPRINGS BROWARD 186,480

WAYNE, CHRISTOPHER G. DO DELRAY BEACH PALM BEACH 185,872

ZIMMER, EVAN J MD FORT LAUDERDALE BROWARD 185,400

BROWN, STEVEN B MD POMPANO BEACH BROWARD 185,240

LANDRON, ISMAEL A, MD FT.LAUDERDALE BROWARD 184,240

GAUS, VICTORIA, M., (M.D.) MARGATE BROWARD 183,900

GIVENTER, LAWRENCE MD BONITA SPRINGS LEE 183,720

KARTEN, IRVING MD MIAMI GARDENS MIAMI-DADE 181,000

ALBANESE, JOSEPH E MD CAPE CORAL LEE 180,200

LAMPARD, WILLIAM W. MD PORT ST LUCIE SAINT LUCIE 179,200

HEROMIN, RONALD, J, MD HOLLYWOOD BROWARD 178,900

CARLSON, ANIA DANIELLE MD BOCA RATON PALM BEACH 178,620

COSBY, JOHN L DO POMPANO BEACH BROWARD 177,900

KORIS, MYRON D MD LAUDERHILL BROWARD 177,000

MENDOZA-CALIX, OSCAR MANUEL MD MIAMI MIAMI-DADE 176,440

ANTHONY, STEPHEN GERALD MD FORT LAUDERDALE BROWARD 176,300

MAURO, KIRK J MD TALLAHASSEE LEON 176,250

COOPER, ROBERT F, MD WEST PALM BEACH PALM BEACH 175,200

SADICK, STEPHANIE MD ORLANDO ORANGE 172,680

MALLOW, GARY W. MD PLANTATION BROWARD 172,400

HALL, SUSAN JANET DO MIAMI MIAMI-DADE 172,020

BRIONES, LUIS ROBERTO MD PEMBROKE PINES BROWARD 166,202

OVERSTREET, WILLIAM M MD WILTON MANORS BROWARD 166,200

LANDMAN, MICHAEL ALLEN DO WEST PALM BEACH PALM BEACH 166,130

ANTOLIC, MLADEN MD ORLANDO ORANGE 165,750

BEEBE, PAUL E (MD) NAPLES COLLIER 164,030

LAVARRO, ROLANDO M MD KISSIMMEE OSCEOLA 163,800

GOLDFARB, HOWELL R, MD WELLINGTON PALM BEACH 163,360

LEVINE, HAL J DMD ORLANDO ORANGE 162,270

PEARLBERG, KENNETH R MD BOCA RATON PALM BEACH 161,420

THORPE, DEREK B. MD JACKSONVILLE DUVAL 157,000

CASTRO-ABALLI, RAFAEL A MD STUART MARTIN 156,730

LAMELAS, PETER MD LAKE WORTH PALM BEACH 156,705

ZELFMAN, MIKHAIL, DO FORT LAUDERDALE BROWARD 156,100

BOORSTEIN, AARON E MD POMPANO BEACH BROWARD 155,800

GARCIA, ROLANDO MD NORTH MIAMI BEACH MIAMI-DADE 155,460

ATALLA, ANTHONY MD FORT LAUDERDALE BROWARD 155,200

BUFFALINO, JOSEPH P DO SARASOTA SARASOTA 154,480

LEMBERG, STEVEN MD WEST PALM BEACH PALM BEACH 152,400

MILA PRATS, EDUARDO J MD MIAMI MIAMI-DADE 152,100

LIZARAZO, AUGUSTO G MD PALM SPRINGS PALM BEACH 149,600

PENATE, FELIX G MD MIAMI MIAMI-DADE 148,400

HERNANDEZ, ANA M DO NORTH MIAMI MIAMI-DADE 147,640

OLINSKY, DAVID I DPM NORTH MIAMI BEACH MIAMI-DADE 147,200

HARO, CARLOS J DO OAKLAND PARK BROWARD 147,050

NEAL, DAVID CHARLES DDS WINTER HAVEN POLK 145,600

SHARMA, HARSH MD NAPLES COLLIER 145,000

PANTALEON, ERIC O MD MIAMI LAKES MIAMI-DADE 141,762

GOTTLIEB, BRUCE S MD FORT LAUDERDALE BROWARD 141,400

QIAN, TIE MD PEMBROKE PINES BROWARD 140,600

SUAREZ, GUILLERMO MD BRADENTON MANATEE 140,600

NORDEN, JACK HOLLYWOOD BROWARD 139,000

BENTLEY, JAMES M MD DELAND VOLUSIA 134,900

DELMAS, CLAUDE MD BOYNTON BEACH PALM BEACH 134,300

BAMBERG, NORMAN B MD LAUDERDALE LAKES BROWARD 133,700

KIJNER, HERRY H. HOLLYWOOD BROWARD 133,300

DELUCA, JOSEPH CORAL SPRINGS BROWARD 133,000

MORGAN, JEFFREY DEMOND LAKE WORTH PALM BEACH 132,870

CHOWDHARI, SHAUKAT HUSSAIN MD TAMPA HILLSBOROUGH 132,610

FERNYHOUGH, JEFFREY C MD BOCA RATON PALM BEACH 132,240

GERSHENBAUM, BART K DO FT LAUDERDALE BROWARD 131,596

HAIRABET, JOHN K MD DELRAY BEACH PALM BEACH 130,900

HAIMES, LEONARD MD FORT LAUDERDALE BROWARD 130,700

PALOMINO, MARIO R MD HIALEAH MIAMI-DADE 129,000

SMALL, MELVIN D MD MELBOURNE BREVARD 128,790

WILLIAMS, KAREN MARIE FORT LAUDERDALE BROWARD 128,000

ROSEN, JEFFERY PETER MD ORLANDO ORANGE 127,700

MEEK, ROBERT J DO PALM SPRINGS PALM BEACH 125,460

JUAN, ANTONIO JOSE PEMBROKE PARK BROWARD 124,600

CAMPILLO, LUIS M MD POMPANO BEACH BROWARD 124,000

GAINZA, MANUEL DE JESUS MD WEST PALM BEACH PALM BEACH 123,730

SUKONIK, JOEL R MD FT. MYERS LEE 123,060

BENDER, DANIEL H MD HUDSON PASCO 122,710

BUFFALINO, JOSEPH P DO FORT MYERS LEE 122,210

RUDOLPH, CAROL S MD DELRAY BEACH PALM BEACH 120,800

DELLERSON, RICHARD DAVIE BROWARD 120,600

BROOM, MICHAEL J MD ORLANDO ORANGE 120,005

MORGAN, JEFFREY D MD FT LAUDERDALE BROWARD 119,400

KHATER, USAMA M MD HIALEAH MIAMI-DADE 118,300

GRAVES, GEORGE F JR DO FORT MCCOY MARION 118,200

MEEK, ROBERT J DO LAKE WORTH PALM BEACH 118,100

STROBBE, STEVEN M DO PORT RICHEY PASCO 117,933

PEREZ-MCARTHUR, VIVIAN A DO WEST PALM BEACH PALM BEACH 117,800

FRIEDMAN, CHARLES K DO PINELLAS PARK PINELLAS 117,420

DAVIS, WINTHROP CRUSAN MD JACKSONVILLE DUVAL 116,070

NOTRICA, MARC, A, MD BROOKSVILLE HERNANDO 115,600

FREY, MICHAEL E MD FORT MYERS LEE 115,230

MILLER, MICHAEL J MD COCONUT CREEK BROWARD 115,000

VOLK, ALBERT G MD ST AUGUSTINE SAINT JOHNS 113,520

BIBERMAN, LEONARD MD BRADENTON MANATEE 113,300

AFONG, ANTHONY F MD PORT ST LUCIE SAINT LUCIE 111,452

DWECK, FRED E. MD PEMBROKE PINES BROWARD 110,100

MENDEZ, EDUARDO,S. MIAMI MIAMI-DADE 108,500

STROBBE, MICHAEL S, DO PORT RICHEY PASCO 107,910

ELESSAR, ROBERT E MD LAKE WORTH PALM BEACH 107,020

DOWBAK, GREGORY M MD FT. MYERS LEE 106,900

HARO, CARLOS J DO LAKE PARK PALM BEACH 105,000

ACKER, JOHN A DMD PENSACOLA ESCAMBIA 104,400

FEBRE, ASTRID A MD NORTH MIAMI BEACH MIAMI-DADE 101,800

HALIKAS, JAMES A, MD NAPLES COLLIER 100,800

SIDHOM, GEORGE MD SPRING HILL HERNANDO 100,020

STAKEM, THOMAS DDS FLEMING ISLAND CLAY 99,900

COLCHAMIRO, TRACY LYNN MD TITUSVILLE BREVARD 99,600

OTERO, JOHN K MD TAMPA HILLSBOROUGH 99,360

KAPLAN, DANIEL L POMPANO BEACH BROWARD 98,600

GOLDBERG, PAUL M MD BOCA RATON PALM BEACH 97,960

MORRIS, LAURA K MD FT. MYERS LEE 95,900

LEEDS, LEEDS FORT LAUDERDALE BROWARD 95,200

RIVERA, ABRAHAM MD TAMPA HILLSBOROUGH 94,330

KUEHNER, P DENIS SANIBEL LEE 94,300

KORIS, MYRON D MD MIAMI MIAMI-DADE 93,920

ENGLISH, RICHARD MD NORTH MIAMI BEACH MIAMI-DADE 93,900

IKUDAYISI, DAVID O MD NEW PORT RICHEY PASCO 93,140

GOLDBERG, PAUL M MD WESTON BROWARD 93,018

ANTHONY, CHET DO ASTOR LAKE 92,840

SHELBURNE, JAMES R, DO TAMPA HILLSBOROUGH 92,820

LAVARRO, RIZALINA R, MD KISSIMMEE OSCEOLA 92,400

DAVIES, MICHAEL EVAN MD FORT MYERS LEE 91,930

BARSA, JOHN E., MD TAMPA HILLSBOROUGH 91,220

CASANOVA, RENE J MD DANIA BROWARD 91,200

COREN, SETH D MD VERO BEACH INDIAN RIVER 91,005

FARSAD, HOSSEIN MD WEST PALM BEACH PALM BEACH 89,600

FIFER, JOHN SHERWOOD JR MD FORT MYERS LEE 89,580

CHARLOT, JEAN R MD PLANTATION BROWARD 89,200

MEHANNA, FAWZI G MD LAKELAND POLK 89,200

SUAREZ, WILLIAM MD PEMBROKE PARK BROWARD 88,320

TOBIAS, HAL, M, MD PALM CITY MARTIN 88,190

GORBY, MARK B, DMD NAPLES COLLIER 88,000

WASSERMAN, NORMAN H, MD FT PIERCE SAINT LUCIE 87,000

MORGAN, ANNE L MD LAKE WORTH PALM BEACH 86,500

SCHALIT, CURTIS JOHN DDS DAYTONA BEACH VOLUSIA 86,200

ANDERSON, TIMOTHY M, MD WEST PALM BEACH PALM BEACH 86,020

MILNE, JAMES R DO SUNRISE BROWARD 85,600

LAMELAS, PETER MD ROYAL PALM BEACH PALM BEACH 84,675

ABDOU, AYMAN F MD BOCA RATON PALM BEACH 83,900

MILLER, MICHAEL JEFFREY MD WEST PALM BEACH PALM BEACH 83,700

ALMONTE, CARLOS A MD FT. LAUDERDALE BROWARD 82,980

HANNA, ASHRAF F MD CLEARWATER PINELLAS 82,880

CASANOVA, RENE MD BOYNTON BEACH PALM BEACH 82,500

YDRACH, ARTURO A DMD ORLANDO ORANGE 82,500

CAMPILLO, LUIS M MD DEERFIELD BEACH BROWARD 82,300

ARMAND, LUCIEN MD HOLLYWOOD BROWARD 82,100

BERMAN, MIKHAIL N MD LAKE WORTH PALM BEACH 81,180

MIDDLEBROOKS, MICHAEL L DDS JACKSONVILLE DUVAL 81,000

BAYLIS, ROBERT W MD PLANTATION BROWARD 80,770

GOLL, STEPHEN R MD LAKE MARY SEMINOLE 80,281

MARTIN, AIMEE, J, MD BRADENTON MANATEE 80,007

BLUMBERG, GARY DO HOLLYWOOD BROWARD 79,600

REYES, LEOVIGILDO J MD OAKLAND PARK BROWARD 79,500

THOMAS-RICHARDS, JOSE R DO SEBRING HIGHLANDS 78,950

BROWN, CHRISTOPHER ANTONIO MD DAVIE BROWARD 78,850

NEURINGER, CHARLES, MD LAKE WORTH PALM BEACH 78,800

HASS, BRIAN ELLIOT MD PALM BEACH GARDENS PALM BEACH 78,500

GIRARD, JOHN MD BOCA RATON PALM BEACH 78,405

WAELTZ, MARK A MD WELLINGTON PALM BEACH 78,180

ACEVEDO, JORGE, I, MD JACKSONVILLE DUVAL 78,180

KRAMARICH, STEPHEN SCOTT MD JACKSONVILLE DUVAL 77,826

MCGOVERN, ARTHUR L. M.D. NORTH FT MYERS LEE 77,700

KAUFMANN, JOHN J MD FORT LAUDERDALE BROWARD 77,600

ROSE, MICHAEL I MD NORTH MIAMI MIAMI-DADE 77,500

HARTMAN, SHIRLEY, J, MD JACKSONVILLE DUVAL 77,200

BRIONES, LUIS R MD LAUDERDALE LAKES BROWARD 77,000

KEANE, MOULTON W D, MD LAUDERHILL BROWARD 77,000

GOMEZ, CECILIA MD POMPANO BEACH BROWARD 76,700

BRAMLET, DALE G MD PINELLAS PARK PINELLAS 76,650

TIMMONS, RUBEN BERROCAL, MD GULF BREEZE SANTA ROSA 75,810

VALADIE, ARTHUR L III MD BRADENTON MANATEE 74,040

JUGAN, MICHAEL M DO FORT MYERS LEE 73,440

BEREND, IVAN MD FORT LAUDERDALE BROWARD 72,000

BRAVO, PATRICIA MIAMI BEACH MIAMI-DADE 71,900

CORBETT, ROBERT MARTIN DO CRYSTAL RIVER CITRUS 71,700

RAJ, RAJAN K MD ORLANDO ORANGE 71,140

CANIZARES, GEORGE HUBERT MD ST PETERSBURG PINELLAS 70,200

BEDFORD, WINSTON G DMD ORLANDO ORANGE 69,960

RADECKI, RICHARD TAMPA HILLSBOROUGH 69,800

CANNON, ODEST FRANK JR MD OCALA MARION 69,150

PAUL, DAVID M MD POMPANO BEACH BROWARD 68,700

ALESSANDRIA, MARC L MD ORANGE PARK CLAY 68,430

KAMMERMAN, BRUCE J MD FORT MYERS LEE 68,260

SERRA, HIGINIO WEIRSDALE MARION 68,100

CORNEJO, RIGOBERTO DMD WINTER HAVEN POLK 68,000

BENJAMIN, MICHAEL J MD TAMARAC BROWARD 67,850

ELLOWITZ, ANDREW SCOTT MD PLANTATION BROWARD 67,380

JARAMILLO, LEONIDES BONOAN MD LONGWOOD SEMINOLE 66,900

HARMAN, LEONARD PAUL, DO FT LAUDERDALE BROWARD 66,860

SUAREZ, EMILIO DO MIAMI MIAMI-DADE 66,720

CHAITOFF, KEVIN ALAN MD WEST PALM BEACH PALM BEACH 65,610

CRUZ, JOSE NEW PORT RICHEY PASCO 65,600

FADERANI, RAHAT DO ATLANTIS PALM BEACH 65,520

STEIN, KIMBERLY R DO DELRAY BEACH PALM BEACH 65,500

HARBOUR, DAVID M DO OVIEDO SEMINOLE 65,210

HASHEMIAN, MICHAEL MAJID, DMD SPRING HILL HERNANDO 64,905

KAMMERMAN, BRUCE J MD VERO BEACH INDIAN RIVER 64,640

LOPEZ-PRIETO, MANUEL MD MIAMI BEACH MIAMI-DADE 64,600

MIKOLAJCZAK, MICHAEL R DO WELLINGTON PALM BEACH 64,200

LAPLUME GARBARINO, MARIO O. MD, MPH, DR.PH HOLLYWOOD BROWARD 64,000

DRAPER, LONNIE M MD TALLAHASSEE LEON 63,868

ANDERSON, AXEL W MD OCOEE ORANGE 63,800

CHRISTENSEN, JOHN P MD PORT ST. LUCIE SAINT LUCIE 63,700

FADERANI, M. RAHAT DO WEST PALM BEACH PALM BEACH 63,670

DECKELBAUM, MURRAY PAUL DVM COOPER CITY BROWARD 63,600

DOWBAK, GREGORY M MD VENICE SARASOTA 63,600

MALDONALDO-GARCIA, CAROLYN MD FT. LAUDERDALE BROWARD 63,200

GAINES, DAVID SAMUEL DDS TAMPA HILLSBOROUGH 62,900

MCNICHOL, TJ (MD) BRANDON HILLSBOROUGH 62,600

MOHAMEDALI, HASSANALI S DO POMPANO BEACH BROWARD 62,480

PHAM, CHRISTOPHER DO FT. LAUDERDALE BROWARD 62,300

KROST, STUART B MD LAKE WORTH PALM BEACH 62,160

BERNOTUS, ERVIN E MD BRADENTON MANATEE 62,130

LAMELAS, PETER MD PALM BEACH GARDENS PALM BEACH 62,065

WEBSTER, PAUL S MD KISSIMMEE OSCEOLA 62,001

FORT, KENYON MCGILL DDS ST PETERSBURG PINELLAS 61,990

SANCHEZ, SIGRID A MD FORT LAUDERDALE BROWARD 61,800

LAPLUME GARBARINO, MARIO O MD MPH DRPH MIAMI MIAMI-DADE 61,272

ZANNIS, JASON MATTHEW DO CORAL SPRINGS BROWARD 60,930

BURGOS, MIGUEL A MD ORLANDO ORANGE 60,270

GOLDSMITH, STUART ALAN MD BRANDON HILLSBOROUGH 59,980

PENA-ZAPATA, RIGOBERTO, MD DAVIE BROWARD 59,600

GARCIA OJEDA, TEDDY MD ORANGE PARK CLAY 59,400

PRIETO HERNANDEZ, MARIA J MD ORLANDO ORANGE 59,300

DREXLER, DAVID M DO WELLINGTON PALM BEACH 58,650

YATHAM, PADMAJA R MD MIAMI MIAMI-DADE 58,350

JAFFE, KENNETH S MD ATLANTIS PALM BEACH 57,700

STEIN, KIMBERLY, R., DO NORTH MIAMI MIAMI-DADE 57,200

FERNANDEZ, MANUEL MD PEMBROKE PINES BROWARD 56,600

SMITH, DOUGLAS RANDALL WEST PALM BEACH PALM BEACH 56,600

JONES, JERRY K DO ROYAL PALM BEACH PALM BEACH 56,000

CHRISTENSEN, ALAN W MD ORLANDO ORANGE 56,000

FRIEDES, LARRY MATTHEW MD ST AUGUSTINE SAINT JOHNS 55,900

MIRANDA, ALTAGRACIA MD BOCA RATON PALM BEACH 55,800

KHROMOV, IGOR MD VERO BEACH INDIAN RIVER 55,540

LAZARO, PEDRO DAVIE BROWARD 55,400

ALEXANDER, VLADIMIR A MD LARGO PINELLAS 55,240

GLUSMAN, PAUL J DO DEERFIELD BEACH BROWARD 55,100

PROPPER, MICHAEL S MD WEST PALM BEACH PALM BEACH 55,000

TUCCI, TERESA HOMESTEAD MIAMI-DADE 54,800

SALAH, ISMAIL DIRGHAM DO JACKSONVILLE DUVAL 54,490

FRANKLE, MARK, A, (MD) TEMPLE TERRACE HILLSBOROUGH 53,110

ZELKOWITZ, MICHAEL L MD LONGWOOD SEMINOLE 53,100

VAZQUEZ, ALEXIS A DO JACKSONVILLE DUVAL 53,000

CORDERO, DIANA M MD JACKSONVILLE DUVAL 52,900

KAMMERMAN, BRUCE J MD SARASOTA SARASOTA 52,500

BUNDY, RALPH L MD ORLANDO ORANGE 52,500

LAMELAS, PETER MD BOCA RATON PALM BEACH 52,325

SUBRAMANIAN, VALLI MD CLEARWATER PINELLAS 51,600

LANNING, JOHN TAMPA HILLSBOROUGH 51,400

TREUHERZ, ROBERT R MD LAKE WORTH PALM BEACH 51,000

LE, THANH T PINELLAS PARK PINELLAS 50,760

PROPPER, MICHAEL S MD HOLLYWOOD BROWARD 50,400

ZUBKIN, ALLAN TAVARES LAKE 50,200

FARSAD, HOSSEIN MD HOLLYWOOD BROWARD 50,150

BURACK, STEVEN A DO BOCA RATON PALM BEACH 49,900

BARTLEY, VERNON H MD ST PETERSBURG PINELLAS 49,700

CARTLEDGE, DANIEL J MD DELRAY BEACH PALM BEACH 49,440

SHAUGHNESSY, JOSEPH M, MD ORANGE PARK CLAY 49,390

TAI, A RAZZAK MD KISSIMMEE OSCEOLA 49,300

LINS, ROBERT, E, MD ROYAL PALM BEACH PALM BEACH 48,960

WINTERS, THOMAS F JR MD ORLANDO ORANGE 48,750

GOLL, STEPHEN R MD WINTER PARK ORANGE 48,700

SHATKIN, BLANE T MD PEMBROKE PINES BROWARD 48,400

RIYAZ, JUMMANI A MD ORLANDO ORANGE 48,400

DERASARI, MANJUL D MD TAMPA HILLSBOROUGH 47,400

GRIMES, JAMES M MD ST AUGUSTINE SAINT JOHNS 47,160

JOHNSON, CHRISTOPHER T DMD CLERMONT LAKE 46,900

ROCHE, MARTIN FT LAUDERDALE BROWARD 46,857

ELGOZY, JACOBO MIAMI BEACH MIAMI-DADE 46,800

GARCIA, RAFAEL MD MIAMI MIAMI-DADE 46,700

SCHERER, BARBARA A MD FORT LAUDERDALE BROWARD 46,590

FARSAD, HOSSEIN MD MPH MARGATE BROWARD 46,400

SCHWARTZBERG, RANDY S MD OVIEDO SEMINOLE 46,381

BERNOTUS, ERVIN E MD BRADENTON MANATEE 46,350

CAIN, JAMES LEE MD VERO BEACH INDIAN RIVER 45,660

WHITFIELD, GRAHAM F. MD WEST PALM BEACH PALM BEACH 45,600

YATHAM, PADMAJA R MD PEMBROKE PINES BROWARD 45,360

SIDHOM, GEORGE S MD BRANDON HILLSBOROUGH 45,315

COLLIER, FRANK R JR MD JACKSONVILLE DUVAL 45,130

WISSMAN, MARGARET A DVM WESLEY CHAPEL PASCO 44,700

ZIMMERMAN, PAUL M MD MIAMI MIAMI-DADE 44,610

SHORE, BENJAMIN M (DO) MIAMI MIAMI-DADE 44,500

COSTELL, BRIAN A MD BOCA RATON PALM BEACH 43,700

WOLSTEIN, DAVID G. CLEARWATER PINELLAS 43,638

MAGILEN, STEVEN A MD HOLLYWOOD BROWARD 43,560

PEREZ, ARTURO MD MIAMI MIAMI-DADE 43,500

RUPP, TACY M DVM WEST PALM BEACH PALM BEACH 43,000

GONZALEZ-PUJOL, ENRIQUE A MD MIAMI GARDENS MIAMI-DADE 42,900

PEREZ-MCARTHUR, DO COCONUT CREEK BROWARD 42,700

RAYBIN, ROBERT A MD FORT LAUDERDALE BROWARD 42,500

SUCH, ROMMELLE MD PALM COAST FLAGLER 42,500

FARMER, MARK E MD FORT MYERS LEE 42,450

DELIGHT, MARDELLE CAPE CORAL LEE 42,280

REPPY, ROBERT RAYMOND DO TAMPA HILLSBOROUGH 42,200

BALASKY, PETER VINCENT DVM DAVIE BROWARD 42,100

MAZER, STEPHEN B MD TARPON SPRINGS PINELLAS 42,040

TAYLOR, KENNETH WARREN MD HOLLYWOOD BROWARD 41,790

PLUMMER, RITCHIE R DO PORT RICHEY PASCO 41,496

ELBERG, LARISA B MD DORAL MIAMI-DADE 41,490

LOX, DENNIS M MD CLEARWATER PINELLAS 41,450

SCHERER, DAVID C DPM FT LAUDERDALE BROWARD 41,300

GUPTA, NIRAV DO OCALA MARION 40,920

FRANCIS, RUPERT ASHTON MD HOLLYWOOD BROWARD 40,900

CARON, JEFFREY SCOTT MD WILTON MANORS BROWARD 40,700

SALAMON, JOEL WINKLER MD MIAMI LAKES MIAMI-DADE 40,530

ESKANDARI, MOHAMMAD M MD ALTAMONTE SPRINGS SEMINOLE 40,400

KACHINAS, MATTHEW J MD SARASOTA SARASOTA 40,100

TORRES, JOSE ANTONIO MD OCOEE ORANGE 40,050

SHELLHAMMER, MARK D DO ORLANDO ORANGE 39,870

PENNER, JEFFREY S, MD ATLANTIS PALM BEACH 39,600

FERNANDEZ, JOSEPH I MD MIAMI MIAMI-DADE 39,360

KORNICK, CRAIG MD JACKSONVILLE DUVAL 39,117

SCHOENWALD, MICHAEL BARRY MD HOLLYWOOD BROWARD 38,900

BERMAN, MIKHAIL N MD LAUDERDALE LAKES BROWARD 38,800

DACUS, DALE STANLEY MD LIGHTHOUSE POINT BROWARD 38,700

LEAVITT, MATT LOUIS DO MAITLAND ORANGE 37,920

MALDONADO-GARCIA, CAROLYN MD HOLLYWOOD BROWARD 37,900

KAGAN, JOHN C MD FORT MYERS LEE 37,848

KRAUS, DAVID L DDS PA BOCA RATON PALM BEACH 37,500

FLYNN, GREGORY T MD TAMPA HILLSBOROUGH 37,330

LEFFERS, MD, DAVID TAMPA HILLSBOROUGH 37,170

WISE, DAVID THOMAS JR DVM MIAMI MIAMI-DADE 37,000

MONTIJO, HARVEY, MD ROYAL PALM BEACH PALM BEACH 36,990

ACHONG, RONALD M D.M.D. CLERMONT LAKE 36,980

LAPP, RICHARD JOHN DO ORLANDO ORANGE 36,800

BURNS, ROBERT L JR DMD MELBOURNE BREVARD 36,650

SHORTT, JAMES D MD SARASOTA SARASOTA 36,540

GIBERTINI, DONALD J DO VENICE SARASOTA 36,375

DAVIDSON, JACK ALLEN MD BRANDON HILLSBOROUGH 36,300

SCHULTZ, NEIL ROBERT MD FORT MYERS LEE 36,180

STIMSON, CARY W DMD DUNEDIN PINELLAS 36,160

ARES-ROMERO MD, PATRICIA A MIAMI MIAMI-DADE 36,120

TRIMBLE, GERALD E MD ST PETERSBURG PINELLAS 35,797

CURCIONE, PETER JOSEPH DO FORT MYERS LEE 35,790

NICHOL, CURRIN M III MD FORT LAUDERDALE BROWARD 35,700

CYPEN, ALAN STUART DO SOUTHWEST RANCHES BROWARD 35,500

APARICIO, RAUL T MD PLANTATION BROWARD 35,190

GOLOFF, JACK FT. LAUDERDALE BROWARD 35,100

ROBINSON, LONNIE B DPM VERO BEACH INDIAN RIVER 35,100

GLENER, DAVID M MD PORT ST LUCIE SAINT LUCIE 34,970

MOY, NATHAN W NORTH MIAMI BEACH MIAMI-DADE 34,600

KRUKOWSKI, EDWARD A DMD BAL HARBOUR MIAMI-DADE 34,400

MONTESANO, PASQUALE X, MD PALM BEACH GARDENS PALM BEACH 34,320

CURTIS, CRAIG THOMAS MD ORLANDO ORANGE 34,314

REILLY, MICHAEL T MD FORT LAUDERDALE BROWARD 34,290

PANTZOULAS, SPIRO, J, DMD KISSIMMEE OSCEOLA 34,100

MACEY, THEODORE IGOR MD FORT WALTON BEACH OKALOOSA 34,090

MAZZEI, WILLIAM, MD WEST PALM BEACH PALM BEACH 34,008

DISKIN, ARTHUR LAYNE MD MIAMI MIAMI-DADE 33,900

ORBAY, JORGE L MD MIAMI MIAMI-DADE 33,810

SUKONIK, JOEL R MD VENICE SARASOTA 33,800

TAYLOR, PAUL M MD BARTOW POLK 33,600

MOOR, JOHN T MD SARASOTA SARASOTA 33,210

GOTTLIEB, BRUCE S MD FT. PIERCE SAINT LUCIE 32,900

MORANDI, NEIL PATRICK MD ROYAL PALM BEACH PALM BEACH 32,755

LEE, JAMES K MD WINTER HAVEN POLK 32,633

BARDFELD, GILBERT JAY DDS CORAL GABLES MIAMI-DADE 32,600

BLYWEISS, DAVID J MD SUNNY ISLES BEACH MIAMI-DADE 32,500

CATANA, ROBERT DO KEY WEST MONROE 32,420

CASANOVA, RENE J MD DEERFIELD BEACH BROWARD 32,400

ROSENTHAL, BARRY SUNRISE BROWARD 32,400

JURBALA, BRIAN M MD LAKELAND POLK 32,310

GUIDRY, ANDREW MARTIN DO MARCO ISLAND COLLIER 32,200

REHEEM, MEDHAT ALLAM MD BROOKSVILLE HERNANDO 32,160

SASSOON, EDDIE E MD PEMBROKE PINES BROWARD 32,160

LIN, JENG Y MD PINELLAS PARK PINELLAS 32,000

WEITZNER, HOWARD B MD FORT PIERCE SAINT LUCIE 32,000

FARSAD, HOSSEIN MD NORTH MIAMI BEACH MIAMI-DADE 32,000

TOLLI, THOMAS C MD ST PETERSBURG PINELLAS 31,650

KOHN, MARVIN A MD ATLANTIS PALM BEACH 31,410

CAMPBELL, KEITH A MD ORLANDO ORANGE 31,200

DILLARD JR, GUY J MD FT. PIERCE SAINT LUCIE 31,100

HELIGMAN, DAVID MD FORT MYERS LEE 31,080

MASSAM, ALFRED ROBERT MD SEBRING HIGHLANDS 31,040

LEVINE, LAURENCE JAY FORT LAUDERDALE BROWARD 31,000

GIL, JOSE D MD PA POMPANO BEACH BROWARD 30,880

DELUCA, JOHN PALM BEACH GARDENS PALM BEACH 30,700

ALVAREZ, RAMON MD JUPITER PALM BEACH 30,630

SCOLARO, VINCENT JOSEPH DO ORANGE CITY VOLUSIA 30,618

DEAN, RANDY M MD LAUDERHILL BROWARD 30,600

BROOKS, CHRISTOPHER K MD GAINESVILLE ALACHUA 30,600

TAYLOR, PAUL M MD LAKE WALES POLK 30,580

LANG, ERIC L, DO MELBOURNE BREVARD 30,500

LENNON, HENRY M DDS BOCA RATON PALM BEACH 30,300

DOWDELL, BRIAN CHRISTOPHER MD MELBOURNE BREVARD 30,260

ZIPPER, JEFFREY A MD PORT ST LUCIE SAINT LUCIE 30,090

WESTON, MICHAEL A MD COCONUT CREEK BROWARD 30,000

FEINERMAN, DAVID M BOYNTON BEACH PALM BEACH 29,870

ZIPPER, JEFFREY A MD BOCA RATON PALM BEACH 29,730

FORMOSO, FERDINAND J (DO) JACKSONVILLE DUVAL 29,658

WASSERMAN, NORMAN H, MD WEST PALM BEACH PALM BEACH 29,600

GERSHENBAUM, BART K DO PLANTATION BROWARD 29,600

WASSERMAN, NORMAN H, MD LAUDERDALE LAKES BROWARD 29,500

OAKES, JAMES P DO APOLLO BEACH HILLSBOROUGH 29,420

LESTRANGE, NILE R MD POMPANO BEACH BROWARD 29,320

HO, KYIN S MD LIGHTHOUSE POINT BROWARD 29,200

LEVINE, MARC I MD PORT ST LUCIE SAINT LUCIE 29,200

KESSLER, KEVIN JAY MD FT LAUDERDALE BROWARD 29,180

PANZER, JOEL, S. (M.D.) WEST PALM BEACH PALM BEACH 28,900

CUMPTON, TERI OCALA MARION 28,900

ULIN, LOUIS S MD MIAMI GARDEN MIAMI-DADE 28,800

FRIEDLANDER, JEFFREY MD LAKELAND POLK 28,560

CHUN, STEVEN YOUNG HAN MD BRADENTON MANATEE 28,380

SCHUETZ, ERIC JOHN DMD MIAMI MIAMI-DADE 28,330

COBA, JOSE V MD MIAMI LAKES MIAMI-DADE 27,900

KOBABEL, JASEN S MD ROCKLEDGE BREVARD 27,850

FARRELL, JAMES F MD WINTER PARK ORANGE 27,700

TENHOLDER, MARK JOSEPH MD FT WALTON BEACH OKALOOSA 27,660

KAMMERMAN, BRUCE JAY MD STUART MARTIN 27,380

EADIE, BEVERLY LUTZ HILLSBOROUGH 27,250

BOHN, DEREK S MD PALATKA PUTNAM 27,200

IRELAN, ROBERT MICHAEL DVM LAKELAND POLK 27,200

BARINGER, DUDLEY A MD ST AUGUSTINE SAINT JOHNS 27,055

DISKIN, ARTHUR L MD MIAMI MIAMI-DADE 27,000

THOMPSON, RHONDA A, MD SARASOTA SARASOTA 27,000

STONE, CARISSA H MD TAMPA HILLSBOROUGH 26,970

ATWATER, JOHN GREGORY MD VERO BEACH INDIAN RIVER 26,910

SCHULTZ, BARRY M MD DEERFIELD BEACH BROWARD 26,900

MCGREGOR, JEANNE M MD PLANT CITY HILLSBOROUGH 26,860

FADERANI, M. RAHAT DO WEST PALM BEACH PALM BEACH 26,760

ROTHBERG, MICHAEL LEE MD CLEARWATER PINELLAS 26,640

HAMEROFF, JEFFREY DDS SPRING HILL HERNANDO 26,540

PACKER, DAVID L MD DORAL MIAMI-DADE 26,520

SAMBEY, EDWARD JOSEPH MD LAKE CITY COLUMBIA 26,460

ALSHON, JOSEPH J DO FORT LAUDERDALE BROWARD 26,460

FIFER, JOHN S MD ESTERO LEE 26,310

MCQUINTER, IVY G MD PLANTATION BROWARD 26,300

MORILLO, EMILIANO H MD HOLLYWOOD BROWARD 26,300

FAUP, JACK G MD ORLANDO ORANGE 26,130

CHALAL, JOSEPH B MD BOYNTON BEACH PALM BEACH 25,840

AVILES, RAFAEL F MD MIAMI MIAMI-DADE 25,600

LUNSETH, PAUL A MD TAMPA HILLSBOROUGH 25,508

PALMER, ENRIQUE A MD WEST PALM BESACH PALM BEACH 25,500

DHALIWAL, GUNWANT SINGH MD NEW PORT RICHEY PASCO 25,480

SANABRIA, LILLIAM MD MIAMI MIAMI-DADE 25,360

BERNOTUS, ERVIN E MD VENICE SARASOTA 25,320

MEHALIK, JOHN N MD FORT MYERS LEE 25,320

CREAMER, MICHAEL J DO ORLANDO ORANGE 25,193

SOLOMON, MICHAEL DAVID MD CLEARWATER PINELLAS 25,110

ROGOZINSKI, CHAIM MD JACKSONVILLE DUVAL 25,020

LACAYO, ALVARO (MD) JACKSONVILLE DUVAL 25,000

GILBERT, DAVID, H, MD OAKLAND PARK BROWARD 24,960

DAVISON, THOMAS M MD BRANDON HILLSBOROUGH 24,960

IKUDAYISI, DAVID O TAMPA HILLSBOROUGH 24,940

RUCINSKI, PAUL J MD OCALA MARION 24,810

KHANI, F D DO WILTON MANORS BROWARD 24,800

PHILLIPS, JAMES B MD DELRAY BEACH PALM BEACH 24,700

PERLMUTTER, JEROME B, DDS FT PIERCE SAINT LUCIE 24,700

HENDERSON, ALEXIS MD WINTER GARDEN ORANGE 24,700

PRIEWE, RAYMON D, DO SARASOTA SARASOTA 24,630

CORNELL, DONALD C MD PALM BEACH GARDENS PALM BEACH 24,500

WALTERS, FREDERICK LEE DDS FORT LAUDERDALE BROWARD 24,330

TOLENTINO, STEPHEN M DMD BRADENTON MANATEE 24,320

STRAUSS, SORRELL IZEN STUART MARTIN 24,035

FLETCHER, BRUCE S MD MARGATE BROWARD 23,981

LATTER, WILLIAM A DVM LAKELAND POLK 23,900

OAKES, JAMES P DO APOLLO BEACH HILLSBOROUGH 23,880

KOLETTIS, ELIAS M DO CLEARWATER PINELLAS 23,844

GILDERMAN, LARRY DO HOLLYWOOD BROWARD 23,840

MEADOWS, WILLIAM F III MD TAMPA HILLSBOROUGH 23,820

CHARLES, GLENN MICHAEL DO BOCA RATON PALM BEACH 23,800

CARLSTROM, EDWARD F MD SARASOTA SARASOTA 23,740

LEVINE, GARY R DO TAMPA HILLSBOROUGH 23,700

POWELL, RODGER D, MD GAINESVILLE ALACHUA 23,550

GOMEZ, MAX E, MD MIAMI MIAMI-DADE 23,520

SULLIVAN, HENRY B DVM CORAL SPRINGS BROWARD 23,200

RHODES DVM, MICHAEL DAVID SAN ANTONIO PASCO 23,200

DARYANANI, LAXMICHAND K MD ORLANDO ORANGE 23,160

PEREZ-MILLAN, ROBERTO MD TAMPA HILLSBOROUGH 23,130

LAPLUME GARBARINO, MARIO O MD MPH DR.PH POMPANO BEACH BROWARD 23,100

RILLMAN, ERNEST A DMD LARGO PINELLAS 23,000

MUSARRA, ANTHONY M MD SUNRISE BROWARD 22,900

GRENEVICKI, LANCE, F., MD,DDS,FACS WEST MELBOURNE BREVARD 22,900

GUPTA, BHUPENDRA KUMAR MD BRANDON HILLSBOROUGH 22,830

CAMPOAMOR, JOSE M MD NAPLES COLLIER 22,752

WOLSTEIN, DAVID G MD NEW PORT RICHEY PASCO 22,642

BREWER, J GLENN DVM DELAND VOLUSIA 22,600

GRANA, ERICK A MD TAMPA HILLSBOROUGH 22,545

JONES, MALCOLM WELLS MD ST PETERSBURG PINELLAS 22,500

GODWIN, JEFFREY S DVM MELBOURNE BREVARD 22,500

MONTILLA, EDUARDO MD HIALEAH MIAMI-DADE 22,500

PETTINA, SAMUEL A DO NEW PORT RICHEY PASCO 22,500

PAGAN, LUIS RAIMUNDO, MD HIALEAH MIAMI-DADE 22,440

COLLIER, KAREN M DVM PANAMA CITY BAY 22,400

DOOLEY, ANDREW L DVM BOCA RATON PALM BEACH 22,400

JALEEL, FIAZ A MD JACKSONVILLE DUVAL 22,308

PLEMMONS, JAMES AUSTIN, MD TARPON SPRINGS PINELLAS 22,200

JOSEPH, ROBERT, J MD PANAMA CITY BAY 21,990

LIBMAN, MICHELE FAITH MD STUART MARTIN 21,890

REHMAN, ARKAM MD JACKSONVILLE DUVAL 21,810

MORENCY, JACQUES P, MD DELRAY BEACH PALM BEACH 21,800

JOUKAR, HOSSEIN HIALEAH MIAMI-DADE 21,750

PATTERSON, JAMES RAY MD TAMPA HILLSBOROUGH 21,540

COLGAN, ANDREW DDS VERO BEACH INDIAN RIVER 21,540

LAMELAS, PETER MD BOYNTON BEACH PALM BEACH 21,425

MCCAIN, JOSEPH PATRICK DMD, FACS MIAMI MIAMI-DADE 21,370

PATEL, KASHYAP V MD ORMOND BEACH VOLUSIA 21,222

GOMARA, RAFAEL DVM MIAMI MIAMI-DADE 21,100

ERIGOYEN, PETER MD FORT LAUDERDALE BROWARD 21,100

HERMIDA, JESUS G, MD MIAMI MIAMI-DADE 21,000

LEVY, KENNETH D MD PORT CHARLOTTE CHARLOTTE 20,840

ROHAN, MICHAEL X MD PANAMA CITY BAY 20,580

BADIA, ALEJANDRO MD DORAL MIAMI-DADE 20,490

HATCH, ROBERT S MD ORMOND BEACH VOLUSIA 20,340

HOOD, RICHARD K MD ESTERO LEE 20,310

HODOR, KENNETH R MD AVENTURA MIAMI-DADE 20,100

DONSHIK, JON D (MD) AVENTURA MIAMI-DADE 20,070

MOOREFIELD, CHARLES H III MD MELBOURNE BREVARD 20,025

ERB, DONALD LOUIS DO SARASOTA SARASOTA 20,013

GREGORIAN, MICHAEL MD MIAMI MIAMI-DADE 20,000

ESCOBAR, LUIS A MD HOLLYWOOD BROWARD 19,980

CANTOR, BERNARD MD FORT LAUDERDALE BROWARD 19,960

BENDER, DANIEL H MD TAMPA HILLSBOROUGH 19,860

MENENDEZ CAMPOS, JOSE C MD KISSIMMEE OSCEOLA 19,800

SHAW, NEIL GAVIN DVM TAMPA HILLSBOROUGH 19,800

GROSSMAN, WARREN MD HOLLYWOOD BROWARD 19,560

SUDDERTH, DAVID B MD FORT MYERS LEE 19,500

NEWMAN, THOMAS MICHAEL MD TAMPA HILLSBOROUGH 19,485

RIVAS, DENCY MD TAMPA HILLSBOROUGH 19,350

COLCHAMIRO, TRACY L MD SANFORD SEMINOLE 19,300

SHAFFER, PAUL A DVM MIAMI MIAMI-DADE 19,200

CURCIONE, PETER J DO LEHIGH ACRES LEE 19,200

MILLS, WILLIAM LOUIS MD OCOEE ORANGE 19,180

PREUDHOMME, JULES CAPE CORAL LEE 19,110

OPPENHEIMER, STEVEN, DMD AVENTURA MIAMI-DADE 19,060

AZULAY, RAFAEL MD PEMBROKE PINES BROWARD 19,000

ARANGO, DAVID U MD LAKE WALES POLK 18,840

CARUSO, JOHN R DO SEBRING HIGHLANDS 18,800

SIEGEL, ROBERT FT WALTON BEACH OKALOOSA 18,800

COLINA, ROMED S MD FORT PIERCE SAINT LUCIE 18,660

STEDMAN, MARY L MD TAMPA HILLSBOROUGH 18,614

OVERBECK, CARA L DDS VENICE SARASOTA 18,580

LANCE, JAMES MARION JR DO JACKSONVILLE DUVAL 18,550

LAZARUS, JEFFREY J MD PORT ST LUCIE SAINT LUCIE 18,540

KUZMAN, JOHN H MD WINTER PARK ORANGE 18,500

ROBLA, JULIO MD MIAMI MIAMI-DADE 18,420

JASSIR, CARLOS MD ORLANDO ORANGE 18,420

JARQUIN, ALVARO J MD LAKELAND POLK 18,300

STRAIT, STEPHEN M DO PLANT CITY HILLSBOROUGH 18,160

LAZAR, ALAN M MD PLANTATION BROWARD 18,120

SPEISER, STEVEN O MD KISSIMEE OSCEOLA 18,000

MUSARRA, ANTHONY M MD SUNRISE BROWARD 18,000

MORENCY, JACQUES PHILOME MD NORTH MIAMI BEACH MIAMI-DADE 18,000

HOBBS, ANDRE C MD MIRAMAR BROWARD 17,980

LAMELAS, PETER MD WEST PALM BEACH PALM BEACH 17,950

ARANGO, DAVID U MD LAKELAND POLK 17,880

SOLLER, ALEX MD BOCA RATON PALM BEACH 17,800

SHROCK, KEVIN BRIAN MD FT LAUDERDALE BROWARD 17,786

TRIMBLE, GERALD E MD CLEARWATER PINELLAS 17,771

DI IULLO, NINO MD ORLANDO ORANGE 17,640

LOPEZ-PRIETO, MANUEL MD MIAMI LAKES MIAMI-DADE 17,600

FOX, MORRY S DO MIAMI MIAMI-DADE 17,600

ANDERSEN, MARK CHRISTOPHER, DVM PORT ORANGE VOLUSIA 17,500

HENNESSEY, PATRICK T MD ORLANDO ORANGE 17,440

JIMENEZ, FELIX DDS BRANDON HILLSBOROUGH 17,420

MARCADIS, ISAAC WEST PALM BEACH PALM BEACH 17,404

BIRCH, DENTON R DMD PALM BAY BREVARD 17,400

LUBETSKY, RONALD S MD MIAMI LAKES MIAMI-DADE 17,400

GIBAJA-ARAGON, DAVID MD HOLLYWOOD BROWARD 17,400

YOUSEF, JONATHAN NADER DO WESLEY CHAPEL PASCO 17,340

KABARIA, VIPUL V MD TAMPA HILLSBOROUGH 17,310

SLUTSKY, BRADFORD A MD OKEECHOBEE OKEECHOBEE 17,280

BADIA, ALEJANDRO MD DORAL MIAMI-DADE 17,260

BROWN, LEE ANN DO CLEARWATER PINELLAS 17,250

MONSERRATE, PEDRO E MD CAPE CORAL LEE 17,160

FINNELL, GLENN M DVM ORLANDO ORANGE 17,100

NAGDA, RASIKLAL D MD OCALA MARION 17,000

FOLINO, SCOTT PALM HARBOR PINELLAS 17,000

WIRTH, CYNTHIA D MD LAUDERDALE LAKES BROWARD 17,000

GIVENTER, LAWRENCE MD NAPLES COLLIER 16,800

HWANG, CHARLES, CHING REN PINELLAS PARK PINELLAS 16,750

SEGAL, SCOTT D MD MIAMI MIAMI-DADE 16,740

GRELLNER, THEODORE J DDS TAMPA HILLSBOROUGH 16,650

CALLAGHAN, PATRICK E (MD) PLANTATION BROWARD 16,600

KACHINAS, MATTHEW J MD FT. MYERS LEE 16,600

YODASHKIN, ROBERT MD LAKE WORTH PALM BEACH 16,600

RUBIN, JERRY A MD ORLANDO ORANGE 16,590

ALMAGUER, EDUARDO M (MD) HIALEAH MIAMI-DADE 16,544

FUNAIOLI-SHEEHAN, JENNIFER L DO ORLANDO ORANGE 16,500

DE PADUA, NAPOLEON G MD JACKSONVILLE DUVAL 16,500

RAMOS-CRUZ, ALBERTO MIAMI MIAMI-DADE 16,400

WEINSTEIN, MARC A, MD TAMPA HILLSBOROUGH 16,380

JAWAHIR, MARK E. MD SEBRING HIGHLANDS 16,320

LOUISVILLE, TOMMY L MD WINTER HAVEN POLK 16,180

ROSSI, JOHN V DVM JACKSONVILLE DUVAL 16,000

RAMIREZ, ALFONSO MIAMI MIAMI-DADE 16,000

GARNET, ROBERT I DPM MIAMI MIAMI-DADE 15,960

EISENFELD, LARRY S MD BONITA SPRINGS LEE 15,880

MOHAMEDALI, HASSANALI S DO TAMARAC BROWARD 15,800

GALANG, KENNETH P MD FORT MYERS LEE 15,800

SLEIGHT, HAROLD E II MD PORT CHARLOTTE CHARLOTTE 15,720

BUTLER, CLAIR E, DVM BRADENTON MANATEE 15,700

GASKINS, SAMUEL JACKSONVILLE DUVAL 15,700

KROST, STUART B MD PLANTATION BROWARD 15,600

ESCHER, ALLAN RICHARD JR DO TAMPA HILLSBOROUGH 15,600

HOLLIS, MINOO HADJARI MD NAVARRE SANTA ROSA 15,570

MARKOU, MICHAEL DO CLEARWATER PINELLAS 15,500

KATZMAN, SCOTT S MD PALM BEACH GARDENS PALM BEACH 15,465

WHITESIDE, WILLIAM J DVM MARY ESTHER OKALOOSA 15,400

ROSABAL, ORESTES G MD HIALEAH MIAMI-DADE 15,360

HOBBS, LARRY ALLEN MD ESTERO LEE 15,355

WRIGHT, JAY N MD OCOEE ORANGE 15,300

BLOCK, JAMES HOWARD DVM MIAMI MIAMI-DADE 15,300

TRAN, LONG V, MD LAKE WORTH PALM BEACH 15,230

PINES, JACK A MD HALLANDALE BEACH BROWARD 15,200

RODRIGUEZ-JIMENEZ, HORACIO J. MD PANAMA CITY BAY 15,180

REIFER, PAUL DVM CLEARWATER PINELLAS 15,100

BAGLINO, MICHAEL J MIDDLEBURG CLAY 15,100

GRUBER, ROBERT DO TAMPA HILLSBOROUGH 15,000

VICENTE, JAVIER F DVM ST PETERSBURG PINELLAS 15,000

SAMUELS, JEFFREY A MD FORT LAUDERDALE BROWARD 15,000

GO, GLORIA T MD JACKSONVILLE DUVAL 15,000

HOOD, RICHARD KEITH MD FT MYERS LEE 14,850

SADICK, STEPHANIE, J MD LAUDERHILL BROWARD 14,800

TAPPER, RONALD A DVM HOLLYWOOD BROWARD 14,800

CULBERTSON, KELLY DVM OCALA MARION 14,800

SALINAS, JESS D MD WINTER PARK ORANGE 14,790

HENLEY-SEYMOUR, ANDREA R MD SUNRISE BROWARD 14,670

NEMATBAKHSH, AHMAD REZA, DO ST PETERSBURG PINELLAS 14,640

GELBARD, STEVEN MD FT. LAUDERDALE BROWARD 14,640

KELLY, MICHAEL A MD PHD PARKLAND BROWARD 14,632

MONZON, RAUL ST AUGUSTINE SAINT JOHNS 14,604

RUDDY, MICHAEL J MD FT LAUDERDALE BROWARD 14,550

WESTON, MICHAEL A MD LAUDERDALE LAKES BROWARD 14,500

BLUMBERG, BARTON R DMD THE VILLAGES LAKE 14,500

BAUMAN, ALAN J MD BOCA RATON PALM BEACH 14,400

SHAH, KANTA C MD ST PETERSBURG PINELLAS 14,400

GERHART, CHARLES B DVM OCALA MARION 14,400

SKAND, DAVID L VMD TAMPA HILLSBOROUGH 14,400

RICHARDS, JUAN C, MD ORLANDO ORANGE 14,400

RABINSKY, ISRAEL MD BOYNTON BEACH PALM BEACH 14,400

ROUTMAN, HOWARD D DO ATLANTIS PALM BEACH 14,280

JORDAN, DOUGLAS JR A DPM PORT RICHEY PASCO 14,240

MARTIN, JOHN F DVM CRESTVIEW OKALOOSA 14,200

SPENCE, JOHN A MD MARIANNA JACKSON 14,200

FOSSUM, BASIL DUANE MD FT WALTON BEACH OKALOOSA 14,200

RAHMAN, SYED SHAFEEQ U MD FORT PIERCE SAINT LUCIE 14,165

NUNEZ, RUBEN J MD MIAMI MIAMI-DADE 14,100

GRAPER, CHARLES E DDS MD GAINESVILLE ALACHUA 14,000

MILLER, ALAN E MD FERNANDINA BEACH NASSAU 13,950

HARVEY, JIM WESLEY DVM OKEECHOBEE OKEECHOBEE 13,900

GEORGE, DENNIS ANDREW MD FERNANDINA BEACH NASSAU 13,770

WINCHESTER, ERIC R DVM JACKSONVILLE DUVAL 13,700

ARNOLD, PAUL J DO CAPE CORAL LEE 13,700

CHAU, SON ORLANDO ORANGE 13,650

KROST, STUART B MD JUPITER PALM BEACH 13,620

VIGNA, MARINO F DDS SUNRISE BROWARD 13,500

STASHAK, GERALD T MD WEST PALM BEACH PALM BEACH 13,380

MARSHALL, WILLIAM R MD FORT WALTON BEACH OKALOOSA 13,350

RELKIN, TODD A MD LIGHTHOUSE POINT BROWARD 13,320

LAREMONT, KATIA T MD NORTH MIAMI BEACH MIAMI-DADE 13,300

KARUMANCHI, RAMA D ALTAMONTE SPRINGS SEMINOLE 13,300

HICKS, JAMES K DVM SPRING HILL HERNANDO 13,300

DIGERONIMO, THOMAS A MD PLANT CITY HILLSBOROUGH 13,290

CLAUDIO, REINALDO DDS CLEARWATER PINELLAS 13,200

BOLLO, AUGUSTINE, DPM PEMBROKE PINES BROWARD 13,200

GILMORE, MICHAEL D MD PANAMA CITY BEACH BAY 13,140

TREVINO, MIGUEL E MD CLEARWATER PINELLAS 13,122

DAY-O'STEEN, SHARON A. DMD DE BARY VOLUSIA 13,100

DERESPINO, JAMES A MD BRANDON HILLSBOROUGH 13,000

JOHN, KOZHIMALA THOMAS MD ZEPHYRHILLS PASCO 13,000

WOLLSCHLAGER, THOMAS P DMD CRAWFORDVILLE WAKULLA 13,000

BERK, JAMES W MD ALACHUA ALACHUA 12,930

POTASH, IRWIN M MD MIAMI MIAMI-DADE 12,920

DONSHIK, JON DAVID MD PLANTATION BROWARD 12,900

GOMEZ-CORTES, JOSE DE JESUS HIALEAH MIAMI-DADE 12,854

HOFF, STEVEN, P, D.O. SARASOTA SARASOTA 12,850

ASHBY, MARK A MD SEBRING HIGHLANDS 12,840

BERKOWITZ, RICHARD DAVID MD TAMARAC BROWARD 12,832

GIBSON, WILLIAM K DMD NAPLES COLLIER 12,755

GIDSEG, GLENN A MD SUNRISE BROWARD 12,700

SIMON, DAVID S, DDS, PA FT LAUDERDALE BROWARD 12,600

LEWIS, ADRIAN P MD GAINESVILLE ALACHUA 12,555

NAVRATIK, JOEL BETH DVM AVENTURA MIAMI-DADE 12,500

HERBST, JAY S MD PORT CHARLOTTE CHARLOTTE 12,500

DEAN, BYRON R DO LAKELAND POLK 12,480

PAYOR, LOUIS ORLANDO ORANGE 12,410

HENKEL, BERT JOCHEN DPM HOLLYWOOD BROWARD 12,400

MURRAY, TIM K DVM PALATKA PUTNAM 12,400

SLOANE, JOHN WILLIAM DMD SOUTH DAYTONA VOLUSIA 12,300

BARRON, TAMERA CRYSTAL RIVER CITRUS 12,300

DEHGAN, ROBERT BAHMAN MD SAINT AUGUSTINE SAINT JOHNS 12,270

GLENN, JAMES D MD TITUSVILLE BREVARD 12,270

VALLE, FERNANDO MD ORLANDO ORANGE 12,260

CHAPA, ROBERT M SR, (MD) JACKSONVILLE DUVAL 12,240

SIEMIAN, WALTER R MD ORLANDO ORANGE 12,200

MOY, NATHAN W DPM MIAMI MIAMI-DADE 12,200

SIMMONS, GEORGE W DVM TALLAHASSEE LEON 12,200

GILMORE, MICHAEL D MD CRESTVIEW OKALOOSA 12,189

RUBIN, JERRY A MD ORLANDO ORANGE 12,180

ARANGO, DAVID U MD WINTER HAVEN POLK 12,120

WOLFERSTEIG, DONALD L DVM O BRIEN SUWANNEE 12,100

WEBSTER, MELISSA R DVM TAMPA HILLSBOROUGH 12,100

ELESSAR, ROBERT E MD BOYNTON BEACH PALM BEACH 12,000

CABRERA, JORGE M MD SOUTH MIAMI MIAMI-DADE 12,000

LUSTGARTEN, GARY J. MD JUPITER PALM BEACH 12,000

ERLICH, LAWRENCE B MD CELEBRATION OSCEOLA 12,000

LEWIS, ADRIAN P MD OCALA MARION 11,970

FOX, RYAN D DVM BRADENTON MANATEE 11,900

HILL, DANIEL A DVM ORLANDO ORANGE 11,900

CHESHIRE, DAVID W MD PA JACKSONVILLE DUVAL 11,880

ELZAWAHRY, KAMEL PANAMA CITY BAY 11,810

REYES-SERRANO, MARIO E MD MIAMI MIAMI-DADE 11,800

MAGNACCA, JOHN R DDS BOCA RATON PALM BEACH 11,700

BORDELON, DAVID J DVM PENSACOLA ESCAMBIA 11,700

SOLOMON, MICHAEL D MD NEW PORT RICHEY PASCO 11,670

GOLDBERGER, RICHARD IAN MD TAMPA HILLSBOROUGH 11,658

SAPONARO, JOSEPH MD JUPITER PALM BEACH 11,634

BATLLE, MIGUEL MD ORANGE PARK CLAY 11,580

AGATEP, DENISE E (MD) JACKSONVILLE DUVAL 11,580

MACLAREN, M CHRISTOPHER DO TAMPA HILLSBOROUGH 11,520

MEADOWS, WILLIAM TAMPA HILLSBOROUGH 11,520

HEUER, MARVIN A MD ORLANDO ORANGE 11,500

RANGEL, ORLANDO S MD TAMPA HILLSBOROUGH 11,460

ROCHMAN, ROBERT, A, MD ROYAL PALM BEACH PALM BEACH 11,400

LAPLUME GARBARINO, MARIO L MD POMPANO BEACH BROWARD 11,400

EARDLEY, ROBERT J MD MIAMI MIAMI-DADE 11,400

EHRLICH, JODI DVM LAKE WORTH PALM BEACH 11,400

SWITZER, HULLON ELRIDGE MD JACKSONVILLE DUVAL 11,350

WILSON, VINCENT PAUL MD MAITLAND ORANGE 11,300

SASSANI, RUSSELL PLANTATION BROWARD 11,280

LEVINE, GARY R DO TAMPA HILLSBOROUGH 11,280

SUAREZ, JUAN C MD MIAMI MIAMI-DADE 11,220

FITTS, JERE J MD WEST PALM BEACH PALM BEACH 11,200

DEGEN, MELISA DVM NORTH PALM BEACH PALM BEACH 11,200

ALTAMIRANO, DARIO D DO HIALEAH MIAMI-DADE 11,170

COLLIER, STEPHEN E DVM PANAMA CITY BAY 11,100

NORTHROP, TOD DO ST AUGUSTINE SAINT JOHNS 11,100

SUROWITZ, RONALD Z DO JUPITER PALM BEACH 11,040

REBOLLAR, MIGUEL A MD HIALEAH MIAMI-DADE 11,000

BAILEY, RAY GEORGE VMD MIAMI MIAMI-DADE 11,000

LACLAIR, BARRY J MD P A SARASOTA SARASOTA 11,000

BUTZER, BRIAN K DVM BOCA RATON PALM BEACH 11,000

LAREMONT, KATIA T MD SUNRISE BROWARD 11,000

PARENT, THOMAS NAPLES COLLIER 10,920

FISHFELD, YEHUDA MD DEERFIELD BEACH BROWARD 10,920

CHERNESKY, PATRICK WILLIAM DPM PORT CHARLOTTE CHARLOTTE 10,900

MONDO, PAUL J MD PORT ST LUCIE SAINT LUCIE 10,890

LITTLE, LEW, A, MD ENGLEWOOD CHARLOTTE 10,890

OPPENHEIMER, STEVEN M, DMD MIAMI BEACH MIAMI-DADE 10,866

BUGARIN-VIERA, MAGDALENA (MD) TAMPA HILLSBOROUGH 10,800

VELLEFF, THOMAS K MELBOURNE BREVARD 10,800

GRUBB, GREGORY A (DO) ESTERO LEE 10,730

WELTY, KATHERINE K MD SUMTERVILLE SUMTER 10,720

NEUBAUER, RICHARD ALLEN MD LAUDERDALE BY THE SE BROWARD 10,700

SOLOMON, GEORGE MD PALM HARBOR PINELLAS 10,690

FORMOSO, FERDINAND J DO JACKSONVILLE DUVAL 10,680

REHMAN, ARKAM MD JACKSONVILLE DUVAL 10,680

TUTTELMAN, RONALD M MD FT LAUDERDALE BROWARD 10,670

FASSY, LYNN RAYMOND MD SARASOTA SARASOTA 10,640

GLOSSER, RICHARD S MD HOMESTEAD MIAMI-DADE 10,620

FOX, MATTHEW P DVM DUNNELLON CITRUS 10,600

BRULTE, SUZANNE B MD JACKSONVILLE DUVAL 10,532

LAREMONT, KATIA T MD NORTH MIAMI MIAMI-DADE 10,500

CONKLIN, RUTHANN MARIE DVM SANFORD SEMINOLE 10,500

PEDRO-ALEXANDER, VERONICA, MD ROYAL PALM BEACH PALM BEACH 10,500

GOLDSMITH, SCOTT E MD PLANT CITY HILLSBOROUGH 10,440

BARBEL-JOHNSON, KIM MARIE, DO JACKSONVILLE DUVAL 10,438

JACOBS, GENE TILDEN DDS ORLANDO ORANGE 10,400

MATRICIA, DANIEL J DO FERNANDINA BEACH NASSAU 10,390

DRAPER, LONNIE, M MD TALLAHASSEE LEON 10,386

RAGAB, ASHRAF AHMED MD CLEARWATER PINELLAS 10,350

SEKELY, SUSAN KALLOS MD TAMARAC BROWARD 10,300

CANAS, ALBERT MD MIAMI BEACH MIAMI-DADE 10,230

BUZZETTI, ROBERT CARL DVM JUPITER PALM BEACH 10,200

OLGUIN, EDWARD O DO DANIA BROWARD 10,200

MOSCARITOLO, MICHAEL A. MD KISSIMMEE OSCEOLA 10,200

BERMAN, MIKHAIL N MD TAMARAC BROWARD 10,200

RAMIREZ, RAMON MD TAMARAC BROWARD 10,194

BRETON PANTALEON, CRISTIAN MD MIAMI MIAMI-DADE 10,180

EISENSTEIN, SAM DMD BOCA RATON PALM BEACH 10,160

AKHTAR, AMJAD SAEED DO ORLANDO ORANGE 10,086

MORGAN, ANNE L MD PALM BEACH GARDENS PALM BEACH 10,040

ERSIG, DEAN D MD HUDSON PASCO 10,000

MANLEY, GERALD DEAN, DVM UMATILLA LAKE 10,000

TERRERO, ALFREDO, MD SUNRISE BROWARD 10,000

MATHENY, JACK M II MD PALATKA PUTNAM 10,000

SALZHAUER, MICHAEL A, MD BAY HARBOR ISLANDS MIAMI-DADE 10,000

MAGALDINO, CHLOE M DVM LONGWOOD SEMINOLE 10,000

ROMANO, MICHAEL E FORT MYERS LEE 10,000

DRAPER, LONNIE MD TALLAHASSEE LEON 9,980

LEVINE, GARY R DO LARGO PINELLAS 9,930