

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

In re:

Laser Spine Institute, LLC ¹	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,

Consolidated Case No.
2019-CA-2762

to

Soneet Kapila,

Division L

Assignee.

OBJECTION TO CLAIMS OF THOMAS TOPPEL

¹ On April 8, 2019, the Court entered an order administratively consolidating this case with the assignment cases (collectively, the “**Assignment Cases**” or the “**Assignment Estates**”) of the following entities: LSI Management Company, LLC; Laser Spine Institute Consulting, LLC; CLM Aviation, LLC; Medical Care Management Services, LLC; LSI HoldCo, LLC; Laser Spine Surgical Center, LLC; Laser Spine Surgery Center of Arizona, LLC; Laser Spine Surgery Center of Cincinnati, LLC; Laser Spine Surgery Center of St. Louis, LLC; Laser Spine Surgery Center of Pennsylvania, LLC; Laser Spine Surgery Center of Oklahoma, LLC; Laser Spine Surgery Center of Warwick, LLC; Laser Spine Surgery Center of Cleveland, LLC; Total Spine Care, LLC; and Spine DME Solutions, LLC (collectively, the “**Assignors**”).

**NOTICE OF OPPORTUNITY TO OBJECT
AND REQUEST A HEARING**

The Assignee seeks an order disallowing the Toppel Claims (defined below) filed by Thomas Toppel. Responses must be filed and served on Assignee, Soneet R. Kapila, KapilaMukamal, LLP, 1000 South Federal Highway, Suite 200, Fort Lauderdale, FL 33616 and Scott Stichter, Stichter Riedel, Blain & Postler, P.A., 110 E. Madison Street, Suite 200, Tampa, Florida 33602 within 21 days from the service of this Objection. If no responses are filed, the Court may grant the relief without further notice. In the event a response is timely filed and served, the Court will hold a hearing to consider any timely filed responses and to consider this Objection. Any such hearing will be separately noticed.

Soneet Kapila, as Assignee for the Assignment Estates, objects to the claims filed by Thomas Toppel (“**Toppel**”), seeking to recover unsecured claims in the LSI bankruptcy case and, in support thereof, states:

BACKGROUND

1. On March 14, 2019, Laser Spine Institute, LLC (“**LSI**”) executed and delivered an assignment for the benefit of creditors to the Assignee. The Assignee filed a Petition with the Court on March 14, 2019, commencing an assignment for the benefit of creditors proceeding pursuant to Chapter 727 of the Florida Statutes (the “**LSI Assignment Case**”).

2. On July 7, 2019, Toppel submitted two proof of claims (collectively the “**Toppel Claims**”), copies of which are attached as **Composite Exhibit A**. The Toppel Claim was filed in the amount of \$250,000.00. The only documentation attached to the Tapp Claim was a correspondence from Christopher Fortunado, Esquire advising a potential lawsuit.

3. The Toppel Claims cannot be allowed as filed because they are filed in an unliquidated amount. The Assignment Statute (Chapter 727 of the Florida Statutes, 717.101 et seq.) requires that “Claims shall be in written form entitled “proof of claim,” setting forth the name

and address of the creditor and the nature and amount of the claim, and executed by the creditor or the creditor's authorized agent." § 727.112(3), Fla. Stat. (Emphasis added).

4. The Assignee requests that the Toppel Claims be disallowed.

WHEREFORE, the Assignee requests that the Court (i) enter an order substantially in the form attached as **Exhibit B** disallowing the Toppel Claims, and (ii) grant such further relief to which he is entitled.

/s/ Scott A. Stichter
Scott A. Stichter (Florida Bar No. 0710679)
Stichter, Riedel, Blain & Postler, P.A.
110 E. Madison Street, Ste. 200
Tampa, Florida 33602-4718
Telephone: (813) 229-0144
Facsimile: (813) 229-1811
Email: sstichter@srbp.com
sstichter.ecf@srbp.com
Counsel for Soneet Kapila, Assignee

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the *Objection to Claims of Thomas Toppel* has been furnished on February 23, 2024, via the Court's electronic filing portal to all counsel of record to and via U.S. Mail to:

Thomas Toppel
C/O Christopher R. Fortunado
13363 Madison Avenue
Lakewood, OH 44107

/s/ Scott A. Stichter
Scott Stichter

Composite Exhibit A

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 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

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**

7.11.19

1. PLEASE SPECIFY THE ASSIGNOR AGAINST WHICH YOU ASSERT A CLAIM:
Laser Spine Surgery Center of Cleveland, 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): Thomas Toppel
 ADDRESS: 3476 Carrmunn Avenue
 ADDRESS: Cleveland, Ohio 44111
 CITY, STATE, ZIP: Cleveland, Ohio 44111
 TELEPHONE NUMBER: 440-241-7869
 E-MAIL ADDRESS: care of attorney: learnedhand@live.com

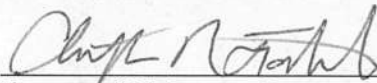
Please be sure to notify us if you have a change of address.

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

3. BASIS FOR CLAIM:
 Goods Sold
 Services Performed
 Money Loaned
 Shareholder
 Wages, Salaries and Compensations
 Taxes
 Customer Deposit
 Other: Medical malpractice incurred
4. DATE DEBT WAS INCURRED: June 14, 2018 to September 24, 2018
5. AMOUNT OF CLAIM: \$250,000.00
6. Does Claim amend, replace, or supplement a prior claim? If so, please state the date and amount of the prior claim(s):
No. But this claimant reserves the right to supplement this current claim.
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. SEE ATTACHED LETTER AND DOCUMENTS
 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: July 7, 2019

BY: 
 Signature of Claimant or Representative

Christopher R. Fortunato (Ohio 0038599)

Print Name and Title Here
 13363 Madison Avenue
 Lakewood, OHio 44107
 216-228-1166
 216-228-3484 fax
 learnedhand@live.com
 Attorney for Claimant.

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

CHRISTOPHER R. FORTUNATO

Attorney at Law
13363 Madison Avenue
Lakewood, Ohio 44107
216-228-1166
Fax: 216-228-3484
learnedhand@live.com

June 11, 2019

Laser Spine Institute LLC
c/o CT Corporation System
4400 Easton Commons Way
Suite 125
Columbus, Ohio 43219

NOTICE PURSUANT TO OHIO REVISED CODE R.C. 2305.113

Dear Sirs:

This is to advise you that I have been retained by Thomas Toppel, who is presently considering bringing legal action against you. This legal action is a result of the medical care and treatment you rendered to Thomas Toppel on or about June 19, 2019.

Please advise your insurance representative of this statutory notice and letter of representation at the earliest possible time.

Very truly yours,

Christopher R. Fortunato

CRF.c

CHRISTOPHER R. FORTUNATO

Attorney at Law
13363 Madison Avenue
Lakewood, Ohio 44107
216-228-1166
Fax: 216-228-3484
learnedhand@live.com

June 11, 2019

Dr. Brad M. Picha, MD
1499 Boardman Canfield Road
Boardman, OH 44512-4008

NOTICE PURSUANT TO OHIO REVISED CODE R.C. 2305.113

Dear Dr. Picha:

This is to advise you that I have been retained by Thomas Toppel, who is presently considering bringing legal action against you. This legal action is a result of the medical care and treatment you rendered to Thomas Toppel on or about June 19, 2019 and thereafter.

Please advise your insurance representative of this statutory notice and letter of representation at the earliest possible time.

Very truly yours,

Christopher R. Fortunato

CRF.c

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Daniel D. Kelley C. Date of Delivery</p>																
<p>1. Article Addressed to: LASER SPINE INSTITUTE LLC 90 CT CORPORATION SYSTEM 4400 EASTON COMMONS WAY SUITE 125 COLUMBUS, OH 43219</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p><i>[Postmark: COLUMBUS, OH 43219 JUN 14 2019]</i></p>																
<p>Barcode 9590 9402 2558 6306 1102 25</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label) 7017 2680 0000 8606 4241</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>																

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CHRISTOPHER R. FORTUNATO

Attorney at Law
13363 Madison Avenue
Lakewood, Ohio 44107
216-228-1166
learnedhand@live.com

July 8, 2019

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

Re: Proof of Claim for Thomas Toppel to:
Laser Spine Institute LLC
Laser Spine Surgery Center of Cleveland, LLC

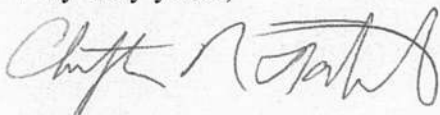
Dear Mr. Peterson:

Enclosed please find a proof of claim for Thomas Toppel for damages incurred by one of the Laser Spine's surgeons, Brad M. Picha, MD, and his work performed on my client. You will find an invoice of the services generated by Laser Spine, most of which have already been paid by my client.

Additionally, I will be sending you medical records and other pertinent information. Mr. Toppel will be filing his lawsuit in the Court of Common Pleas for Cuyahoga County, Ohio very soon. I will present more information as the same is uncovered to demonstrate our damages.

Should you have any questions, feel free to contact me.

Very truly yours,



Christopher R. Fortunato

CRF.c
enc.

cc: Thomas Toppel

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
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In re:

Laser Spine Institute, LLC
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Case No. 2019-CA-2777
Case No. 2019-CA-2780

Assignors,
To:
Soneet Kapila,
Assignee

Consolidated Case No.
2019-CA-2762

Division L

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

7-11-19

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): Thomas Toppel
ADDRESS: 3476 Carrmunn Avenue
ADDRESS: ~~Cleveland, Ohio 44111~~
CITY, STATE, ZIP: Cleveland, Ohio 44111
TELEPHONE NUMBER: 440-241-7869
E-MAIL ADDRESS: care of attorney: learnedhand@live.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
 Services Performed
 Money Loaned
 Shareholder
 Wages, Salaries and Compensations
 Taxes
 Customer Deposit
 Other: Medical malpractice incurred

4. DATE DEBT WAS INCURRED: June 14, 2018 to September 24, 2018

5. AMOUNT OF CLAIM: \$250,000.00

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

No. But this claimant reserves the right to supplement this current claim.

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. SEE ATTACHED LETTER AND DOCUMENTS
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: July 7, 2019

BY: Christopher R. Fortunato
Signature of Claimant or Representative

Christopher R. Fortunato (Ohio 0038599)

Print Name and Title Here
13363 Madison Avenue
Lakewood, OHio 44107
216-228-1166
216-228-3484 fax
learnedhand@live.com
Attorney for Claimant.

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

CHRISTOPHER R. FORTUNATO

Attorney at Law

13363 Madison Avenue

Lakewood, Ohio 44107

216-228-1166

Fax: 216-228-3484

learnedhand@live.com

June 11, 2019

Laser Spine Institute LLC
c/o CT Corporation System
4400 Easton Commons Way
Suite 125
Columbus, Ohio 43219

NOTICE PURSUANT TO OHIO REVISED CODE R.C. 2305.113

Dear Sirs:

This is to advise you that I have been retained by Thomas Toppel, who is presently considering bringing legal action against you. This legal action is a result of the medical care and treatment you rendered to Thomas Toppel on or about June 19, 2019.

Please advise your insurance representative of this statutory notice and letter of representation at the earliest possible time.

Very truly yours,

Christopher R. Fortunato

CRF.c

CHRISTOPHER R. FORTUNATO

Attorney at Law
13363 Madison Avenue
Lakewood, Ohio 44107
216-228-1166
Fax: 216-228-3484
learnedhand@live.com

June 11, 2019

Dr. Brad M. Picha, MD
1499 Boardman Canfield Road
Boardman, OH 44512-4008

NOTICE PURSUANT TO OHIO REVISED CODE R.C. 2305.113

Dear Dr. Picha:


This is to advise you that I have been retained by Thomas Toppel, who is presently considering bringing legal action against you. This legal action is a result of the medical care and treatment you rendered to Thomas Toppel on or about June 19, 2019 and thereafter.

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Very truly yours,

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Daniel D. Kelley C. Date of Delivery</p>																
<p>1. Article Addressed to: LASER SPINE INSTITUTE LLC 90 CT CORPORATION SYSTEM 4400 EASTON COMMONS WAY SUITE 125 COLUMBUS, OHIO 43219</p>  <p>9590 9402 2558 6306 1102 25</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label) 7017 2680 0000 8606 4241</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>																


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<p>1. Article Addressed to: DR BRAD M. PICHA LASER SPINE INSTITUTE LLC 90 CT CORPORATION SYSTEM 4400 EASTON COMMONS WAY SUITE 125 COLUMBUS OH 43219</p>  <p>9590 9402 5136 9092 5053 77</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input checked="" type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input checked="" type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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<p>2. Article Number (Transfer from service label)</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>																

Exhibit B

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

In re:

Laser Spine Institute, LLC ¹	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,

Consolidated Case No.
2019-CA-2762

to

Soneet Kapila,

Division L

Assignee.

**ORDER SUSTAINING OBJECTION
TO CLAIMS OF THOMAS TOPPEL**

¹ On April 8, 2019, the Court entered an order administratively consolidating this case with the assignment cases (collectively, the “**Assignment Cases**” or the “**Assignment Estates**”) of the following entities: LSI Management Company, LLC; Laser Spine Institute Consulting, LLC; CLM Aviation, LLC; Medical Care Management Services, LLC; LSI HoldCo, LLC; Laser Spine Surgical Center, LLC; Laser Spine Surgery Center of Arizona, LLC; Laser Spine Surgery Center of Cincinnati, LLC; Laser Spine Surgery Center of St. Louis, LLC; Laser Spine Surgery Center of Pennsylvania, LLC; Laser Spine Surgery Center of Oklahoma, LLC; Laser Spine Surgery Center of Warwick, LLC; Laser Spine Surgery Center of Cleveland, LLC; Total Spine Care, LLC; and Spine DME Solutions, LLC (collectively, the “**Assignors**”).

THESE CASES came on for hearing on _____ upon the Objection to Claims of Thomas Toppel (the “**Objection**”). The Objection seeks to disallow the Toppel Claims². The Court, having considered the Objection, and being fully advised of the record, finds that the Objection should be sustained. Accordingly, it is

ORDERED:

1. The Objection is sustained.
2. The Toppel Claims are disallowed.

DONE AND ORDERED in Hillsborough County, Florida this _____ day of _____, 2024.

DARREN FARFANTE
Circuit Court Judge

Copy to: Counsel of record

² Capitalized claims not defined in the Order shall have the meaning set forth in the Objection.