

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 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 Case, 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,
To: Consolidated Case No.
2019-CA-2762

Soneet Kapila, Division L

Assignee.

NOTICE OF FILING PROOF OF CLAIM

DUANE ERIC HIGDON, by and through the undersigned counsel, hereby provides notice of filing a Proof of Claim with a supporting document and gives notice of his claim against Assignor LASER SPINE INSTITUTE, LLC, by serving the Proof of Claim attached hereto as Exhibit A upon the Assignee, Soneet Kapila and Edward J. Peterson, Esquire of Stichter, Riedel, Blain & Postler, P.A.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on July 8th, 2019, I electronically filed the foregoing with the Clerk of the Court by using the Florida Courts E-Filing Portal system which will send a Notice of Electronic Filing to all counsel of record.

FLORIN GRAY BOUZAS OWENS, LLC

/s/ Miguel Bouzas _____

MIGUEL BOUZAS, ESQUIRE

Florida Bar No.: 48943

Primary: miguel@fgbolaw.com

Secondary: gina@fgbolaw.com

WOLFGANG M. FLORIN, ESQUIRE

Florida Bar No.: 907804

wolfgang@fgbolaw.com

SCOTT L. TERRY, ESQUIRE

Florida Bar No.: 77105

scott@fgbolaw.com

16524 Pointe Village Drive, Suite 100

Lutz, FL 33558

Telephone (727) 254-5255

Facsimile (727) 483-7942

Trial Attorneys for Plaintiff

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To:	2019-CA-2762
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Assignee	

PROOF OF CLAIM

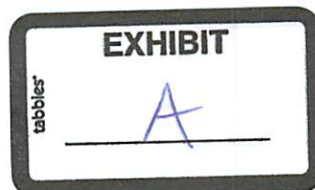
TO RECEIVE ANY DIVIDEND IN THESE PROCEEDINGS (THE "ASSIGNMENT CASES"), YOU MUST COMPLETE THIS PROOF OF CLAIM AND DELIVER IT TO THE ASSIGNEE, OR THE ASSIGNEE'S COUNSEL, NO LATER THAN:

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): DUANE ERIC HEDON
ADDRESS: 13614 PANDELAND BLVD.
ADDRESS: APT. 107
CITY, STATE, ZIP: ODESSA, FL 33556
TELEPHONE NUMBER: (813) 842-4435
E-MAIL ADDRESS: ERIC-HEDON@HOTMAIL.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 [x] Wages, Salaries and Compensations [] Secured Creditor
[] Services Performed [] Taxes
[] Money Loaned [] Customer Deposit
[] Shareholder [x] Other: VIOLATION OF WAFRA ACT

4. DATE DEBT WAS INCURRED: 3/1/19

5. AMOUNT OF CLAIM: \$ 34,452.41 + \$ 492.31 (401K CONTRIBUTION) +
VALUE OF ANY OTHER BENEFITS DURING 60 DAY PERIOD

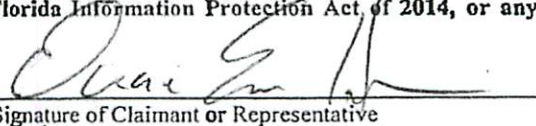
6. Does Claim amend, replace, or supplement a prior claim? If so, please state the date and amount of the prior claim(s):

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.

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: 6/21/19

BY: 
Signature of Claimant or Representative
Duane Eric Hedon
Print Name and Title Here

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

CO. FILE DEPT. CLOCK VCHR. NO.
 900 008873 000730 0000090300 1



303-0001
 LASER SPINE INSTITUTE LLC
 5332 AVION PARK DR
 TAMPA, FL 33607

Earnings Statement



Period Ending: 02/23/2019
 Pay Date: 03/01/2019

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 2
 FL: No State Income Tax

DUANE ERIC HIGDON
 1231 KETZAL DR
 TRINITY FL 34655

Earnings	rate	hours	this period	year to date
Regular	8076.93	80.00	8,076.93	34,615.41
Holiday				1,384.62
Personal (Pto)				2,076.92
Gross Pay			\$8,076.93	38,076.95

Other Benefits and Information	this period	total to date
Er 401K Match	161.54	726.93

Important Notes
 813-289-9813

Deductions	Statutory		
	Federal Income Tax	-1,126.91	5,158.96
	Social Security Tax	-475.08	2,232.32
	Medicare Tax	-111.10	522.07
	Other		
	Dental	-27.00*	135.00
	Medical	-332.00*	1,660.00
	Medical Fsa	-50.00*	250.00
	Supp Life 2	-8.75	43.75
	Vision Ins	-5.36*	26.80
	401K	-323.08*	1,453.85
	Net Pay	\$5,617.65	
	Checking 1	-5,617.65	
	Net Check	\$0.00	

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$7,339.49

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LASER SPINE INSTITUTE LLC
 5332 AVION PARK DR
 TAMPA, FL 33607

Advice number: 0000090300
 Pay date: 03/01/2019

Deposited to the account of DUANE ERIC HIGDON account number xxxxxxx7561 transit xxxx ABA xxxx amount \$5,617.65

THIS IS NOT A CHECK

NON-NEGOTIABLE