

**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-2778

Assignors,

Consolidated Case No. 2019-CA-2762

To:

Soneet Kapila,

Assignee,

Division L

_____ /

NOTICE OF FILING PROOF OF CLAIM

COSGROVE ENTERPRISES, INC., by and through the undersigned counsel, hereby provides notice of filing a Proof of Claim with supporting document and gives notice of their claim against Assignor LSI MANAGEMENT COMPANY, 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 a true and correct copy of the foregoing has been furnished via the Florida e-Filing Portal to all attorneys of record on this 8th day of July, 2019.

**WALTERS LEVINE LOZANO &
DEGRAVE**

601 Bayshore Boulevard, Suite 720
Tampa, Florida 33606

Phone: (813) 254-7474

Facsimile: (813) 254-7341

Counsel of record for Creditor, Cosgrove
Enterprises, Inc.

/s/ Heather A. DeGrave

Heather A. DeGrave, Esquire

Florida Bar No. 0756601

hdegrave@walterslevine.com

**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
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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-2778

Assignors,

Consolidated Case No. 2019-CA-2762

To:

Soneet Kapila,

Assignee,

Division L

_____/ **PROOF OF CLAIM**

- PLEASE SPECIFY THE ASSIGNOR AGAINST WHICH YOU ASSERT A CLAIM:**

LSI Management Company, LLC

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

2. CREDITOR NAME: **Cosgrove Enterprises, Inc.**
 c/o Heather DeGrave, Walters Levine Lozano &
 DeGrave
 601 Bayshore Blvd., Suite 720
 Tampa, FL. 33606
 (813)254-7474
 hdegrave@walterslevine.com

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 Other: Civil Theft, Fla. Stat. §772.11

4. DATE DEBT WAS INCURRED: 1/23/19, 2/12/19, 3/6/19

5. AMOUNT OF CLAIM: **\$18,421.38**

\$9,180.15 for unpaid invoices and interest as of July 8, 2019
(\$8,732.41 plus \$447.74 in interest) – per diem interest \$4.31

\$9,241.23, treble damages for civil theft related to delivery of two NSF checks

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.

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: 7/8/19

BY: /s/ Heather A. DeGrave
Signature of Claimant or Representative

Heather A. DeGrave - Counsel of Record for Cosgrove Enterprises, Inc.
Print Name and Title Here

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

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished via the Florida e-Filing Portal to all attorneys of record on this 8th day of July, 2019.

**WALTERS LEVINE LOZANO &
DEGRAVE**

601 Bayshore Boulevard, Suite 720

Tampa, Florida 33606

Phone: (813) 254-7474

Facsimile: (813) 254-7341

Attorneys for Plaintiff

/s/ Heather A. DeGrave _____

Heather A. DeGrave, Esquire

Florida Bar No. 0756601

hdegrave@walterslevine.com

COSGROVE ENTERPRISES, INC.
 TAMPA DIVISION
 14300 NW 77TH COURT
 MIAMI LAKES FL 33016

INVOICE

INVOICE NUMBER

INVOICE NUMBER

LASINT

2263857-01

2263857-01

BILL TO:

LASER SPINE INSTITUTE
 5332 AVION PARK DR
 TAMPA FL 33607

SHIP TO:

LASER SPINE INSTITUTE
 5332 AVION PARK DR
 TAMPA FL 33607

727-512-0502/813

CUSTOMER P.O.NO. 12/27/18 07:52:43

CUSTOMER P.O.NO. 12/27/18 07:52:43

INVOICE NUMBER	SLSMN	ORDER DATE	TAKER	CUSTOMER P.O. NUMBER	DATE		
2263857-01	220	12/27/18	257	12/27/18 07:52:43	12/27/18		
INSTRUCTIONS					FRT.	PAGE NO.	
12/28					B	1	
QUANTITY			DISP.	ITEM CODE AND DESCRIPTION	U/M	UNIT PRICE	AMOUNT
ORDERED	B.O./RET.	SHIPPED					
				EMAIL INVOICES TO AP@LASERSPINEINSTITUTE.COM			
				EMERGENCY CONTACT 800-255-3924 CCN: MIS0001790			
34		34	+	PA1890 TOWEL MULTIFOLD KLEENEX 2400ct 20/120ct(60)	CS	30.8500	1048.90
16		16	+	PA616 TISSUE TOILET 2ply WAGON WHEEL 48/616sht (36)	CS	39.3500	629.60
14		14	+	LI0015WX LINER 24x32 .75mil WHITE 250ct HEAVY ROLL LOW-DENSITY	CS	18.7000	261.80
2		2	+	PA046 COVER TOILET SEAT 1/2 FOLD 5000ct #DS-5000 ORIG: 2255977-0001 05/23/18 05/23/18 11:34:05	CS	38.2500	76.50
2		2	+	IM1525 MAT URINAL 17x20 GRAY 6ct 167-1 CONTINENTAL	CS	47.2500	94.50

CODE EXPLANATION
 * - STATE TAX APPLICABLE C - CONSIDER COMPLETE
 # - FED./OTHER TAX APPLICABLE D - DIRECT SHIPMENT
 + - STATE & FEDERAL TAX F - FACTORY MINIMUM
 B - BALANCE BACK ORDERED R - RETURNED CYL.

FREIGHT IN	FREIGHT OUT

SUB TOTAL	
MISC. CHARGE.	
TELE. CHARGE	
FREIGHT TOTAL	
FED./OTHER TAX	
STATE TAX	
PAYMENT REC'D.	CONTINUED

COSGROVE ENTERPRISES, INC.
 TAMPA DIVISION
 14300 NW 77TH COURT
 MIAMI LAKES FL 33016

INVOICE

INVOICE NUMBER

INVOICE NUMBER

LASINT

2263857-01

2263857-01

BILL TO:

LASER SPINE INSTITUTE
 5332 AVION PARK DR
 TAMPA FL 33607

SHIP TO:

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 5332 AVION PARK DR
 TAMPA FL 33607

727-512-0502/813

CUSTOMER P.O.NO. 12/27/18 07:52:43

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INVOICE NUMBER	SLSMN	ORDER DATE	TAKER	CUSTOMER P.O. NUMBER	DATE		
2263857-01	220	12/27/18	257	12/27/18 07:52:43	12/27/18		
INSTRUCTIONS					FRT.	PAGE NO.	
12/28					B	2	
QUANTITY			DISP.	ITEM CODE AND DESCRIPTION	U/M	UNIT PRICE	AMOUNT
ORDERED	B.O./RET.	SHIPPED					
4	3.75	0.25	B+	SC315204 SOAP HAND/BODY/HAIR 4/1gl CRANBERRY LITE'N FOAMY UNITS: 1 GL	CS	80.4000	20.10
2		2	+	AP1050 GLASS CLNR COSGROVE 12/19oz NON-AMMONIATED UNITS: 24 EA	CS	27.0000	54.00
2		2	+	AP170 ALL PURPOSE CLNR COSGROVE AEROSOL 12/19oz FOAM TYPE UNITS: 24 EA	CS	28.0800	56.16
2		2	+	BE3150 DISINF/DEOD/DET AF315 12/1qt QP 1qt=5g RTU UNITS: 24 QT	CS	48.6000	97.20
6	6	0	B+	TC750111 SOAP HAND FOAM ANTIBACTERIA 4/1100mL (2018595) UNITS: 0 EA	CS	115.3500	0.00

CODE EXPLANATION
 * - STATE TAX APPLICABLE C - CONSIDER COMPLETE
 # - FED./OTHER TAX APPLICABLE D - DIRECT SHIPMENT
 + - STATE & FEDERAL TAX F - FACTORY MINIMUM
 B - BALANCE BACK ORDERED R - RETURNED CYL.

*** THIS IS YOUR INVOICE ***

FREIGHT IN	FREIGHT OUT
0.00	5.00

NET TERMS: INV 45 DUE: 02/10/19

SUB TOTAL	2,338.76
MISC. CHARGE.	
TELE. CHARGE	
FREIGHT TOTAL	5.00
FED./OTHER TAX	23.39
STATE TAX	140.33
PAYMENT REC'D.	0.00

TOTAL AMT DUE
2,507.48

EXHIBIT A

COSGROVE ENTERPRISES, INC.
 TAMPA DIVISION
 14300 NW 77TH COURT
 MIAMI LAKES FL 33016

INVOICE

INVOICE NUMBER

INVOICE NUMBER

LASINT

2263857-02

2263857-02

BILL TO:

LASER SPINE INSTITUTE
 5332 AVION PARK DR
 TAMPA FL 33607

SHIP TO:

LASER SPINE INSTITUTE
 5332 AVION PARK DR
 TAMPA FL 33607

727-512-0502/813

CUSTOMER P.O.NO. 12/27/18 07:52:43

CUSTOMER P.O.NO. 12/27/18 07:52:43

INVOICE NUMBER	SLSMN	ORDER DATE	TAKER	CUSTOMER P.O. NUMBER	DATE	
2263857-02	220	12/27/18	257	12/27/18 07:52:43	12/28/18	
INSTRUCTIONS					FRT.	PAGE NO.
12/31					B	1

QUANTITY			DISP.	ITEM CODE AND DESCRIPTION	U/M	UNIT PRICE	AMOUNT
ORDERED	B.O./RET.	SHIPPED					
4		3.75	+	EMAIL INVOICES TO AP@LASERSPINEINSTITUTE.COM EMERGENCY CONTACT 800-255-3924 CCN: MIS0001790 SC315204 SOAP HAND/BODY/HAIR 4/1g1 CRANBERRY LITE'N FOAMY UNITS: 15 GL	CS	80.4000	301.50

CODE EXPLANATION
 * - STATE TAX APPLICABLE C - CONSIDER COMPLETE
 # - FED./OTHER TAX APPLICABLE D - DIRECT SHIPMENT
 + - STATE & FEDERAL TAX F - FACTORY MINIMUM
 B - BALANCE BACK ORDERED R - RETURNED CYL.

*** THIS IS YOUR INVOICE ***

FREIGHT IN	FREIGHT OUT

NET TERMS: INV 45 DUE: 02/11/19

SUB TOTAL	301.50
MISC. CHARGE.	
TELE. CHARGE	
FREIGHT TOTAL	
FED./OTHER TAX	3.02
STATE TAX	18.09
PAYMENT REC'D.	0.00

TOTAL AMT DUE
 322.61

COSGROVE ENTERPRISES, INC.
 TAMPA DIVISION
 14300 NW 77TH COURT
 MIAMI LAKES FL 33016

INVOICE

INVOICE NUMBER

INVOICE NUMBER

LASINT

2264768-01

2264768-01

BILL TO:

LASER SPINE INSTITUTE
 5332 AVION PARK DR
 TAMPA FL 33607

SHIP TO:

LASER SPINE INSTITUTE
 5332 AVION PARK DR
 TAMPA FL 33607

727-512-0502/813

CUSTOMER P.O.NO. 01/23/19 11:36:16

CUSTOMER P.O.NO. 01/23/19 11:36:16

INVOICE NUMBER	SLSMN	ORDER DATE	TAKER	CUSTOMER P.O. NUMBER	DATE
2264768-01	220	01/23/19	257	01/23/19 11:36:16	01/23/19

INSTRUCTIONS		FRT.	PAGE NO.
1/24		B	1

QUANTITY			DISP.	ITEM CODE AND DESCRIPTION	U/M	UNIT PRICE	AMOUNT
ORDERED	B.O./RET.	SHIPPED					
34		34	+	EMAIL INVOICES TO AP@LASERSPINEINSTITUTE.COM			
				EMERGENCY CONTACT 800-255-3924 CCN: MIS0001790			
16		16	+	PA1890 TOWEL MULTIFOLD KLEENEX 2400ct 20/120ct(60)	CS	30.8500	1048.90
22		22	+	PA616 TISSUE TOILET 2ply WAGON WHEEL 48/616sht (36) CONTROL USE 3-3/4in X 4in	CS	18.7000	411.40
14		14	+	LI0015WX LINER 24x32 .75mil WHITE 250ct HEAVY ROLL LOW-DENSITY	CS	25.0000	350.00
2		2	+	LI3047 LINER 43x47 1.5mil BLACK 100ct LOW-DENSITY	CS	48.6000	97.20
				BE3150 DISINF/DEOD/DET AF315 12/1qt QP 1qt=5g RTU UNITS: 24 QT	CS		

CODE EXPLANATION
 * - STATE TAX APPLICABLE C - CONSIDER COMPLETE
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FREIGHT IN	FREIGHT OUT
0.00	5.00

NET TERMS: INV 45 DUE: 03/09/19

SUB TOTAL	2,537.10
MISC. CHARGE	
TELE. CHARGE	
FREIGHT TOTAL	5.00
FED./OTHER TAX	63.43
STATE TAX	152.23
PAYMENT REC'D.	0.00

TOTAL AMT DUE
2,757.76

EXHIBIT A

COSGROVE ENTERPRISES, INC.
 TAMPA DIVISION
 14300 NW 77TH COURT
 MIAMI LAKES FL 33016

INVOICE

INVOICE NUMBER

INVOICE NUMBER

LASINT

2265457-01

2265457-01

BILL TO:

LASER SPINE INSTITUTE
 5332 AVION PARK DR
 TAMPA FL 33607

SHIP TO:

LASER SPINE INSTITUTE
 5332 AVION PARK DR
 TAMPA FL 33607

727-512-0502/813

CUSTOMER P.O.NO. 02/12/19 12:07:35

CUSTOMER P.O.NO. 02/12/19 12:07:35

INVOICE NUMBER	SLSMN	ORDER DATE	TAKER	CUSTOMER P.O. NUMBER	DATE	
2265457-01	220	02/12/19	255	02/12/19 12:07:35	02/12/19	
INSTRUCTIONS					FRT.	PAGE NO.
2.13					B	1

QUANTITY			DISP.	ITEM CODE AND DESCRIPTION	U/M	UNIT PRICE	AMOUNT
ORDERED	B.O./RET.	SHIPPED					
34		34	+	EMAIL INVOICES TO AP@LASERSPINEINSTITUTE.COM			
				EMERGENCY CONTACT 800-255-3924 CCN: MIS0001790			
16		16	+	PA1890 TOWEL MULTIFOLD KLEENEX 2400ct 20/120ct(60)	CS	30.8500	1048.90
14		14	+	PA616 TISSUE TOILET 2ply WAGON WHEEL 48/616sht (36) CONTROL USE 3-3/4in X 4in	CS	39.3500	629.60
10		10	+	LI0015WX LINER 24x32 .75mil WHITE 250ct HEAVY ROLL LOW-DENSITY	CS	18.7000	261.80
2		2	+	LI3047 LINER 43x47 1.5mil BLACK 100ct LOW-DENSITY	CS	25.0000	250.00
			+	PA046 COVER TOILET SEAT 1/2 FOLD 5000ct #DS-5000 ORIG: 2255977-0001 05/23/18 05/23/18 11:34:05	CS	38.2500	76.50

CODE EXPLANATION
 * - STATE TAX APPLICABLE C - CONSIDER COMPLETE
 # - FED./OTHER TAX APPLICABLE D - DIRECT SHIPMENT
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FREIGHT IN	FREIGHT OUT

SUB TOTAL	
MISC. CHARGE.	
TELE. CHARGE	
FREIGHT TOTAL	
FED./OTHER TAX	
STATE TAX	
PAYMENT REC'D.	CONTINUED

COSGROVE ENTERPRISES, INC.
 TAMPA DIVISION
 14300 NW 77TH COURT
 MIAMI LAKES FL 33016

INVOICE

INVOICE NUMBER

INVOICE NUMBER

LASINT

2265457-01

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BILL TO:

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 TAMPA FL 33607

SHIP TO:

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CUSTOMER P.O.NO. 02/12/19 12:07:35

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INVOICE NUMBER	SLSMN	ORDER DATE	TAKER	CUSTOMER P.O. NUMBER	DATE
2265457-01	220	02/12/19	255	02/12/19 12:07:35	02/12/19

INSTRUCTIONS		FRT.	PAGE NO.
2.13		B	2

QUANTITY			DISP.	ITEM CODE AND DESCRIPTION	U/M	UNIT PRICE	AMOUNT
ORDERED	B.O./RET.	SHIPPED					
2		2	+	IM1525 MAT URINAL 17x20 GRAY 6ct 167-1 CONTINENTAL	CS	47.2500	94.50
4		4	+	SC315204 SOAP HAND/BODY/HAIR 4/1gl CRANBERRY LITE'N FOAMY UNITS: 16 GL	CS	80.4000	321.60
2		2	+	AP1050 GLASS CLNR COSGROVE 12/19oz NON-AMMONIATED UNITS: 24 EA	CS	27.0000	54.00
2		2	+	AP170 ALL PURPOSE CLNR COSGROVE AEROSOL 12/19oz FOAM TYPE UNITS: 24 EA	CS	28.0800	56.16
2		2	+	BE3150 DISINF/DEOD/DET AF315 12/1qt QP 1qt=5g RTU UNITS: 24 QT	CS	48.6000	97.20
2		0	+	TC750111 SOAP HAND FOAM ANTIBACTERIA 4/1100mL (2018595)	EA	28.8375	0.00

CODE EXPLANATION
 * - STATE TAX APPLICABLE C - CONSIDER COMPLETE
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FREIGHT IN	FREIGHT OUT
0.00	5.00

NET TERMS: INV 45 DUE: 03/29/19

SUB TOTAL	2,890.26
MISC. CHARGE	
TELE. CHARGE	
FREIGHT TOTAL	5.00
FED./OTHER TAX	14.45
STATE TAX	173.42
PAYMENT REC'D.	0.00

TOTAL AMT DUE
 3,083.13

COSGROVE ENTERPRISES, INC.
 TAMPA DIVISION
 14300 NW 77TH COURT
 MIAMI LAKES FL 33016

INVOICE

INVOICE NUMBER

INVOICE NUMBER

LASINT

2265457-02

2265457-02

BILL TO:

LASER SPINE INSTITUTE
 5332 AVION PARK DR
 TAMPA FL 33607

SHIP TO:

LASER SPINE INSTITUTE
 5332 AVION PARK DR
 TAMPA FL 33607

727-512-0502/813

CUSTOMER P.O.NO. 02/12/19 12:07:35

CUSTOMER P.O.NO. 02/12/19 12:07:35

INVOICE NUMBER	SLSMN	ORDER DATE	TAKER	CUSTOMER P.O. NUMBER	DATE	
2265457-02	220	02/12/19	255	02/12/19 12:07:35	02/12/19	
INSTRUCTIONS					FRT.	PAGE NO.
FEDEX 6670 3357 0031/0042					P	1

QUANTITY			DISP.	ITEM CODE AND DESCRIPTION	U/M	UNIT PRICE	AMOUNT
ORDERED	B.O./RET.	SHIPPED					
2		2	+	EMAIL INVOICES TO AP@LASERSPINEINSTITUTE.COM EMERGENCY CONTACT 800-255-3924 CCN: MIS0001790 TC750111 SOAP HAND FOAM ANTIBACTERIA 4/1100mL (2018595)	EA	28.8375	57.68

CODE EXPLANATION
 * - STATE TAX APPLICABLE C - CONSIDER COMPLETE
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FREIGHT IN	FREIGHT OUT
0.00	0.00

NET TERMS: INV 45 DUE: 03/29/19

SUB TOTAL	57.68
MISC. CHARGE.	
TELE. CHARGE	
FREIGHT TOTAL	0.00
FED./OTHER TAX	0.29
STATE TAX	3.46
PAYMENT REC'D.	0.00

TOTAL AMT DUE	61.43
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LASINT

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Trade Name: **LASER SPINE INSTITUTE**
 Legal Corp Name: **LSI MANAGEMENT COMPANY, LLC** Cosgrove Sales Rep: **Stan #220**
 Phone: **813.289.9619** Fax: E-mail: **ACCOUNTS PAYABLE@LASERSPINEINSTITUTE.COM**
 Registered company address: **5332 AVION PARK DRIVE,**
 City: **TAMPA** State: **FL** ZIP Code: **33607** Amount Req: **\$ 10,000.00**
 Date business commenced: **2001** AP Contact:
 Sole proprietorship: Partnership: Corporation: Dun & Bradstreet #

BUSINESS AND CREDIT INFORMATION

Give full name and address of individual, and if a firm of each partner, or if corporation, of each officer and office held by each:

Name: SS#: D.L.#:
 Home Address: Phone#
 Name: SS#: D.L.#:
 Home Address: Phone#

BANK REFERENCES

Name: Account #
 Address: Phone:
 Contact:

BUSINESS/TRADE REFERENCES

PLEASE GIVE AT LEAST 3

Company name: State: ZIP Code:
 Address: E-mail:
 City: State: ZIP Code:
 Phone: Fax: E-mail:
 Type of account:
 Company name: State: ZIP Code:
 Address: E-mail:
 City: State: ZIP Code:
 Phone: Fax: E-mail:
 Type of account:

SEE ATTACHED

PERSONAL GUARANTY

NOT NEEDED

TERMS OF CREDIT

The above-named applicant ("Applicant") authorizes Cosgrove Enterprises, Inc., or its affiliates or subsidiaries (collectively referred to as the "Vendor") to obtain necessary credit information of the applicant from any source(s) including those listed above. Applicant agrees that if credit terms are extended to it by Vendor, Applicant shall pay for all purchases according the credit terms set forth on Vendor's Invoices, or if none appear thereon, on terms of "Net 45". Applicant further agrees that late fees of 1 1/2% per month (or the maximum rate allowed by law, whichever is less) on the unpaid balance shall be added to any balance not paid within 45 days from the invoice date. Applicant warrants that all of the information appearing on this credit application is true and correct as of the date of this application, and it agrees to promptly notify Vendor, in writing, within 45 days, of any change in the business organization, financial condition or ownership or control of the applicant. In the event that any indebtedness incurred by this applicant on this account is not fully paid when due, the Applicant, by its undersigned officer or authorized representative, hereby agrees to be liable to Vendor, and to pay, all costs of collection, including reasonable attorney's, at the trial and appellate levels, and regardless of whether suit is filed or not.

Applicant: LSI MANAGEMENT COMPANY, LLC
By: Luis Arce Date: 9/1/16
Its: Controller
(title)
Type/Print Name: Luis Arce

- Please remit annual resale certificate should your company or establishment be tax exempt.
- Failure to fully complete any section of this application or provide requested information will result in delay or rejection of credit authorization.
- This application must be signed prior to credit processing.
- Please fax back to your sales representative at 305-820-9790 or mail to

Cosgrove Enterprises, Inc.
Attn: Credit Department
14300 NW 77th Ct
Miami, FL 33016

Thank you very much for the opportunity to serve you!

Lourdes Cohen
10/28/16

Credit
limit
\$6000

Balance
wt 30 days



Commercial Electronic Office - Transaction Search

Date Printed:02/26/2019 05:01 AM PT

Check 821275 - 2830.09 USD

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

LSI Management Company LLC 5332 AVION PARK DRIVE TAMPA, FL 33607	LSI LASER SPINE INSTITUTE	TEXAS CAPITAL BANK Dallas, Texas 32-1797/1110	821275 Feb 15, 2019
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PAY TO THE ORDER OF COSGROVE ENTERPRISES INC \$ 2,830.09
Two Thousand Eight Hundred Thirty Dollars And Nine Cents** DOLLARS

COSGROVE ENTERPRISES INC
14300 NW 77TH COURT
MIAMI LAKES, FL 33016

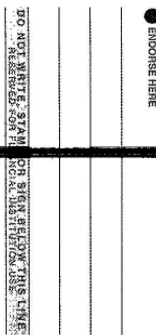
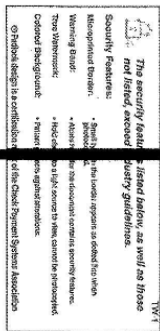
VOID AFTER 90 DAYS

Nancy J. Anichetta MP

MEMO

THE DOCUMENT NOTED AS ORIGINAL WATERMARK - HALO AND LIGHT GLOTTED WATER

⑈821275⑈ ⑆11001693⑆ 1511001693⑆



Item Details

Deposit Item Details

Check Number	821275	Description	Check Deposited
Amount	2830.09 USD Debit	Item Sequencenumber	285127168
Account Number	1511001693	Bank Id	11101797

Discretionary Data Details:

External-ism 022119893157042

Deposit Details

Account Number	2000623580044	Item Sequence	000285127141
Account Name	COSGROVE ENTERPRISES	Bank Id	121000248
Customer Reference	0	Bai Code	301
Amount	107446.70 USD Credit		
Transaction Type	COMMERCIAL DEPOSIT		
Posting Date	02/21/2019		
As Of Date	02/21/2019		

Discretionary Data Details:

Deposited By	Nicole Hidalgo	Ceo Id	COSGR580
Deposit-id	190221275565948	Created By	Nicole Hidalgo

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Commercial Electronic Office - Transaction Search

Date Printed:03/12/2019 09:17 AM PT

Check 821370 - 250.32 USD

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

LSI Management Company LLC
5332 AVION PARK DRIVE
TAMPA, FL 33607

LSI LASER SPINE INSTITUTE

TEXAS CAPITAL BANK
Dallas, Texas
32-1797/1110

821370
Feb 21, 2019

PAY TO THE ORDER OF COSGROVE ENTERPRISES INC \$ 250.32
Two Hundred Fifty Dollars And Thirty-Two Cents***** DOLLARS

COSGROVE ENTERPRISES INC
14300 NW 77TH COURT
MIAMI LAKES, FL 33016

VOID AFTER 90 DAYS

Nancy J. Bushnell MP

MEMO

⑈ 821370⑈ ⑆ 11001693⑆ 1511001693⑈

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 • Watermark: The watermark is visible when the document is held up to light.
 • Color: The security features are printed in a variety of colors.
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Item Details

Deposit Item Details

Check Number	Amount	Account Number	Description	Check Deposited
821370	250.32 USD Debit	1511001693	Item Sequencenumber	280367147
			Bank Id	11101797

Discretionary Data Details:

External-isn 022819898851208

Deposit Details

Account Number	2000623580044	Item Sequence	000280367131
Account Name	COSGROVE ENTERPRISES	Bank Id	121000248
Customer Reference	0	1 Day Float	16505.00
Amount	22242.43 USD Credit	Bai Code	301
Transaction Type	COMMERCIAL DEPOSIT		
Posting Date	02/28/2019		
As Of Date	02/28/2019		

Discretionary Data Details:

Additional Item Details: 0000002
 000000005189320
 DESKTOP CHECK
 DEPOSIT

Deposited By	Nicole Hidalgo	Ceo Id	COSGR580
Deposit-id	190228276130198	Created By	Nicole Hidalgo

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COSGROVE

ENTERPRISES, INC.

14300 Northwest 77th Ct. Miami Lakes, FL 33016

Phone: (305) 820-5600 Fax: (305) 820-9660

STATEMENT

LASINT

STATEMENT DATE
03/06/19

CUSTOMER CODE	STATEMENT DATE
LASINT	03/06/19

TO:

LASER SPINE INSTITUTE
5332 AVION PARK DR
TAMPA FL 33607

PAGE NO.
1

PAGE NO.
1

INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	CUSTOMER P.O. NUMBER
01/23/19	2264768-0001	2757.76	01/23/19 11:36:16
02/12/19	2265457-0001	3083.13	02/12/19 12:07:35
02/12/19	2265457-0002	61.43	02/12/19 12:07:35
03/06/19	1916518-0000	2830.09	INVOICE 2263857-01
TOTAL DUE		CURRENT	31 - 60
8732.41		5974.65	2757.76
			OVER 60
			0.00

INVOICE NUMBER	INVOICE AMOUNT
2264768-0001	2757.76
2265457-0001	3083.13
2265457-0002	61.43
1916518-0000	2830.09
TOTAL DUE	
8732.41	

EXHIBIT A