

**IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA
CIVIL DIVISION**

In re:

Laser Spine Institute, LLC	Case No. 2019-CA-2762
CLM Aviation, LLC	Case No. 2019-CA-2764
LSI HoldCo, LLC	Case No. 2019-CA-2765
LSI Management Company, LLC	Case No. 2019-CA-2766
Laser Spine Surgery Center of Arizona, LLC	Case No. 2019-CA-2767
Laser Spine Surgery Center of Cincinnati, LLC	Case No. 2019-CA-2768
Laser Spine Surgery Center of Cleveland, LLC	Case No. 2019-CA-2769
Laser Spine Surgical Center, LLC	Case No. 2019-CA-2770
Laser Spine Surgery Center of Pennsylvania, LLC	Case No. 2019-CA-2771
Laser Spine Surgery Center of St. Louis, LLC	Case No. 2019-CA-2772
Laser Spine Surgery Center of Warwick, LLC	Case No. 2019-CA-2773
Medical Care Management Services, LLC	Case No. 2019-CA-2774
Spine DME Solutions, LLC	Case No. 2019-CA-2775
Total Spine Care, LLC	Case No. 2019-CA-2776
Laser Spine Institute Consulting, LLC	Case No. 2019-CA-2777
Laser Spine Surgery Center of Oklahoma, LLC	Case No. 2019-CA-2780

Assignors,

Division L

To:

Soneet Kapila,

Assignee,

/

**NOTICE OF FILING PROOF OF CLAIM FOR CRYSTAL AND LEONARD
TINELLI (MEDICAL MALPRACTICE)**

Undersigned Counsel hereby files the attached proofs of claim for Crystal Tinelli and Leonard Tinelli Claimants and Creditors, and requests service of all pleadings and documents filed herein.

Certificate of Service: I hereby certify that a copy of the foregoing has been filed and service will be made through the Court's efilng service this 19 day of June, 2019.

/s/Donald J. Schutz
Donald J. Schutz, Esq.
Fla Bar No. 382701 535
Central Avenue St.
Petersburg, FL 33701
727-823-3222 727-895-
3222 Telefax 727-480-
4425 Cell
donschutz@netscape.net
don@lawus.com
Attorney for Crystal and
Leonard Tinelli

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Assignors,
To:

Consolidated Case No.
2019-CA-2762

Soneet Kapila,

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PROOF OF CLAIM

TO RECEIVE ANY DIVIDEND IN THESE PROCEEDINGS (THE "ASSIGNMENT CASES"), YOU
MUST COMPLETE THIS PROOF OF CLAIM AND DELIVER IT TO THE ASSIGNEE, OR THE
ASSIGNEE'S COUNSEL, NO LATER THAN:

JULY 12, 2019

THE ASSIGNEE'S NAME AND ADDRESS ARE AS FOLLOWS:

SONEET KAPILA, ASSIGNEE
1000 SOUTH FEDERAL HIGHWAY, SUITE 200
FORT LAUDERDALE, FL 33316

ASSIGNEE'S COUNSEL IS:
EDWARD J. PETERSON, ESQUIRE
STICHTER, RIEDEL, BLAIN & POSTLER, P.A.
110 E. MADISON ST., SUITE 200
TAMPA, FL 33602

1. PLEASE SPECIFY THE ASSIGNOR AGAINST WHICH YOU ASSERT A CLAIM:
Laser Spine Institute, LLC,
(IF YOU HAVE A CLAIM AGAINST MORE THAN ONE ASSIGNOR, YOU MUST FILE A SEPARATE CLAIM AGAINST EACH ASSIGNOR).

2. CREDITOR NAME (Your name): Leonard Tinelli
ADDRESS: 3820 N 57th Ave
ADDRESS:
CITY, STATE, ZIP: Hollywood, FL 33021
TELEPHONE NUMBER: c/o Donald J. Schutz, Esq. 727-823-3222
E-MAIL ADDRESS: c/o Donald J. Schutz, Esq., don@lawus.com

Please be sure to notify us if you have a change of address.

Check box if address on claim differs from address to which this notice was sent: []

3. BASIS FOR CLAIM:
[] Goods Sold [] Wages, Salaries and Compensations [] Secured Creditor
[] Services Performed [] Taxes
[] Money Loaned [] Customer Deposit
[] Shareholder [x] Other: Medical Malpractice

4. DATE DEBT WAS INCURRED: _____

5. AMOUNT OF CLAIM: \$10,000,000.00 (Unliquidated)

6. Does Claim amend, replace, or supplement a prior claim? If so, please state the date and amount of the prior claim(s):
No

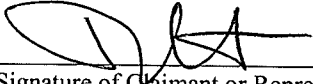
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase order, invoices, itemized statement of running accounts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

Medical malpractice claim not yet filed. Notice of Intent not yet issued.

8. SIGNATURE: Sign and print name and title, if any, of the creditor or other person authorized to file this claim:

As required by law, the proof of claim and any supporting documentation you submit shall become a part of the public record related to the Assignment Cases. As a result, the Assignee and his professionals shall be permitted, and may be directed by the Court, to include such documentation, including to the extent provided, protected health information, in any subsequent pleading, notice, document, list, or other public disclosure made in connection with the Assignment Cases. Such inclusion by the Assignee and his professionals shall not constitute a "wrongful disclosure" under HIPAA, the Florida Information Protection Act of 2014, or any regulations promulgated thereunder.

DATED: 6-19-2019

BY: 
Signature of Claimant or Representative

Donald J. Schutz
Print Name and Title Here

535 Central Ave
FL Bv 382201
St. Petersburg, FL 33701
727-823-3222
don@LAWUS.com

For Assignee's Use Only:
Claim Number: _____
Date: _____

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2. CREDITOR NAME (Your name): Crystal Tinelli
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ADDRESS:
CITY, STATE, ZIP: Hollywood, FL 33021
TELEPHONE NUMBER: c/o Donald J. Schutz, Esq. 727-823-3222
E-MAIL ADDRESS: c/o Donald J. Schutz, Esq., don@lawus.com

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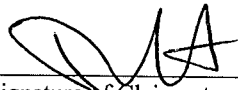
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DATED: 6-19-2019

BY: 
Signature of Claimant or Representative

Donald J. Schutz
Print Name and Title Here

PL Box 382701

535 Central Ave

St. Petersburg FL 33701

727-823-3222

don@lawus.com
Lawus.

For Assignee's Use Only:

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