

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 BRITTNEY STANCIL

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 Stancil Claim (defined below) filed by Brittney Stancil. 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 Brittney Stancil (“**Stancil**”), seeking to recover an unsecured claim 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 June 25, 2019, Stancil submitted a proof of claim (the “**Initial Stancil Claim**”), a copy of which is attached as **Exhibit A**, in an unliquidated amount for wages. The Initial Stancil Claim was filed without including any amount for the Amount of Claim (see attached Exhibit A listing the Amount of Claim as “Dependent Care Flexible Spending Account”). The only documentation attached to the Stancil Claim is an account summary from Cigna.

3. On April 10, 2019, Stancil submitted as second proof of claim (the “**Second Stancil Claim**”), in the amount of \$10,461.56. The Second Stancil Claim is attached as **Exhibit B**. The Second Stancil Claim asserted an entitlement to “Severance Pay.”

4. During the pendency of the Assignment Cases, a class proof of claim (the “**WARN Act Class**”) was filed seeking damages on behalf of the WARN Act Class for violations of the Workers’ Adjustment and Restructuring Notification Act (the “**WARN Act**”). Stancil was a member of the WARN Act Class.

5. The Assignee entered into an agreement to settle all claims asserted by with the WARN Act Class. The underlying settlement agreement provided for a release of claims asserted under the WARN Act or similar claims that could arise under state or local law.

6. This Court entered its Order Granting Assignee’s Motion for Order Approving Settlement and Compromise of Claims with Class Asserting WARN Act Claims dated March 8, 2023, which granted the compromise with the WARN Act Class, subject to the District Court’s approval. The District Court subsequently approved the compromise, and the settlement is now effective.

7. The Initial Stancil Claim and the Second Stancil Claim (collectively, the “**Stancil Claims**”) should be disallowed for two reasons.

8. First, to the extent the Stancil Claims seek to recover amounts that were released under the settlement with the WARN Act Class, the Stancil Claims must be disallowed.

9. Second, the Initial Stancil Claim cannot be allowed as filed because it is 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). The Stancil Claim does not comply with this statutory provision and must be disallowed. The Assignment Statute impose a duty on the Assignee to determine the validity of claims. § 727.108(10), Fla. Stat. The

Assignee cannot make any determination as to the validity of the Stancil Claim since it is filed without listing the amount of the claim.

10. The Assignee requests that the Stancil Claims be disallowed.

WHEREFORE, the Assignee requests that the Court (i) disallow the Stancil 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 Brittney Stancil* has been furnished on March 18, 2024, via the Court's electronic filing portal to all counsel of record to and via U.S. Mail to:

Brittney Stancil
10415 N. Altman Street
Tampa, FL 33612

/s/ Scott A. Stichter
Scott Stichter

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA
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Laser Spine Surgery Center of Oklahoma, LLC	Case No. 2019-CA-2780

To: Assignors, 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

6-27-19

1. PLEASE SPECIFY THE ASSIGNOR AGAINST WHICH YOU ASSERT A CLAIM:
Cigna - Laser Spine Institute
(IF YOU HAVE A CLAIM AGAINST MORE THAN ONE ASSIGNOR, YOU MUST FILE A SEPARATE CLAIM AGAINST EACH ASSIGNOR).

2. CREDITOR NAME (Your name): Brittney Stancil
ADDRESS: 10415 N Altman Street
ADDRESS:
CITY, STATE, ZIP: Tampa FL 33612
TELEPHONE NUMBER: 813 817 5898
E-MAIL ADDRESS: bstancil88@gmail.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>Dependent Care</u> | |

4. DATE DEBT WAS INCURRED:

Flexible Spending Account

5. AMOUNT OF CLAIM:

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.

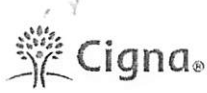
8. SIGNATURE: Sign and print name and title, if any, of the creditor or other person authorized to file this claim:

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: 10/25/19

BY: [Signature]
Signature of Claimant or Representative
Brittney Stancil
Print Name and Title Here

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



Menu

Flexible Spending Account (FSA) - Dependent Care

DEDUCTIBLE TRACKER

MEDICAL

There is no Deductible, Out-of-Pocket Maximum or Plan Maximum for your medical coverage in the current plan year. If you have questions, please contact Cigna Customer Support at the number on the back of your ID card.

[View Details](#)

DENTAL

From: 03/01/2018
To: 03/31/2018

There is no cost information to display. Your dental coverage was terminated during this time period.

[View Details](#)

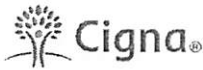
Dependent Care Flexible Spending Account

We're sorry. Your account has been placed on hold. We cannot process any claims or payments at this time.
We are currently working to resolve this issue. Please check back later.

Account Summary

Primary Customer:	BRITTNEY STANCIL
Employer Account Number:	3331522
Plan Year Goal Amount:	\$2,500
Your Annual Contribution:	\$2,500
Employer Annual Contribution:	\$0





Menu

You have \$340.00 available in your Account for services received between 04/01/2018 and 03/31/2019.

You may submit claims through 06/30/2019 for those services.

Who's Covered:

You can use your Dependent Care Flexible Spending Account for non-medical day care expenses for children ages 12 and under, or disabled dependents. Dependent Care is designed to help cover childcare expenses while you are at work. Both spouses must be working, looking for work, or going to school.

myCigna is temporarily unavailable.

Need help right now? Call 1.800.853.2713.

How Your Dependent Care Flexible Spending Account (FSA) Works

A Dependent Care FSA allows you to save money for eligible dependent day care expenses throughout the year. The money set aside is actually worth more because it's tax-free—this provides a significant savings.

Contributing to your Dependent Care FSA

Estimate your anticipated out-of-pocket expenses as accurately as possible. Set aside enough, but not too much. Remember, the federal government requires that you forfeit any funds remaining in your account at year's end unless your employer extends the claim period or grace period.

Using Your Dependent Care FSA

Use your Dependent Care FSA dollars while you are working, looking for work or going to school to help pay non-medical day care expenses for:

- o Children 12 and under
- o Spouse/partner or other dependent who is physically or mentally unable to care for themselves

You can withdraw money from your account as reimbursement for expenses you've paid out-of-pocket.

Reimbursements for your Dependent Care FSA

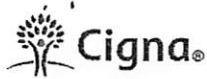
Submit a completed and signed Reimbursement Request Form for Dependent Care FSA along with documentation to verify your expenses. According to IRS rules, you can request reimbursement when your day care provider completes the service. For example, if your child's day care provider bills you at the start of each month, you are entitled to receive reimbursements after you've received all day care services for that month. Even if your eligible expenses are ongoing, you must submit a Reimbursement Request Form for every claim.

Remember, to be eligible for reimbursement from your Dependent Care FSA you must be working, looking for work or going to school. If you have a spouse/partner they must be working, looking for work or going to school, as well.

Eligible Expenses

<https://my.cigna.com/web/secure/my/coverage/fsa-dependentcare>





Menu

- Expenses for an unlicensed day care center that cares for six or fewer children.
- Expenses at an adult day care facility (but not expenses for overnight, nursing home facilities).
- The cost of day care and housekeeping services in your home for your child or another qualifying individual.
- The cost of meals, lunches and snacks, supplied by a day care provider, when included as part of tuition (not the cost of meals while on field trips and outings or those meals included as part of the cost of such trips).

Contact Us

Help with benefits & coverage:

1 (800) 244-6224

Help using this website:

1 (800) 853-2713

Need additional help? Get in touch with us now

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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): Brittney M Stancil
ADDRESS: 10415 N Altman Street
ADDRESS:
CITY, STATE, ZIP: Tampa FL 33612
TELEPHONE NUMBER: 813 317 5898
E-MAIL ADDRESS: bstancil85@gmail.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: Severance pay

4. DATE DEBT WAS INCURRED: 2/8/19
5. AMOUNT OF CLAIM: \$ 10,461.66

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: 4/10/19

BY: [Signature]
Signature of Claimant or Representative
Brittney Stancil
Print Name and Title Here

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

CO FILE DEPT CLOCK HOUR NO
 900 009741 000160 0000110222

Earnings Statement



LASER SPINE INSTITUTE

229-0001
LASER SPINE INSTITUTE LLC
 5332 AVION PARK DR
 TAMPA, FL 33607

Period Ending: 03/09/2019
 Pay Date: 03/15/2019

Taxable Marital Status: Single
 Exemptions/Allowances:
 Federal: 3
 FL: No State Income Tax

BRITTNEY M STANCIL
 10415 N ALTMAN STREET
 TAMPA FL 33612

Earnings	rate	hours	this period	year to date
Regular	32.6924	80.00	2,615.39	14,123.11
Holiday				523.08
Personal (Pto)				1,046.16
Gross Pay			\$2,615.39	15,692.35

Your federal taxable wages this period are
\$2,320.33

Deductions	Statutory		year to date
	Federal Income Tax	-212.44	1,364.98
	Social Security Tax	-143.86	863.16
	Medicare Tax	-33.65	201.87
	Other		
	Dental	-33.65*	201.90
	Dep Care Fsa	-96.15*	576.90
	Medical	-160.00*	960.00
	Short Term Disa	-19.92	119.52
	Vision Ins	-5.26*	31.56
	401K		235.39
	Net Pay	\$1,910.46	
	Checking 1	-1,545.46	
	Checking 2	-350.00	
	Savings 1	-15.00	
	Net Check	\$0.00	

Other Benefits and Information	this period	total to date
Er 401K Match		117.72

Important Notes
 813-289-9813

* Excluded from federal taxable wages

200 ADP LLC

LASER SPINE INSTITUTE

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

Advice number: 0000110228
 Pay date: 03/15/2019

CHECK

Deposited to the account of	account number	transit ABA	amount
BRITTNEY M STANCIL	xxxxxxx2873	xxx xxx	\$1,545.46
	xxxxxxx2978	xxx xxx	\$350.00
	xxxxx2944	xxx xxx	\$15.00

NON-NEGOTIABLE

March 4, 2019

Worker Adjustment and Retraining Notification Act Notice

**VIA HAND DELIVERY AND/OR
ELECTRONIC MAIL AND U.S. FIRST CLASS MAIL**

Dear Laser Spine Institute Teammate:

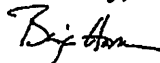
Laser Spine Institute, LLC and LSI Management Company, LLC (collectively, the "Company") has been diligently working for the past several months to secure financing for the Company to allow it to continue go-forward operations. Unfortunately, on March 1, 2019 these financing efforts fell through suddenly and unexpectedly and, equally unexpectedly, the Company's lenders exercised certain of their setoff rights, which depleted the Company's operating capital. As a result, the Company was forced to permanently cease operations at its facility located at 5332 Avion Park Drive, Tampa, FL 33607. In light of these circumstances, your employment with the Company has been terminated effective March 1, 2019.

You are being issued this notice pursuant to the federal Worker Adjustment and Retraining Notification Act, more commonly known as "WARN." We apologize we could not provide you with more advance notice of this action. However, it was not feasible for us to do so because the closure of this facility was not anticipated, and issuing notice at an earlier date would have undermined the financing efforts that were underway at that time.

The Company has no policy creating transfer, bumping, or reassignment rights for employees laid off at this facility. Additional information about available benefits and other transition information for eligible affected employees will be provided under separate cover. If you have any questions, please contact me at 813-392-7612 or bhom@laserspineinstitute.com. We appreciate your patience and continued efforts during this difficult period.

Thank you for your service to the Company. We wish you the best of luck in your future endeavors.

Sincerely,



Benjamin Hom
Sr. Vice President of Talent

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
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Assignors,

Consolidated Case No.
2019-CA-2762

to

Soneet Kapila,

Division L

Assignee.

**ORDER SUSTAINING OBJECTION
TO CLAIMS OF BRITTNEY STANCIL**

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 consideration upon the Objection to Claims of Brittney Stancil (the “**Objection**”). The Objection seeks to disallow the Stancil Claims². The Objection was filed on March 18, 2024, and served by negative notice. No response to the Objection was filed. The Court finds that under the circumstances of these cases, due and sufficient notice of the Objection was provided to parties, and that such notice was adequate and appropriate. Therefore, any requests for other and further notice shall be and hereby are dispensed with and waived, and no other or further notice is necessary. 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 Stancil 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.