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 Surgery 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, LLC	Case No. 2019-CA-2777
Laser Spine Surgery Center of Oklahoma, LLC	Case No. 2019-CA-2780

Consolidated Case No: Case No: 2019-CA-2762

Division: L

Assignors,

To:

Soneet Kapila,

Assignee,

NOTICE OF FILING PROOF OF CLAIM OF MICHAEL C. WEISS, D.O.

PLEASE TAKE NOTICE that Michael C. Weiss, D.O., by and through undersigned counsel, and pursuant to §727.112, Florida Statutes, hereby files (with supporting documents) and gives notice of his Proof of Claim against Assignor, Laser Spine Institute, LLC (2019-CA-2762), by delivering 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.

DATED this 11th day of July, 2019.

/s/ V. Stephen Cohen V. Stephen Cohen Florida Bar No. 0948756 Email: <u>scohen@bajocuva.com</u> BAJO | CUVA | COHEN | TURKEL 100 North Tampa Street, Suite 1900 Tampa, FL 33602 Tel: (813) 443-2199 Fax: (813) 443-2193 *Counsel for Michael C. Weiss, D.O.*

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on July 11, 2019, a true and correct copy of the foregoing was

electronically filed and provided to all counsel of record by electronic notification via the Florida

Courts E-Filing Portal and/or by Federal Express overnight mail to:

Soneet Kapila, Assignee 1000 South Federal Highway, Suite 200 Fort Lauderdale, FL 33316

Edward J. Peterson, Esquire Stichter, Riedel, Blain & Postler, P.A. 110 E. Madison Street, Suite 200 Tampa, Florida 33602

> <u>/s/ V. Stephen Cohen</u> Attorney

{BC00238356:1}

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Laser Spine Surgery Center of Cleveland, LLC	Case No. 2019-CA-2769
Laser Spine Surgery 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, LLC	Case No. 2019-CA-2777
Laser Spine Surgery Center of Oklahoma, LLC	Case No. 2019-CA-2780

Consolidated Case No: Case No: 2019-CA-2762

Division: L

Assignors,

To:

Soneet Kapila,

Assignee,

EXHIBIT A

ТО

<u>NOTICE OF FILING PROOF</u> OF CLAIM OF MICHAEL C. WEISS, D.O.

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

In re:

Laser Spine Institute, LLC CLM Aviation, LLC LSI HoldCo, LLC LSI Management Company, LLC Laser Spine Surgery Center of Arizona, LLC Laser Spine Surgery Center of Cincinnati, LLC Laser Spine Surgery Center of Cleveland, LLC Laser Spine Surgical Center, LLC Laser Spine Surgery Center of Pennsylvania, LLC Laser Spine Surgery Center of St. Louis, LLC Laser Spine Surgery Center of Warwick, LLC Medical Care Management Services, LLC Spine DME Solutions, LLC Total Spine Care, LLC Laser Spine Institute Consulting, LLC Laser Spine Surgery Center of Oklahoma, LLC

Assignors,

To:

Soneet Kapila,

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

Case No. 2019-CA-2762 Case No. 2019-CA-2764 Case No. 2019-CA-2765 Case No. 2019-CA-2766 Case No. 2019-CA-2767 Case No. 2019-CA-2768 Case No. 2019-CA-2769 Case No. 2019-CA-2770 Case No. 2019-CA-2771 Case No. 2019-CA-2772 Case No. 2019-CA-2773 Case No. 2019-CA-2774 Case No. 2019-CA-2775 Case No. 2019-CA-2776 Case No. 2019-CA-2777 Case No. 2019-CA-2780

Consolidated Case No. 2019-CA-2762

Division L

1. PLEASE SPECIFY THE ASSIGNOR AGAINST WHICH YOU ASSERT A CLAIM: <u>LASETS DIAD THE HATE LLC</u> (IF YOU HAVE A CLAIM AGAINST MORE THAN ONE ASSIGNOR, YOU MUST FILE A SEPARATE CLAIM AGAINST EACH ASSIGNOR).

2.	CREDITOR NAME (Your name): MiCH	AEL C WASS, DO	
	ADDRESS: 32.25	SOUTH MACDILL AVE	STE 129-348
			1 10
	CITY, STATE, ZIP: TAMI	A, FC 33629	
	TELEPHONE NUMBER:	PA FC 33629 4947995	
	Spin	neducame.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	[] Other:	Line party
I,	DATE DEBT WAS INCURRED	1/29/19	
5.	AMOUNT OF CLAIM:	\$ 77300	

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

 SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u>, 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.

 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 propulgated thereunder.

DATED:

BY: Signature of Claimant or Representative

Print Name and Title Here

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

ANERICAN OSTEOPATHIC ASSOCIATION TREATED OUR PANELY ASSICIATION	МЕМВЕ	RSHIP RENEW	AL INVOICE
MEMBERSH	IP YEAR: JUNE 1,	2018 TO MAY 31, 2019	
AOA ID: 046144	Michael C. Weiss, DO		January 11, 2018
ANNUAL DUES			
AOA Membership Dues*		\$683	
Certification Maintenance Fee(s) '	\$90	1
Total		\$773	1
See the reverse side for more about the			AOIA contribution
INDEPENDENT 701 S HOW	ORTHOPAEDICS, ARD AVE STE 106 226 MPA, FL 33606		1390 1390
Seven hundred	OBTED PROTHI		1 \$ 773 0 / A
Bank of America		Hail Wes	1
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PLEASE RETURN	THIS BOTTOM POR	TION WITH YOUR PAYMENT	
AOA MEMBERS	HIP RENEWAL YEAR	40A Mem, Duet , en t	9 19W51101 Maint Fee(s) Total Payment 70.00 \$ 773.00
See the reverse side for more	Check enclosed, pa	yable to the American Osteo	pathic Association
Information about the AOA, tax deductions, member supported organizations, and other osteopathic affiliated organizations.	Charge to: Visa Card number:	Mastercard , »Di	scover : AMEX
		Exp. Date:	Zip: 1
,	5	Security Code:	Un anne e Milda ove Regis e
0013885 / 046144 / PAL2 T42 92		01001113 100001	T
	280	Signature:	,
0013885 / 046144 / PAL2 T42 92 Michael C. Weiss, DO Lauderdale Orthopaedic Surgeons 701 S Howard Ave Ste 106	280		,
0013885 / 046144 / PAL2 T42 92 Michael C. Welss, DO Lauderdale Orthopaedic Surgeons 701 S Howard Ave Ste 106 Tampa, FL 33606-2473	280		
0013885 / 046144 / PAL2 T42 92 Michael C. Weiss, DO Lauderdale Orthopaedic Surgeons 701 S Howard Ave Ste 106	280		

		Michael C. Weiss		Employee (D:					1) L	ASER	SPINE	INSTIT	UT	TE
	Date:	02/12/19		Department:	-	100 -Surgeo	nis	Notes:	Second due	s reimburse	ment for 2018	3. Paid late, orig	vienic	
Business Purpose:	2018 Dues .		Location:	10	-FL-Tampe-	Avion	due in Jun					An addit sound		
					Only include expenses paid by employee. Expenses over \$5 require a receipt									
Date	Place of Visit	Business Purpose	Miles Driven	x \$.535 Rate	Toils	Parking	Air Fare	Hotel Room & Tax only	Taxi/Uber Shuttle/	Rental Car	Gas for Rental Car	Employee Meals Only	Dai	ily Total penses
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		Ger	neral Led	ger Account#	71040	71040	71030	71020	71040	71040	71040	71050	1	
										TOT	AL FROM PA	GE TWO	\$	773.00
	Employee Signature	: MAShlemo	A Cherry Date: I deciare this request for reimbursement is TOTAL			TOTAL EXPE	PENSES		773.00					
	cimpicipe aignatore	. Monor	Date:			Policies &		ren opnite	LESS; C	ompany-paid	Advances, d	or Personal Exp	1.	
		1									TOTAL RE	IMBURSEMEN	T S	773.00
	Supervisor Name	Keith Fulmer		-1-12	I certify that I have reviewed this request				71020	s -	Fina	Ince Use	T	
	Supervisor Signature :	The second descent of a second of the second descent of the second descent descent descent descent descent des	Dates	41317			le and in co Guidelines		71030	5 .	1		1	
		1000	1		1				71040	\$ -	-		1	
	After	Supervisor Approval, Submit to:	Expens	eReport@Lase	Spineins	titute,com		1	71050	s -		1	1	
						and the second s		_			1			

Refer to: Expense Reimbursement Policy and Guidelines

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Rev: March 20, 2017

2017 LSI EMPLOYEE EXPENSE REIMBURSEMENT FORM