

IN THE CIRCUIT COURT OF THE
17TH JUDICIAL CIRCUIT IN AND FOR
BROWARD COUNTY, FLORIDA

CASE NO.: 11002290

STEPHANIE HOLLINGSWORTH,
individually,

Plaintiff,

vs.

HOLY CROSS HOSPITAL,
INC., d/b/a HOLY CROSS
HOSPITAL, a Florida Non-Profit
Corporation, and YVONNE R.
SHERRER, M.D.,

Defendants.

**PLAINTIFFS' MOTION FOR LEAVE TO AMEND THE
THIRD AMENDED COMPLAINT**

COMES NOW the Plaintiff, STEPHANIE HOLLINGSWORTH, by and through his undersigned counsel, and move this Honorable Court for an Order allowing the Plaintiff to amend the Third Amended Complaint for cause, and would state that Plaintiff will be adding additional expert opinions, per the attached Fourth Amended Complaint.

WHEREFORE, Plaintiff move this Honorable Court for an Order allowing them to amend the Third Amended Complaint as filed herein.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing was sent via electronic mail on this 23rd day of June, 2016 to ALL PARTIES on the attached service list.

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d/b/a HOLYCROSS HOSPITAL, a
Florida Non-Profit Corporation,
YVONNE R. SHERRER, M.D.

Defendants.

PLAINTIFF'S FOURTH AMENDED COMPLAINT FOR DAMAGES

COMES NOW the Plaintiff, STEPHANIE HOLLINGSWORTH, individually (hereinafter referred to as PLAINTIFF) and sues the Defendants, HOLYCROSS HOSPITAL, INC., d/b/a HOLYCROSS HOSPITAL (hereinafter referred to as "HOLYCROSS"), a Florida Non-Profit Corporation, YVONNE R. SHERRER, M.D. (hereinafter referred to as "SHERRER"), and all allegations being of facts extant at all times material hereto allege that:

GENERAL ALLEGATIONS

1. This is an action for damages, which exceeds the sum of \$15,000.00 Dollars.
2. At all times material hereto, PLAINTIFF, was a resident of Broward County, Florida.
3. At all times material hereto, the Defendants, HOLYCROSS and SHERRER, were authorized to do business in Broward County, Florida.

4. The Defendant, HOLYCROSS, at all times relevant to the allegations of this Complaint, held itself out to the public and to the PLAINTIFF, in particular as being an institution engaged in the business of providing medical services, treatment and care, and as such said Defendant, undertook the duty to render such medical care and attention to the PLAINTIFF, in accordance with the accepted standard of reasonable care and treatment for like medical facilities in Broward county, or in any other similar medical community.

5. At all times material hereto, SHERRER, was licensed to practice medicine in Florida.

6. On 11/21/08, PLAINTIFF presented to HOLYCROSS HOSPITAL for complaints of bilateral arm and leg pain.

7. On 11/21/08, a physician's order was written by Dr. Ruiz, the hospitalist, to admit PLAINTIFF to the Intensive Care Unit (hereinafter "ICU") for a diagnosis of vasculitis.

8. On 11/21/08, PLAINTIFF was admitted to the Cardiac Care Unit (hereinafter "CCU") instead of the ICU because the ICU was full.

9. On 11/21/08 PLAINTIFF was not transferred to another hospital with an available ICU.

10. In November, 2008 the ICU had a maximum availability of 10 beds.

11. On 11/21/08 photographs were taken by HOLYCROSS of PLAINTIFF'S right foot, left foot, right hand, and left hand.

12. On 11/21/08, admitting physician, Judhit Ruiz-Fernandez, M.D. ordered blood cultures, and intravenous Vancomycin and Zosyn antibiotics.

13. On 11/21/08, an infectious disease consult by Ricardo Reyes, M.D. and rheumatology consult by SHERRER was ordered by Dr. Judit-Fernandez.

14. On 11/21/08, SHERRER, as the on call rheumatologist, evaluated the PLAINTIFF and did not conclude that PLAINTIFF was suffering from rapidly progressive necrotizing vasculitis.

15. On 11/21/08, SHERRER started steroids, immunosuppressant, but did not start Cytoxan, also an immunosuppressant.

16. On 11/21/08, SHERRER consulted Dr. Gregory Perez, M.D. for a STAT dermatology consult and skin biopsy.

17. On 11/22/08, Dr. Perez confirmed in his consult examination "NO DIGITAL NECROSIS" and multiple skin biopsies of the feet were performed to confirm vasculitis.

18. On 11/22/08, the ICU census dropped to 9 beds, with one vacant bed.

19. On 11/22/08, PLAINTIFF was not transferred to the ICU.

20. On 11/22/08, 11/23/08, 11/25/08, the ICU census had an available bed and PLAINTIFF was not transferred to the ICU.

21. On 11/23/08, PLAINTIFF was blood culture negative for 48 hours from admission.

22. On 11/23/08, the treating hematologist noted PLAINTIFF had bilateral drop foot.

23. SHERRER did not start PLAINTIFF on CYTOXAN at HOLYCROSS at any time from 11/21/08 to 11/28/08.

24. On 11/24/08, the biopsy specimens were received by Carlos Nousari, M.D., dermato-pathologist, at an outside laboratory in Pompano Beach, Florida.

25. On 11/25/08, the skin biopsy results were reported as "small and medium vessel necrotizing vasculitis" with direct immune-flourescence also confirming small and medium vessel vasculitis and were placed on the HOLYCROSS chart of PLAINTIFF.

26. On 11/25/08, SHERRER was made aware of the skin biopsy results by Dr. Perez.

27. On 11/25/08, Dr. Fernandez, SHERRER'S partner noted in the progress note, vasculitis, treated with pulse steroids, considering Cytoxan.

28. DR. SHERRER did not start PLAINTIFF on CYTOXAN for biopsy proven necrotizing small and medium blood vessel vasculitis on 11/25/08 or any day thereafter at HOLYCROSS.

29. On 11/25/08, the treating Hematologist noted PLAINTIFF had bilateral foot drop.

30. On 11/25/08, nursing employees of HOLYCROSS noted abnormal neurological assessments of PLAINTIFFS bilateral lower extremities, with a lower extremity motor strength/tone assessment of 4/5 on the day shift and 3/5 on the night shift.

31. On 11/26/08, nursing employees of HOLYCROSS noted abnormal neurological assessments of PLAINTIFFS bilateral lower extremities, with a lower extremity motor strength/tone assessment of 2/5 on the day shift and 3/5 on the night shift.

32. On each and every day including 11/23/08, 11/25/08 and thereafter at HOLYCROSS until transfer to University of Miami on 11/28/08, PLAINTIFF exhibited abnormal neurological findings of the bilateral lower extremities.

33. On each and every day including 11/25/08 and thereafter at HOLYCROSS until transfer to University of Miami, nurse employees failed to notify DR. SHERRER of the abnormal neurological findings of PLAINTIFF.

34. On each and every day including 11/25/08 and thereafter at HOLYCROSS until transfer to University of Miami, the nurse employees of HOLYCROSS failed to go up the chain

of command to report the continued abnormal neurological findings of bilateral foot drop in PLAINTIFF.

35. On 11/28/08, photographs of PLAINTIFF'S left foot, right foot, left toes, and right lower extremity were taken by HOLYCROSS.

36. All blood cultures ordered on PLAINTIFF at HOLYCROSS were negative for bacterial growth during the entire HOLY CROSS admission from 11/21/08-11/28/08.

37. PLAINTIFF was maintained on broad spectrum intravenous antibiotics at all times during the hospitalization at HOLYCROSS.

38. PLAINTIFF'S elevated temperature and white blood cell count was caused by necrotizing vasculitis with tissue ischemia.

39. Starting on 11/24/08 and each day thereafter until 11/28/08, SHERRER considered transferring PLAINTIFF to another institution including the UNIVERSITY OF MIAMI.

40. On 11/27/08, SHERRER transferred PLAINTIFF to the ICU because the HOLYCROSS nurses complained to her for the first time that "we don't usually take care of these kinds of patients. With the all the checks and so forth that she needs, we think she would be better off in the MICU."

41. On 11/28/08, SHERRER transferred PLAINTIFF to UNIVERSITY OF MIAMI because of PLAINTIFF's deteriorating condition.

42. On 11/28/08, PLAINTIFF was transferred to UNIVERSITY OF MIAMI (hereinafter "UM"), NICU bed -6.

43. On 11/28/08 and 11/29/08, SHERRER had no communication with a Rheumatologist at UNIVERSITY OF MIAMI regarding PLAINTIFF'S medical condition.

44. On 11/28/08 in the late evening, PLAINTIFF was transferred to the University of Miami ICU.

45. On 11/29/08, Dr. Patel, vascular surgery consultant at UM, noted that was unclear if PLAINTIFF would benefit from intra-arterial PGE1 (Iloprost) therapy.

46. On 11/30/08, Dr. Maldonado, the rheumatology consultant at UM, noted that PLAINTIFF had diagnosis of Sjogren's Syndrome complicated with vasculitis and planned for Cytoxan of cultures are negative for 48 hours.

47. On 12/1/08, PLAINTIFF was given intravenous Cytoxan for necrotizing vasculitis after 48 hours of negative blood cultures at the University Of Miami.

48. On 12/1/08 when PLAINTIFF received CYTOXAN 750 mg/M squared, 1,400 mg, PLAINTIFF had an elevated white blood cell count and fever from necrotizing vasculitis with tissue ischemia and gangrene.

49. PLAINTIFF'S clinical condition improved rapidly after Cytoxan administration on 12/1/08 by University Of Miami.

50. On 12/2/08, Janice Maldonado, MD, neurology consultant at UM, noted in her consult a diagnosis of Sjogren's vasculitis with involvement of the peripheral nerves and that its common in Sjogren's vasculitis to have involvement of the small nerve fibers which produce a very painful syndrome and that treatment and management would include Cytoxan pulse as the only means of treating the underlying inflammatory activity driving this whole cascade of events.

51. On 12/1/08 at UM, Dr. Rosenbaum, consulting rheumatologist, noted in her progress note, that infectious disease if following PLAINTIFF for WBC of 62,900 but all cultures cleared and cleared by ID for first dose of Cytoxan today.

52. On 12/2/08 at UM, Dr. Rosenbaum, rheumatologist, noted that PLAINTIFF had received first dose of Cytoxan last night and patient is feeling much better pain control than yesterday.

53. On 12/3/08 at UM, Dr. Rosenbaum, rheumatology attending, noted PLAINTIFF says she is feeling better and will check for WBC nadir on 12/8/08.

54. On 12/4/08 at UM, Dr. Manjarrez, hospitalist, notes in his progress note PLAINTIFF feels better, with improved right foot digits, right thumb improved.

55. At all times material hereto, HOLYCROSS had policies and procedures in place for patient safety including: Chain of Command/ Resolving Concerns, Scope of Service for ICU, and Admission Discharge Transfer Criteria: Critical Care.

56. At all times material hereto, there were no nursing protocols for the CCU.

57. At all times material hereto, there were nursing protocols for the ICU.

58. At all times material hereto, the Admission Discharge Transfer Criteria: Critical Care Protocol delineated the types of patients who are CCU candidates and ICU candidates.

59. At all times material hereto, PLAINTIFF was to be admitted to the ICU and not the CCU at HOLYCROSS from 11/21/08 to 11/28/08.

60. At all times material hereto, the nurses in the CCU at HOLYCROSS are not required to read physician progress notes.

61. At all times material hereto, the nurses in the ICU are required to be a part of the interdisciplinary team, participate in rounds, and read and be familiar with the other health practitioner's plan of care, including physician progress notes, as required by the HOLYCROSS ICU NURSING PROTOCOLS.

62. At all times during the admission of PLAINTIFF at HOLYCROSS and the University of Miami, all blood, urine, and wound cultures were negative for bacterial growth.

63. CYTOXAN administration was delayed by the DEFENDANTS.

64. As result of the delay in administration of CYTOXAN by all DEFENDANTS, PLAINTIFF sustained permanent and irreversible injuries including, but not limited to, upper and lower extremity gangrene and amputations.

COMPLIANCE WITH FLORIDA STATUTES 766.106(2) and 766.203

65. Through Counsel's signature on this Complaint, it is hereby certified pursuant to Florida Statute 766.203 that Counsel for the PLAINTIFF prior to filing this action has made a reasonable investigation as permitted by the circumstances to determine that there are grounds for a good faith belief that there has been negligence in the care and treatment of PLAINTIFF. Further, such reasonable investigation has given rise to a good faith belief that grounds exist for an action against the named Defendants.

66. Notice of Intention to Initiate Litigation against the Defendants was given in accordance with the requirements of Florida Statute 766.102(2). This action is properly brought within two years from when the alleged negligent incident occurred or within two years of the date the alleged negligence could have been discovered with the exercise of due diligence and not later than four years from when the incident occurred. A copy of the Complaint will be sent to the Department of Health/Agency of Healthcare Administration.

67. All conditions precedents to the filing of this cause of action have occurred, have been performed, or have been waived.

COUNT I
CLAIM AGAINST DEFENDANT HOLYCROSS
NEGLIGENCE

PLAINTIFF hereby adopts, realleges, and reaffirms all allegations contained in the Jurisdictional and General Allegations above as though fully set forth herein and further alleges:

68. The Defendant, HOLYCROSS is a full service acute care hospital which had a non-delegable duty to provide services for the benefit of the hospital and its patients, including PLAINTIFF through Fla. Stat. 395.002; 395.1055(1)(a) and (d); and Fla. Admin. Code R.59A-3.2085 (5), Fla. Admin. Code R.59A-3.254(1)(a)(2)(b, c, d), Fla. Admin. Code R.59A-3.273.

69. Notwithstanding the duty undertaken, the Defendant, HOLYCROSS, by and through its medical and non-medical employees, administrators, nursing supervisors, supervisors, department heads, and chief executive officer, or through its non-delegable duty breached its duties in each of the following ways:

- a) Failed to have a protocol in place that would arrange for transfer of PLAINTIFF to another hospital on 11/21/08 when there was a physician's order for admission to the ICU for vasculitis and an ICU bed was not available,
- b) Failed to have a protocol in place that would transfer PLAINTIFF to the ICU as ordered by the physician, or in the event the ICU was full, as soon as the ICU had an open bed, which was on 11/22/08,
- c) Failed to have a protocol in place to admit the PLAINTIFF to the ICU per physician's orders on 11/21/08, allowing other patient(s) to be admitted to the ICU on 11/21/08 instead of PLAINTIFF,

70. As a direct and proximate result of the negligence of the Defendant, HOLYCROSS, the PLAINTIFF, suffered injury resulting in pain and suffering, disability, disfigurement, mental anguish, loss of capacity of enjoyment of life, expenses of hospitalization, medical and nursing care and treatment, loss of earnings, loss of ability to earn money and

aggravation of a previous existing condition. The losses are either continuing or permanent in nature, and the PLAINTIFF, will suffer the losses in the future.

AD DAMNUM CLAUSE

WHEREFORE, PLAINTIFF, hereby demands judgment for damages against Defendants, HOLYCROSS HOSPITAL, INC., d/b/a HOLYCROSS HOSPITAL, a Florida Non-Profit Corporation and YVONNE R. SHERRER, M.D., for a sum in excess of Fifteen Thousand (\$15,000.00) Dollars, plus costs and interest.

COUNT II
CLAIM AGAINST DEFENDANT HOLY CROSS
VICARIOUS LIABILITY FOR THE CONDUCT OF ITS NURSES

PLAINTIFF, hereby adopts, realleges, and reaffirms all allegations contained in the Jurisdictional and General Allegations above as though fully set forth herein and further alleges:

71. Defendant, HOLY CROSS, accepted PLAINTIFF as its patient and undertook to provide to her certain medical, nursing services for her vasculitis.

72. Defendant, HOLYCROSS, provided such services by and through persons other than SHERRER who were employed by or otherwise authorized or held out by HOLYCROSS to PLAINTIFF to be authorized to act on behalf of HOLYCROSS, including but not limited to nurses, nurse's aides, technicians, secretaries, therapists, assistants, and physician's assistants, and which persons at all times acted within the course and scope of their employment, authority, apparent or ostensible authority by and for HOLYCROSS.

73. Such persons owed a duty to exercise reasonable care in the diagnosis, care and treatment of PLAINTIFF, and to provide all reasonable and necessary diagnostic evaluation, medical, and nursing care and treatment which is recognized as acceptable and appropriate by

reasonably similar healthcare providers in Broward County, Florida or in any other similar medical community in the same or similar circumstances.

74. HOLYCROSS breached said duties, was negligent, and failed to comply with the applicable standards of care governing similar providers in this community or similar medical communities by the following but not only the following acts or omissions on the part of nurses, nurse's aides, technicians, secretaries, therapists, assistants, and physician's assistants, and which persons at all times acted within the course and scope of their employment, authority, apparent or ostensible authority by and for HOLYCROSS, in that they:

- a) failed to appreciate the bilateral foot drop on 11/23/08 and each day thereafter at HOLYCROSS,
- b) failed to communicate the abnormal neurological nursing assessment of bilateral foot drop to SHERRER on 11/23/08 and each day thereafter at HOLYCROSS,
- c) failed to go up the chain of command to communicate the abnormal neurological nursing assessment on 11/23/08 and each day thereafter at HOLYCROSS,
- d) failed to follow physician's orders from 11/21/08 to admit PLAINTIFF to ICU,
- e) failed to transfer PLAINTIFF from CCU to ICU on 11/22/08 when an ICU bed was available,
- f) failed to notify SHERRER that they don't usually take care of patients like PLAINTIFF with vasculitis in the CCU and that PLAINTIFF would be better off in the ICU until 11/27/08,
- g) failed to go up the chain of command and notify supervisors and physicians each day from 11/21/08 until 11/27/08 that they felt in was inappropriate for a patient like PLAINTIFF with vasculitis who needed so much care to be in the CCU,

- h) failed to follow HOLYCROSS policies and procedures for Chain of Command/Resolving Concerns, Scope of Service for ICU, and Admission Discharge Transfer Criteria: Critical Care,
- i) failed to have a system in place that assessed the census of the ICU on 11/22/08 and determined that a vacancy was available for PLAINTIFF, who was to be admitted to the ICU per physician's orders as of 11/21/08.

75. As a direct and proximate result of the negligence of the Defendant, HOLYCROSS and its nurses, nurse's aides, technicians, secretaries, therapists, assistants, and physician's assistants, the PLAINTIFF, suffered injury resulting in pain and suffering, disability, disfigurement, mental anguish, loss of capacity of enjoyment of life, expenses of hospitalization, medical and nursing care and treatment, loss of earnings, loss of ability to earn money and aggravation of a previous existing condition. The losses are either continuing or permanent in nature, and the PLAINTIFF, will suffer the losses in the future.

AD DAMNUM CLAUSE

WHEREFORE, PLAINTIFF, hereby demands judgment for damages against Defendants, HOLYCROSS HOSPITAL, INC., d/b/a HOLYCROSS HOSPITAL, a Florida Non-Profit Corporation and YVONNE R. SHERRER, M.D., for a sum in excess of Fifteen Thousand (\$15,000.00) Dollars, plus costs and interest.

COUNT III
NEGLIGENCE OF DEFENDANT, SHERRER

PLAINTIFF, hereby adopts, realleges, and reaffirms all allegations contained in the General Allegations clause of this Complaint as though fully set forth herein, and further states as follows,

76. At all times material hereto, the Defendant, SHERRER, had a duty to exercise reasonable care in the diagnosis, care and treatment of the PLAINTIFF, and to provide all reasonable and necessary diagnostic evaluation and care,

77. Notwithstanding said duty, the Defendant, SHERRER, was negligent and careless and failed to comply with the minimum standard of care observed by physicians in this community, or similar medical communities, individually and/or jointly, by the following but not only the following acts:

- a) Failing to recognize that PLAINTIFF presented to HOLYCROSS with a rapidly progressing systemic necrotizing vasculitis with involvement of all 4 extremities, a classic presentation,
- b) failed to diagnose and treat STEPHANIE HOLLINGSWORTH for necrotizing vasculitis in a timely manner after her admission to HOLYCROSS on 11/21/08 by failing to institute high dose steroids and Cytoxan at the time of admission or 48 hours after negative blood cultures, if she was concerned about infection,
- c) failed to appreciate bilateral foot drop caused by vasculitis starting on 11/23/08 and every day thereafter at HOLYCROSS,
- d) failed to institute Cytoxan (750 mg/ M squared) for treatment of necrotizing vasculitis at the time of admission to HOLYCROSS but no later than 48 hours after blood cultures negative,
- e) failed to transfer PLAINTIFF to university setting starting on 11/24/08, when she considered doing so, and everyday thereafter until transfer on 11/28/08,
- f) failed to transfer PLAINTIFF to university setting when she concluded that PLAINTIFF had an infection and decided to hold the administration of Cytoxan, further delaying the institution of Cytoxan,
- g) failed to appropriately diagnose and treat the medical condition.

78. As a direct and proximate result of the negligence of the Defendant, SHERRER, the PLAINTIFF, suffered injury resulting in pain and suffering, disability, disfigurement, mental anguish, loss of capacity of enjoyment of life, expenses of hospitalization, medical and nursing care and treatment, loss of earnings, loss of ability to earn money and aggravation of a previous existing condition. The losses are either continuing or permanent in nature, and the PLAINTIFF, will suffer the losses in the future.

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CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing was sent via electronic mail on this _____ day of _____, 2016 to ALL PARTIES on the attached service list.

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