

**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 SHIRLEY LANGSTON AND JOHN  
LANGSTON (MEDICAL MALPRACTICE)**

Undersigned Counsel hereby files the attached proofs of claim for SHIRLEY  
LANGSTON AND JOHN LANGSTON Claimants and Creditors.

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](mailto:donschutz@netscape.net)  
[don@lawus.com](mailto:don@lawus.com)  
Attorney for Shirley and  
John Langston

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Assignors,  
To:

Consolidated Case No.  
2019-CA-2762

Soneet Kapila,

Division L

Assignee

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): Shirley Langston  
 ADDRESS: c/o Donald J. Schutz, Esq. , 535 Central Avenue, St. Petersburg, FL 33701  
 ADDRESS:  
 CITY, STATE, ZIP:  
 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:
 

<input type="checkbox"/> Goods Sold	<input type="checkbox"/> Wages, Salaries and Compensations	<input type="checkbox"/> Secured Creditor
<input type="checkbox"/> Services Performed	<input type="checkbox"/> Taxes	
<input type="checkbox"/> Money Loaned	<input type="checkbox"/> Customer Deposit	
<input type="checkbox"/> Shareholder	<input checked="" type="checkbox"/> Other: <u>Medical Malpractice</u>	

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

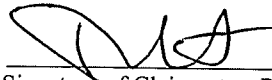
7. SUPPORTING DOCUMENTS: **Attach copies of supporting documents**, such as promissory notes, purchase order, invoices, itemized statement of running accounts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

As more specifically set forth in Case No. 17-CA-10423, Circuit Court Hillsborough County

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

**For Assignee's Use Only:**  
 Claim Number: \_\_\_\_\_  
 Date: \_\_\_\_\_

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Assignors,  
To:

Consolidated Case No.  
2019-CA-2762

Soneet Kapila,

Division L

Assignee

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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  
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(IF YOU HAVE A CLAIM AGAINST MORE THAN ONE ASSIGNOR, YOU MUST FILE A SEPARATE CLAIM AGAINST EACH ASSIGNOR).

2. CREDITOR NAME (Your name): John Langston  
ADDRESS: c/o Donald J. Schutz, Esq. , 535 Central Avenue, St. Petersburg, FL 33701  
ADDRESS:  
CITY, STATE, ZIP:  
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

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DATED: 6-15-2012

BY:   
Signature of Claimant or Representative

Donald J. Schutz  
Print Name and Title Here

**For Assignee's Use Only:**  
Claim Number: \_\_\_\_\_  
Date: \_\_\_\_\_