

STATE OF FLORIDA
BOARD OF MEDICINE

FILED DATE DEC 23 2013

Department of Health

By: 
Deputy Agency Clerk

DEPARTMENT OF HEALTH,

Petitioner,

vs.

DOH CASE NO.: 2010-14317

DOAH CASE NO.: 11-4240PL

LICENSE NO.: ME006191

ZANNOS G. GREKOS, M.D.,

Respondent.

FILED
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DIVISION OF
ADMINISTRATIVE
HEARINGS

FINAL ORDER ON COSTS

THIS CAUSE came before the BOARD OF MEDICINE (Board), on December 6, 2013, in Orlando, Florida, for the purpose of considering the Petitioner's Second Amended Motion to Assess Costs in the above-styled cause. The Board entered a Final Order in this matter on May 13, 2013, and tabled ruling on the Petitioner's Motion to Assess Costs.

Upon review of the Petitioner's Second Amended Motion, the documents submitted, and the argument of the parties, the Board imposes costs in this matter in the amount of \$123,121.31.

DONE AND ORDERED this 20th day of December, 2013.

BOARD OF MEDICINE



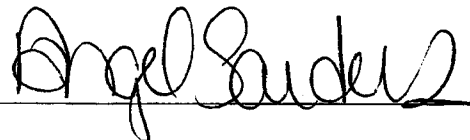
Allison M. Dudley, J.D., Executive Director
For Zachariah P. Zachariah, M.D., Chair

NOTICE OF RIGHT TO JUDICIAL REVIEW

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO JUDICIAL REVIEW PURSUANT TO SECTION 120.68, FLORIDA STATUTES. REVIEW PROCEEDINGS ARE GOVERNED BY THE FLORIDA RULES OF APPELLATE PROCEDURE. SUCH PROCEEDINGS ARE COMMENCED BY FILING ONE COPY OF A NOTICE OF APPEAL WITH THE AGENCY CLERK OF THE DEPARTMENT OF HEALTH AND A SECOND COPY, ACCOMPANIED BY FILING FEES PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL, FIRST DISTRICT, OR WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE PARTY RESIDES. THE NOTICE OF APPEAL MUST BE FILED WITHIN THIRTY (30) DAYS OF RENDITION OF THE ORDER TO BE REVIEWED.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to ZANNOS G. GREKOS, M.D., 9500 Bonita Beach Road, Suite 310, Bonita Springs, Florida 34135; to Richard G. Ozelie, Esquire, 750 South Dixie Highway, Boca Raton, Florida 33432-6108; to J. Lawrence Johnston, Administrative Law Judge, Division of Administrative Hearings, The DeSoto Building, 1230 Apalachee Parkway, Tallahassee, Florida 32399-3060; and by interoffice delivery to Doug Sunshine, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3253 this 23rd day of December, 2013.



Deputy Agency Clerk

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

Petitioner,

**DOAH CASE NO. 11-4240PL
DOH CASE NO. 2010-14317**

v.

ZANNOS G. GREKOS, M.D.,

Respondent.

**SECOND AMENDED MOTION TO ASSESS COSTS
IN ACCORDANCE WITH SECTION 456.072(4)**

The Department of Health, by and through counsel, files this Second Amended Motion to Assess Costs and moves the Board of Medicine for entry of a Final Order assessing costs against Respondent for the investigation and prosecution of this case in accordance with Section 456.072(4), Florida Statutes (2012). As grounds therefore, the Petitioner states the following:

1. At the April 5, 2013, regularly scheduled Board meeting, the Board of Medicine voted to impose discipline in the above-styled disciplinary action. At the Board meeting, the Department's request for the assessment of costs related to the investigation and prosecution of the

case against Respondent was bifurcated and held for future consideration by the Board.

2. Section 456.072(4), Florida Statutes (2012), states, in pertinent part, as follows:

In addition to any other discipline imposed through final order, or citation, entered on or after July 1, 2001, under this section or discipline imposed through final order, or citation, entered on or after July 1, 2001, for a violation of any practice act, the board, or the department when there is no board, shall assess costs related to the investigation and prosecution of the case. The costs related to the investigation and prosecution include, but are not limited to, salaries and benefits of personnel, costs related to the time spent by the attorney and other personnel working on the case, and any other expenses incurred by the department for the case. The board, or the department when there is no board, shall determine the amount of costs to be assessed after its consideration of an affidavit of itemized costs and any written objections thereto....

3. As evidenced in the attached affidavit (Exhibit A), the investigation and prosecution of this case has resulted in costs in the total amount of \$208,113.74, based on the following itemized statement of costs:

- a. Total costs for Complaints \$167.08
- b. Total costs for Investigations \$7,481.93
- c. Total costs for Legal \$136,929.09
- d. Total costs for expenses \$63,532.00

4. Those attorneys are identified in Time Track as HLL62B (Robert Milne), HLL81A and UL81A (Ian Brown).

5. The attached Second Amended Affidavit of Supervising Attorney (Exhibit B) attests that the Department's time tracking system (Time Track) accurately reflects the time entered by Robert Milne (HLL81A) and Ian Brown (UL81A), the attorneys who prosecuted this case. Ms. Kiesling is identified in Time Track as HL58B.

6. The supervising attorney attests that she reviewed the attorney time spent on this case. Based on her assessment and her review of applicable case law, she determined that a downward adjustment in attorney time should be made. The supervising attorney attests that she agrees with the outside attorney's affidavit that the Department's attorney hours should be reduced from **1,294.80** hours to **645.70** attorney hours because of redundancy in time spent by attorneys, the inclusion of supervisory time, and the inclusion of attorney travel time.

7. The supervising attorney attests that she also reviewed expenses in this case. Based on her assessment and review of applicable guidelines and case law, she determined that a downward adjustment of \$17,207.94 in travel expenses for employees should be made. She also

determined that \$13.64 was incorrectly billed to this case number. Therefore, the supervising attorney attests that a total downward adjustment of expenses of **\$17,261.58** should be made.

9. Considering the downward adjustment made in total expenses as set out above, the supervising attorney attests that the justifiable and reasonable expenses in this case are **\$46,270.85**.

10. The attached outside attorney affidavit (Exhibit C) indicates a review of the file and the attorney attests that the Department's attorney time in this case of **1,294.80** is above the range of time customarily spent on cases of this type and is not a reasonable number of attorney hours. The outside attorney attests that the reasonable and justifiable number of attorney hours for a case of this type is **645.70**.

11. Based on the reduction of the reasonable and justifiable attorney hours, the outside attorney attests that the Department be allowed to recover up to **\$69,201.46** in costs for attorney time.

12. The attached outside attorney affidavit indicates a review of the file and the attorney expenses incurred in this case. The attorney attests that the Department's expenses include time and expenses for attorney travel. The costs related to attorney time and travel is \$17,261.58 which

should be deducted from the \$63,532.43 expenses reflected in Time Track. The reasonable and justifiable expenses for attorney travel time and expenses in this case are **\$46,270.85**.

13. Based on the review of all of the attached affidavits, the Department asserts that the reasonable and justifiable attorney costs and expenses in this case are **\$115,472.31**.

14. Based on the above information the Department is seeking costs for investigation and prosecution of this case in the amount of **\$123,121.31** based on the following itemized statement of costs:

| | | |
|----|--------------------------------|------------------|
| a. | Total costs for Complaints | \$ 167.08 |
| b. | Total costs for Investigations | 7,481.93 |
| c. | Total costs for Legal | 69,201.46 |
| d. | Total costs for Expenses | <u>46,270.85</u> |
| | | \$123,121.31 |

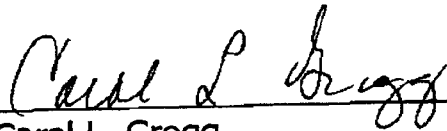
15. Should Respondent file written objections to the assessment of costs, within ten (10) days of the date of this amended motion, specifying the grounds for the objections and the specific elements of the costs to which objections are made, Petitioner requests that the Board determine the amount of costs to be assessed based upon its consideration of the affidavits attached as Exhibits A, B, C, and D and any timely-filed written objections.

16. Petitioner requests that the Board grant this second amended motion and assess costs in the amount of **\$123,121.32** as supported by competent, substantial evidence. This assessment of costs is in addition to any other discipline imposed by the Board and is in accordance with Section 456.072(4), Florida Statutes (2012).

WHEREFORE, the Department of Health requests that the Board of Medicine enter a Final Order assessing costs against Respondent in this matter in the amount of **\$123,121.32**.

DATED this 7th day of October, 2013.

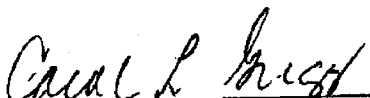
Respectfully submitted,



Carol L. Gregg
Assistant General Counsel
DOH Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, FL 32399-3265
Florida Bar # 181515
Carol.gregg@flhealth.gov
(850) 245-4444 Phone
(850) 245-4684 FAX

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Amended Motion to Assess Costs has been provided by e-mail to Richard Ozelle at ozellielaw@yahoo.com and by U.S. Mail to Richard Ozelle, Esquire, Law Offices of Richard Ozelle, 750 South Dixie Highway, Naples, FL 33432 this 7th day of October, 2013.



Carol L. Gregg
Assistant General Counsel
Carol.Gregg@flhealth.gov

AFFIDAVIT OF FEES AND COSTS EXPENDED

STATE OF FLORIDA
COUNTY OF LEON:

BEFORE ME, the undersigned authority, personally appeared **SHANE WALTERS** who was sworn and states as follows:

- 1) My name is Shane Walters.
- 2) I am over the age of 18, competent to testify, and make this affidavit upon my own personal knowledge and after review of the records at the Florida Department of Health (DOH).
- 3) I am the Operations and Management Consultant Manager (OMCM) for the Consumer Services and Compliance Management Unit for DOH. The Consumer Services Unit is where all complaints against Florida health care licensees (e.g., medical doctors, dentists, nurses, respiratory therapists) are officially filed. I have been in my current job position for more than one year. My business address is 4052 Bald Cypress Way, Bin C-75 Tallahassee, Florida 32399-3275.
- 4) As OMCM of the Consumer Services and Compliance Management Unit, my job duties include reviewing data in the Time Tracking System and verifying that the amounts correspond. The Time Tracking System is a computer program which records and tracks DOH's costs regarding the investigation and prosecution of cases against Florida health care licensees.
- 5) As of today, DOH's total costs for investigating and prosecuting DOH case number **2010-14317** (Department of Health v. **Zannos Giorgios Grekos, M.D.**) are **TWO HUNDRED EIGHT THOUSAND ONE HUNDRED THIRTEEN DOLLARS AND SEVENTY-FOUR CENTS (\$208,113.74)**.
- 6) The costs for DOH case number **2010-14317** (Department of Health v. **Zannos Giorgios Grekos, M.D.**) are summarized in Exhibit 1 (Cost Summary Report), which is attached to this document.
- 7) The itemized costs and expenses for DOH case number **2010-14317** (Department of Health v. **Zannos Giorgios Grekos, M.D.**) are detailed in Exhibit 2 (Itemized Cost Report and Itemized Expense Report and receipts), which is attached to this document.
- 8) The itemized costs as reflected in Exhibit 2 are determined by the following method: DOH employees who work on cases daily are to

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keep track of their time in six-minute increments (e.g., investigators and lawyers). A designated DOH employee in the Consumer Services Unit, Legal Department, and in each area office, inputs the time worked and expenses spent into the Time Tracking System. Time and expenses are charged against a state health care Board (e.g., Florida Board of Medicine, Florida Board of Dentistry, Florida Board of Osteopathic Medicine), and/or a case. If no Board or case can be charged, then the time and expenses are charged as administrative time. The hourly rate of each employee is calculated by formulas established by the Department. (See the Itemized Cost Report)

- 9) Shane Walters, first being duly sworn, states that he has read the foregoing Affidavit and its attachments and the statements contained therein are true and correct to the best of her knowledge and belief.

FURTHER AFFIANT SAYETH NOT.

Shane Walters
Shane Walters, Affiant

State of Florida
County of Leon

Sworn to and subscribed before me this 17 day of April, 2013,
by Shane Walters, who is personally known to me.

[Signature]
Notary Signature

Antoinette Carter
Name of Notary Printed

Stamp Commissioned Name of Notary Public:



Complaint Cost Summary

Complaint Number: 201014317

Subject's Name: GREKOS, ZANNOS GIORGIOS

| ***** Cost to Date ***** | | |
|-----------------------------|----------|--------------|
| | Hours | Costs |
| Complaint: | 2.90 | \$167.08 |
| Investigation: | 117.70 | \$7,481.93 |
| Legal: | 1,296.20 | \$136,929.09 |
| Compliance: | 0.10 | \$3.21 |
| | ***** | ***** |
| Sub Total: | 1,416.90 | \$144,581.31 |
| Expenses to Date: | | \$63,532.43 |
| Prior Amount: | | \$0.00 |
| Total Costs to Date: | | \$208,113.74 |

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Division of
Medical Quality Assurance

MQA

***** CONFIDENTIAL *****
Time Tracking System
Itemized Cost by Complaint

Complaint 201014317

Report Date 04/17/2013

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Staff Code Activity Hours Staff Rate Activity Date Activity Code Activity Description

COMPLIANCE MANAGEMENT UNIT

| | | | | | |
|-----------|------|---------|------------|-----|---|
| HC13 | 0.10 | \$32.13 | 02/24/2011 | 123 | AUDIT FILE |
| HA17 | 0.10 | \$57.62 | 03/07/2012 | 125 | LICENSE STATUS CHANGE |
| HA17 | 0.10 | \$57.62 | 03/07/2012 | 119 | REVIEWING FO/CITATIONS & TERM INPUT |
| HA17 | 0.10 | \$57.62 | 03/08/2012 | 138 | COMPLAINT DELETIONS/CORRECTIONS/UPDATES |
| HA17 | 0.10 | \$57.62 | 03/09/2012 | 1 | ROUTINE ADMINISTRATIVE DUTIES |
| HA17 | 0.10 | \$57.62 | 03/20/2012 | 138 | COMPLAINT DELETIONS/CORRECTIONS/UPDATES |
| Sub Total | 0.60 | | | | \$32.01 |

CONSUMER SERVICES UNIT

| | | | | | |
|-----------|------|---------|------------|----|--|
| HA123 | 0.70 | \$57.62 | 07/26/2010 | 25 | REVIEW CASE FILE |
| HA123 | 0.70 | \$57.62 | 08/09/2010 | 25 | REVIEW CASE FILE |
| HA123 | 0.50 | \$57.62 | 08/19/2010 | 4 | ROUTINE INVESTIGATIVE WORK |
| HA123 | 0.70 | \$57.62 | 08/31/2010 | 78 | INITIAL REVIEW AND ANALYSIS OF COMPLAINT |
| HA73 | 0.30 | \$57.62 | 03/01/2011 | 1 | ROUTINE ADMINISTRATIVE DUTIES |
| Sub Total | 2.90 | | | | \$167.09 |

INVESTIGATIVE SERVICES UNIT

| | | | | | |
|------|------|---------|------------|-----|--|
| F165 | 1.00 | \$65.23 | 09/03/2010 | 4 | ROUTINE INVESTIGATIVE WORK |
| F165 | 1.50 | \$65.23 | 09/13/2010 | 4 | ROUTINE INVESTIGATIVE WORK |
| F170 | 1.50 | \$65.23 | 09/13/2010 | 100 | SERVICE OF ADMINISTRATIVE COMPLAINTS, SUBPOENAS, NOTICE TO CEASE |
| F165 | 1.00 | \$65.23 | 09/15/2010 | 4 | ROUTINE INVESTIGATIVE WORK |
| F170 | 2.00 | \$65.23 | 09/16/2010 | 100 | SERVICE OF ADMINISTRATIVE COMPLAINTS, SUBPOENAS, NOTICE TO CEASE |
| F165 | 2.00 | \$65.23 | 09/27/2010 | 4 | ROUTINE INVESTIGATIVE WORK |
| F165 | 2.50 | \$65.23 | 10/04/2010 | 4 | ROUTINE INVESTIGATIVE WORK |
| F165 | 2.00 | \$65.23 | 10/08/2010 | 4 | ROUTINE INVESTIGATIVE WORK |
| F165 | 1.00 | \$65.23 | 10/12/2010 | 4 | ROUTINE INVESTIGATIVE WORK |

Itemized cost

Florida Department of Health

-- FOR INTERNAL USE ONLY --

Time Tracking System
 Itemized Cost by Complaint

Complaint 201014317

Report Date 04/17/2013

| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|----------|---------------|---------------|--|
| F165 | 2.00 | \$65.23 | \$130.46 | 10/14/2010 | 76 | REPORT PREPARATION |
| F165 | 1.50 | \$67.81 | \$101.72 | 10/20/2010 | 4 | ROUTINE INVESTIGATIVE WORK |
| F165 | 2.00 | \$67.81 | \$135.62 | 10/26/2010 | 76 | REPORT PREPARATION |
| F165 | 1.00 | \$67.81 | \$67.81 | 10/29/2010 | 4 | ROUTINE INVESTIGATIVE WORK |
| F165 | 1.00 | \$67.81 | \$67.81 | 10/29/2010 | 76 | REPORT PREPARATION |
| F165 | 2.00 | \$67.81 | \$135.62 | 11/03/2010 | 76 | REPORT PREPARATION |
| F165 | 2.00 | \$67.81 | \$135.62 | 11/15/2010 | 4 | ROUTINE INVESTIGATIVE WORK |
| F165 | 2.00 | \$67.81 | \$135.62 | 11/15/2010 | 76 | REPORT PREPARATION |
| F165 | 1.00 | \$67.81 | \$67.81 | 11/16/2010 | 4 | ROUTINE INVESTIGATIVE WORK |
| F165 | 1.00 | \$67.81 | \$67.81 | 11/18/2010 | 76 | REPORT PREPARATION |
| F165 | 0.50 | \$67.81 | \$33.91 | 02/23/2011 | 100 | SERVICE OF ADMINISTRATIVE COMPLAINTS, SUBPOENAS, NOTICE TO CEASE |
| F165 | 1.00 | \$67.81 | \$67.81 | 02/23/2011 | 4 | ROUTINE INVESTIGATIVE WORK |
| F165 | 1.50 | \$67.81 | \$101.72 | 09/16/2011 | 6 | SUPPLEMENTAL INVESTIGATION |
| F170 | 0.50 | \$67.81 | \$33.91 | 09/20/2011 | 4 | ROUTINE INVESTIGATIVE WORK |
| F170 | 0.50 | \$67.81 | \$33.91 | 09/20/2011 | 58 | TRAVEL TIME |
| F170 | 0.50 | \$67.81 | \$33.91 | 09/21/2011 | 58 | TRAVEL TIME |
| F170 | 1.00 | \$67.81 | \$67.81 | 09/21/2011 | 4 | ROUTINE INVESTIGATIVE WORK |
| F170 | 1.00 | \$67.81 | \$67.81 | 09/21/2011 | 58 | TRAVEL TIME |
| F170 | 1.50 | \$67.81 | \$101.72 | 09/22/2011 | 58 | TRAVEL TIME |
| F170 | 0.50 | \$67.81 | \$33.91 | 09/22/2011 | 4 | ROUTINE INVESTIGATIVE WORK |
| F170 | 1.00 | \$67.81 | \$67.81 | 09/22/2011 | 4 | ROUTINE INVESTIGATIVE WORK |
| F170 | 1.00 | \$67.81 | \$67.81 | 09/27/2011 | 58 | TRAVEL TIME |
| F165 | 0.50 | \$67.81 | \$33.91 | 09/28/2011 | 6 | SUPPLEMENTAL INVESTIGATION |
| F165 | 0.50 | \$67.81 | \$33.91 | 09/28/2011 | 76 | REPORT PREPARATION |
| T1141 | 1.50 | \$67.81 | \$101.72 | 09/28/2011 | 100 | SERVICE OF ADMINISTRATIVE COMPLAINTS, SUBPOENAS, NOTICE TO CEASE |
| T1141 | 0.50 | \$67.81 | \$33.91 | 09/29/2011 | 100 | SERVICE OF ADMINISTRATIVE COMPLAINTS, SUBPOENAS, NOTICE TO CEASE |
| T1123 | 1.50 | \$61.19 | \$91.79 | 12/02/2011 | 100 | SERVICE OF ADMINISTRATIVE COMPLAINTS, SUBPOENAS, NOTICE TO CEASE |
| F170 | 3.00 | \$67.81 | \$203.43 | 01/27/2012 | 100 | SERVICE OF ADMINISTRATIVE COMPLAINTS, SUBPOENAS, NOTICE TO CEASE |
| F170 | 0.50 | \$67.81 | \$33.91 | 01/27/2012 | 4 | ROUTINE INVESTIGATIVE WORK |
| F165 | 1.00 | \$61.19 | \$61.19 | 01/30/2012 | 76 | REPORT PREPARATION |
| F170 | 3.00 | \$67.81 | \$203.43 | 01/30/2012 | 100 | SERVICE OF ADMINISTRATIVE COMPLAINTS, SUBPOENAS, NOTICE TO CEASE |
| F139 | 1.00 | \$61.19 | \$61.19 | 02/14/2012 | 47 | TRIAL PREPARATION |
| F165 | 1.00 | \$61.19 | \$61.19 | 02/14/2012 | 47 | TRIAL PREPARATION |
| F165 | 4.00 | \$61.19 | \$244.76 | 03/05/2012 | 6 | SUPPLEMENTAL INVESTIGATION |

itemizedcost

-- FOR INTERNAL USE ONLY --



*** CONFIDENTIAL ***
 Time Tracking System
 Itemized Cost by Complaint
 Complaint 201014317

Report Date 04/17/2013

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| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|------------|---------------|---------------|--|
| F165 | 3.00 | \$61.19 | \$183.57 | 03/06/2012 | 58 | TRAVEL TIME |
| F165 | 4.50 | \$61.19 | \$275.36 | 03/06/2012 | 6 | SUPPLEMENTAL INVESTIGATION |
| F165 | 2.00 | \$61.19 | \$122.38 | 03/06/2012 | 76 | REPORT PREPARATION |
| F165 | 1.00 | \$61.19 | \$61.19 | 05/09/2012 | 6 | SUPPLEMENTAL INVESTIGATION |
| F165 | 2.00 | \$61.19 | \$122.38 | 05/10/2012 | 58 | TRAVEL TIME |
| F165 | 1.00 | \$61.19 | \$61.19 | 05/10/2012 | 6 | SUPPLEMENTAL INVESTIGATION |
| F165 | 0.50 | \$61.19 | \$30.60 | 05/10/2012 | 76 | REPORT PREPARATION |
| F165 | 0.50 | \$61.19 | \$30.60 | 09/12/2012 | 6 | SUPPLEMENTAL INVESTIGATION |
| F165 | 1.50 | \$61.19 | \$91.79 | 09/13/2012 | 100 | SERVICE OF ADMINISTRATIVE COMPLAINTS, SUBPOENAS, NOTICE TO CEASE |
| F170 | 2.00 | \$67.81 | \$135.62 | 09/13/2012 | 100 | SERVICE OF ADMINISTRATIVE COMPLAINTS, SUBPOENAS, NOTICE TO CEASE |
| F165 | 0.30 | \$61.19 | \$18.36 | 09/14/2012 | 47 | TRIAL PREPARATION |
| F170 | 1.50 | \$67.81 | \$101.72 | 09/17/2012 | 100 | SERVICE OF ADMINISTRATIVE COMPLAINTS, SUBPOENAS, NOTICE TO CEASE |
| F165 | 1.50 | \$61.19 | \$91.79 | 10/04/2012 | 6 | SUPPLEMENTAL INVESTIGATION |
| F165 | 0.70 | \$61.19 | \$42.83 | 10/05/2012 | 6 | SUPPLEMENTAL INVESTIGATION |
| F165 | 0.30 | \$61.19 | \$18.36 | 10/05/2012 | 100 | SERVICE OF ADMINISTRATIVE COMPLAINTS, SUBPOENAS, NOTICE TO CEASE |
| F172 | 1.20 | \$61.19 | \$73.43 | 10/05/2012 | 76 | REPORT PREPARATION |
| F165 | 1.00 | \$61.19 | \$61.19 | 10/08/2012 | 47 | TRIAL PREPARATION |
| F165 | 1.20 | \$61.19 | \$73.43 | 10/09/2012 | 6 | SUPPLEMENTAL INVESTIGATION |
| F165 | 0.50 | \$61.19 | \$30.60 | 10/09/2012 | 47 | TRIAL PREPARATION |
| F165 | 0.50 | \$61.19 | \$30.60 | 10/12/2012 | 47 | TRIAL PREPARATION |
| F165 | 1.50 | \$61.19 | \$91.79 | 10/15/2012 | 58 | TRAVEL TIME |
| F165 | 3.00 | \$61.19 | \$183.57 | 10/15/2012 | 47 | TRIAL PREPARATION |
| F165 | 2.00 | \$61.19 | \$122.38 | 10/16/2012 | 58 | TRAVEL TIME |
| F165 | 6.00 | \$61.19 | \$367.14 | 10/16/2012 | 48 | FORMAL HEARING |
| F165 | 2.00 | \$61.19 | \$122.38 | 10/17/2012 | 58 | TRAVEL TIME |
| F165 | 6.00 | \$61.19 | \$367.14 | 10/17/2012 | 48 | FORMAL HEARING |
| F165 | 0.50 | \$61.19 | \$30.60 | 10/18/2012 | 47 | TRIAL PREPARATION |
| F165 | 2.00 | \$61.19 | \$122.38 | 10/19/2012 | 58 | TRAVEL TIME |
| F165 | 7.00 | \$61.19 | \$428.33 | 10/19/2012 | 48 | FORMAL HEARING |
| Sub Total | 114.70 | | \$7,326.92 | | | |



Report Date 04/17/2013

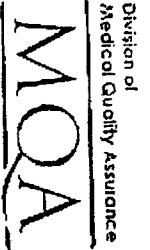
*** CONFIDENTIAL ***
Time Tracking System
Itemized Cost by Complaint
Complaint 201014317

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| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|------|---------------|---------------|----------------------|
|------------|----------------|------------|------|---------------|---------------|----------------------|

PROSECUTION SERVICES UNIT

| | | | | | | |
|--------|------|----------|----------|------------|----|---|
| HLL84B | 0.70 | \$111.56 | \$78.09 | 12/15/2010 | 25 | REVIEW CASE FILE |
| HLL84B | 6.00 | \$111.56 | \$669.36 | 12/16/2010 | 46 | LEGAL RESEARCH |
| HLL56A | 0.10 | \$111.56 | \$11.16 | 02/10/2011 | 25 | REVIEW CASE FILE |
| HLL62B | 1.00 | \$111.56 | \$111.56 | 02/14/2011 | 81 | ESO/ERO |
| HLL62B | 0.50 | \$111.56 | \$55.78 | 02/14/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.20 | \$111.56 | \$22.31 | 02/14/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.20 | \$111.56 | \$22.31 | 02/15/2011 | 81 | ESO/ERO |
| HLL62B | 6.50 | \$111.56 | \$725.14 | 02/15/2011 | 81 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.10 | \$111.56 | \$11.16 | 02/15/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.40 | \$111.56 | \$44.62 | 02/15/2011 | 35 | TELEPHONE CALLS |
| HLL62B | 0.20 | \$111.56 | \$22.31 | 02/15/2011 | 60 | MISCELLANEOUS |
| HLL62B | 1.00 | \$111.56 | \$111.56 | 02/17/2011 | 81 | ESO/ERO |
| HLL56A | 0.90 | \$111.56 | \$100.40 | 02/17/2011 | 81 | ESO/ERO |
| HLL56A | 0.30 | \$111.56 | \$33.47 | 02/17/2011 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF. |
| HLL62B | 3.50 | \$111.56 | \$390.46 | 02/18/2011 | 81 | ESO/ERO |
| HLL56A | 0.30 | \$111.56 | \$33.47 | 02/18/2011 | 81 | ESO/ERO |
| HLL62B | 1.00 | \$111.56 | \$111.56 | 02/22/2011 | 81 | ESO/ERO |
| HLL4B | 0.30 | \$111.56 | \$33.47 | 02/23/2011 | 81 | ESO/ERO |
| HLL62B | 0.20 | \$111.56 | \$22.31 | 03/08/2011 | 89 | PROBABLE CAUSE PREPARATION |
| HLL62B | 0.20 | \$111.56 | \$22.31 | 03/08/2011 | 90 | POST PROBABLE CAUSE PROCESSING |
| HLL81A | 3.10 | \$111.56 | \$345.84 | 03/10/2011 | 25 | REVIEW CASE FILE |
| HLL81A | 1.00 | \$111.56 | \$111.56 | 03/11/2011 | 89 | PROBABLE CAUSE PREPARATION |
| HLL81A | 0.40 | \$111.56 | \$44.62 | 03/14/2011 | 29 | REVIEW/ ADMINISTRATIVE COMPLAINT |
| HLL62B | 0.30 | \$111.56 | \$33.47 | 03/15/2011 | 60 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.30 | \$111.56 | \$33.47 | 03/15/2011 | 60 | MISCELLANEOUS |
| HLL62B | 0.10 | \$111.56 | \$11.16 | 03/15/2011 | 35 | TELEPHONE CALLS |
| HLL62B | 0.20 | \$111.56 | \$22.31 | 03/15/2011 | 60 | MISCELLANEOUS |
| HLL62B | 0.20 | \$111.56 | \$22.31 | 03/15/2011 | 25 | REVIEW CASE FILE |
| HLL62B | 0.20 | \$111.56 | \$22.31 | 03/15/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.30 | \$111.56 | \$33.47 | 03/15/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.30 | \$111.56 | \$33.47 | 03/16/2011 | 70 | CONFERENCES WITH LAWYERS |

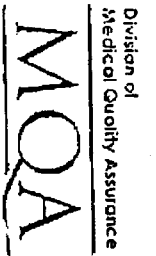


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| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|----------|---------------|---------------|-----------------------------------|
| HLL62B | 0.40 | \$111.56 | \$44.62 | 03/16/2011 | 25 | REVIEW CASE FILE |
| HLL81A | 0.50 | \$111.56 | \$55.78 | 03/17/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 1.00 | \$111.56 | \$111.56 | 03/17/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.50 | \$111.56 | \$55.78 | 03/17/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 0.50 | \$111.56 | \$55.78 | 03/17/2011 | 114 | CONTACT WITH EXPERTS |
| HLL81A | 1.20 | \$111.56 | \$133.87 | 03/17/2011 | 60 | MISCELLANEOUS |
| HLL62B | 0.50 | \$111.56 | \$55.78 | 03/17/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 1.50 | \$111.56 | \$167.34 | 03/17/2011 | 60 | MISCELLANEOUS |
| HLL81A | 1.80 | \$111.56 | \$200.81 | 03/21/2011 | 25 | REVIEW CASE FILE |
| HLL81A | 0.30 | \$111.56 | \$33.47 | 03/21/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 2.10 | \$111.56 | \$234.28 | 03/21/2011 | 25 | REVIEW CASE FILE |
| HLL81A | 0.40 | \$111.56 | \$44.62 | 03/23/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.20 | \$111.56 | \$22.31 | 03/23/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 0.30 | \$111.56 | \$33.47 | 03/23/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 0.40 | \$111.56 | \$44.62 | 03/24/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.30 | \$111.56 | \$33.47 | 03/24/2011 | 35 | TELEPHONE CALLS |
| HLL62B | 0.30 | \$111.56 | \$89.25 | 03/25/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.80 | \$111.56 | \$89.25 | 03/31/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.20 | \$111.56 | \$22.31 | 03/31/2011 | 25 | REVIEW CASE FILE |
| HLL81A | 1.30 | \$111.56 | \$145.03 | 03/31/2011 | 46 | LEGAL RESEARCH |
| HLL81A | 1.10 | \$111.56 | \$122.72 | 04/01/2011 | 46 | LEGAL RESEARCH |
| HLL81A | 3.20 | \$111.56 | \$356.99 | 04/06/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 0.50 | \$111.56 | \$55.78 | 04/06/2011 | 60 | MISCELLANEOUS |
| HLL81A | 0.70 | \$111.56 | \$78.09 | 04/06/2011 | 60 | MISCELLANEOUS |
| HLL81A | 0.80 | \$111.56 | \$89.25 | 04/06/2011 | 36 | PREPARATION OR REVISION OF LETTER |
| HLL81A | 0.40 | \$111.56 | \$44.62 | 04/07/2011 | 37 | REVIEW LETTER |
| HLL81A | 0.10 | \$111.56 | \$11.16 | 04/07/2011 | 60 | MISCELLANEOUS |
| HLL81A | 3.30 | \$111.56 | \$368.15 | 04/08/2011 | 60 | MISCELLANEOUS |
| HLL81A | 0.60 | \$111.56 | \$66.94 | 04/08/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 1.30 | \$111.56 | \$145.03 | 04/11/2011 | 60 | MISCELLANEOUS |
| HLL81A | 0.70 | \$111.56 | \$78.09 | 04/11/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.80 | \$111.56 | \$89.25 | 04/12/2011 | 60 | MISCELLANEOUS |
| HLL81A | 0.30 | \$111.56 | \$33.47 | 04/12/2011 | 60 | MISCELLANEOUS |



Division of
Medical Quality Assurance

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| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|----------|---------------|---------------|-------------------------------------|
| HLL81A | 0.40 | \$111.56 | \$44.62 | 04/12/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.10 | \$111.56 | \$11.16 | 04/19/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 2.30 | \$111.56 | \$256.59 | 04/20/2011 | 38 | REVIEW DISCOVERY REQUESTS/RESPONSES |
| HLL62B | 0.50 | \$111.56 | \$55.78 | 04/21/2011 | 47 | TRIAL PREPARATION |
| HLL81A | 2.10 | \$111.56 | \$234.28 | 04/21/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 1.80 | \$111.56 | \$200.81 | 04/21/2011 | 60 | MISCELLANEOUS |
| HLL81A | 0.30 | \$111.56 | \$33.47 | 04/25/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 1.40 | \$111.56 | \$156.18 | 04/25/2011 | 60 | MISCELLANEOUS |
| HLL81A | 0.20 | \$111.56 | \$22.31 | 04/25/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 0.30 | \$111.56 | \$33.47 | 04/25/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 0.40 | \$111.56 | \$44.62 | 04/25/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 0.20 | \$111.56 | \$22.31 | 04/26/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.30 | \$111.56 | \$33.47 | 04/27/2011 | 60 | MISCELLANEOUS |
| HLL81A | 0.40 | \$111.56 | \$44.62 | 04/27/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.30 | \$111.56 | \$33.47 | 04/27/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 1.30 | \$111.56 | \$145.03 | 04/27/2011 | 25 | REVIEW CASE FILE |
| HLL81A | 1.10 | \$111.56 | \$122.72 | 04/27/2011 | 60 | MISCELLANEOUS |
| HLL81A | 0.40 | \$111.56 | \$44.62 | 04/28/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 0.30 | \$111.56 | \$33.47 | 04/28/2011 | 60 | MISCELLANEOUS |
| HLL81A | 0.30 | \$111.56 | \$33.47 | 04/28/2011 | 58 | TRAVEL TIME |
| HLL81A | 7.40 | \$111.56 | \$825.54 | 04/28/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 6.00 | \$111.56 | \$669.36 | 04/28/2011 | 58 | TRAVEL TIME |
| HLL81A | 7.00 | \$111.56 | \$780.92 | 04/29/2011 | 113 | CONTACT WITH WITNESSES |
| HLL81A | 8.00 | \$111.56 | \$892.48 | 04/29/2011 | 58 | TRAVEL TIME |
| HLL81A | 0.40 | \$111.56 | \$44.62 | 05/02/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 0.30 | \$111.56 | \$33.47 | 05/02/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 1.00 | \$111.56 | \$111.56 | 05/03/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.20 | \$111.56 | \$22.31 | 05/05/2011 | 60 | MISCELLANEOUS |
| HLL81A | 0.30 | \$111.56 | \$33.47 | 05/19/2011 | 60 | MISCELLANEOUS |
| HLL81A | 0.20 | \$111.56 | \$22.31 | 06/08/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 0.20 | \$111.56 | \$22.31 | 06/08/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.50 | \$111.56 | \$55.78 | 07/06/2011 | 25 | REVIEW CASE FILE |
| HLL81A | 0.40 | \$111.56 | \$44.62 | 07/07/2011 | 35 | TELEPHONE CALLS |
| HLL62B | 3.50 | \$111.56 | \$390.46 | 07/07/2011 | 60 | MISCELLANEOUS |

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| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|----------|---------------|---------------|---|
| HLL62B | 3.00 | \$111.56 | \$334.68 | 07/08/2011 | 60 | MISCELLANEOUS |
| HLL62B | 1.30 | \$111.56 | \$145.03 | 07/08/2011 | 114 | CONTACT WITH EXPERTS |
| HLL81A | 1.40 | \$111.56 | \$156.18 | 07/08/2011 | 113 | CONTACT WITH WITNESSES |
| HLL81A | 0.70 | \$111.56 | \$78.09 | 07/14/2011 | 27 | REVIEW MEMORANDUM |
| HLL81A | 0.50 | \$111.56 | \$55.78 | 07/14/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.90 | \$111.56 | \$100.40 | 07/19/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.70 | \$111.56 | \$78.09 | 07/19/2011 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF. |
| HL58B - | 0.70 | \$111.56 | \$78.09 | 07/19/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.70 | \$111.56 | \$89.25 | 08/04/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.80 | \$111.56 | \$89.25 | 08/04/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.40 | \$111.56 | \$44.62 | 08/04/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 1.40 | \$111.56 | \$156.18 | 08/12/2011 | 25 | REVIEW CASE FILE |
| HLL81A | 1.10 | \$111.56 | \$122.72 | 08/25/2011 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL81A | 0.40 | \$111.56 | \$44.62 | 08/29/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 0.50 | \$111.56 | \$55.78 | 08/29/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 0.50 | \$111.56 | \$55.78 | 08/29/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 0.40 | \$111.56 | \$44.62 | 08/29/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 0.50 | \$111.56 | \$55.78 | 08/29/2011 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL81A | 0.50 | \$111.56 | \$55.78 | 08/30/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.50 | \$111.56 | \$55.78 | 08/30/2011 | 41 | REVIEW PLEADING |
| HLL81A | 0.30 | \$111.56 | \$33.47 | 08/30/2011 | 41 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.40 | \$111.56 | \$44.62 | 08/31/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.50 | \$111.56 | \$55.78 | 08/31/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 0.40 | \$111.56 | \$44.62 | 08/31/2011 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF. |
| HLL81A | 2.80 | \$111.56 | \$312.37 | 08/31/2011 | 46 | LEGAL RESEARCH |
| HLL62B | 0.10 | \$111.56 | \$11.16 | 09/01/2011 | 60 | MISCELLANEOUS |
| HLL62B | 0.20 | \$111.56 | \$22.31 | 09/01/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.30 | \$111.56 | \$33.47 | 09/06/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.50 | \$111.56 | \$55.78 | 09/06/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.30 | \$111.56 | \$33.47 | 09/06/2011 | 38 | REVIEW DISCOVERY REQUESTS/RESPONSES |
| HLL81A | 2.40 | \$111.56 | \$267.74 | 09/07/2011 | 39 | PREPARE/RESPOND TO DISCOVERY |
| HLL81A | 1.90 | \$111.56 | \$211.96 | 09/07/2011 | 25 | REVIEW CASE FILE |
| HLL62B | 0.30 | \$111.56 | \$33.47 | 09/07/2011 | 38 | REVIEW DISCOVERY REQUESTS/RESPONSES |
| HLL62B | 0.30 | \$111.56 | \$33.47 | 09/07/2011 | 36 | PREPARATION OR REVISION OF LETTER |
| HLL62B | 0.30 | \$111.56 | \$33.47 | 09/07/2011 | 70 | CONFERENCES WITH LAWYERS |

Itemizedcost

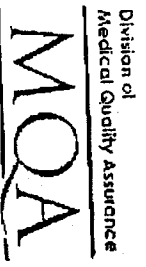
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Complaint 201014317

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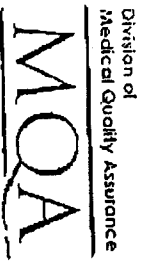
| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|----------|---------------|---------------|---|
| HLL62B | 0.30 | \$111.56 | \$33.47 | 09/07/2011 | 60 | MISCELLANEOUS |
| HLL81A | 4.30 | \$111.56 | \$479.71 | 09/08/2011 | 25 | REVIEW CASE FILE |
| HLL81A | 3.10 | \$111.56 | \$345.84 | 09/08/2011 | 39 | PREPARE/RESPOND TO DISCOVERY |
| HLL62B | 0.50 | \$111.56 | \$55.78 | 09/08/2011 | 39 | PREPARE/RESPOND TO DISCOVERY |
| HLL62B | 1.40 | \$111.56 | \$156.18 | 09/08/2011 | 60 | MISCELLANEOUS |
| HLL81A | 1.20 | \$111.56 | \$133.87 | 09/09/2011 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF. |
| HLL81A | 2.40 | \$111.56 | \$267.74 | 09/09/2011 | 39 | PREPARE/RESPOND TO DISCOVERY |
| HLL62B | 0.50 | \$111.56 | \$55.78 | 09/09/2011 | 38 | REVIEW DISCOVERY REQUESTS/RESPONSES |
| HLL62B | 1.40 | \$111.56 | \$156.18 | 09/09/2011 | 46 | LEGAL RESEARCH |
| HLL62B | 0.40 | \$111.56 | \$44.62 | 09/09/2011 | 60 | MISCELLANEOUS |
| HLL62B | 0.20 | \$111.56 | \$22.31 | 09/10/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 3.40 | \$111.56 | \$379.30 | 09/12/2011 | 39 | PREPARE/RESPOND TO DISCOVERY |
| HLL81A | 0.80 | \$111.56 | \$89.25 | 09/12/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.50 | \$111.56 | \$55.78 | 09/12/2011 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF. |
| HLL81A | 1.20 | \$111.56 | \$133.87 | 09/12/2011 | 60 | MISCELLANEOUS |
| HLL62B | 1.50 | \$111.56 | \$167.34 | 09/12/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.20 | \$111.56 | \$22.31 | 09/12/2011 | 60 | MISCELLANEOUS |
| HLL62B | 0.20 | \$111.56 | \$22.31 | 09/12/2011 | 60 | MISCELLANEOUS |
| HLL81A | 0.40 | \$111.56 | \$44.62 | 09/13/2011 | 114 | CONTACT WITH EXPERTS |
| HLL81A | 0.40 | \$111.56 | \$44.62 | 09/13/2011 | 113 | CONTACT WITH WITNESSES |
| HLL81A | 0.90 | \$111.56 | \$100.40 | 09/13/2011 | 60 | MISCELLANEOUS |
| HLL62B | 0.60 | \$111.56 | \$66.94 | 09/13/2011 | 60 | MISCELLANEOUS |
| HLL62B | 0.30 | \$111.56 | \$33.47 | 09/13/2011 | 35 | TELEPHONE CALLS |
| HLL62B | 0.40 | \$111.56 | \$44.62 | 09/13/2011 | 60 | MISCELLANEOUS |
| HLL81A | 0.80 | \$111.56 | \$89.25 | 09/15/2011 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF. |
| HLL62B | 0.20 | \$111.56 | \$22.31 | 09/19/2011 | 60 | MISCELLANEOUS |
| HLL81A | 0.20 | \$111.56 | \$22.31 | 09/20/2011 | 114 | CONTACT WITH EXPERTS |
| HLL81A | 0.30 | \$111.56 | \$33.47 | 09/20/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 0.50 | \$111.56 | \$55.78 | 09/20/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.50 | \$111.56 | \$55.78 | 09/20/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.50 | \$111.56 | \$55.78 | 09/21/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.60 | \$111.56 | \$66.94 | 09/21/2011 | 46 | LEGAL RESEARCH |
| HLL81A | 1.40 | \$111.56 | \$156.18 | 09/21/2011 | 25 | REVIEW CASE FILE |



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| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|------------|---------------|---------------|--|
| HLL81A | 0.70 | \$111.56 | \$78.09 | 09/22/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 0.50 | \$111.56 | \$55.78 | 09/22/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.40 | \$111.56 | \$44.62 | 09/22/2011 | 60 | MISCELLANEOUS |
| HLL81A | 2.30 | \$111.56 | \$256.59 | 09/23/2011 | 43 | PREPARE FOR DEPOSITION |
| HLL81A | 0.90 | \$111.56 | \$100.40 | 09/23/2011 | 38 | REVIEW/ DISCOVERY REQUESTS/RESPONSES |
| HLL81A | 0.50 | \$111.56 | \$55.78 | 09/23/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 3.20 | \$111.56 | \$356.99 | 09/26/2011 | 39 | PREPARE/RESPOND TO DISCOVERY |
| HLL81A | 0.50 | \$111.56 | \$55.78 | 09/27/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 1.30 | \$111.56 | \$145.03 | 09/29/2011 | 39 | PREPARE/RESPOND TO DISCOVERY |
| HLL81A | 0.40 | \$111.56 | \$44.62 | 09/29/2011 | 39 | PREPARE/RESPOND TO DISCOVERY |
| HLL81A | 0.50 | \$111.56 | \$55.78 | 10/04/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 2.40 | \$111.56 | \$267.74 | 10/04/2011 | 25 | REVIEW CASE FILE |
| HLL81A | 1.20 | \$111.56 | \$133.87 | 10/05/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 2.40 | \$111.56 | \$267.74 | 10/05/2011 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL81A | 4.10 | \$111.56 | \$457.40 | 10/10/2011 | 43 | PREPARE FOR DEPOSITION |
| HLL81A | 2.30 | \$111.56 | \$256.59 | 10/11/2011 | 39 | PREPARE/RESPOND TO DISCOVERY |
| HLL81A | 0.70 | \$111.56 | \$78.09 | 10/11/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 3.60 | \$111.56 | \$401.62 | 10/11/2011 | 43 | PREPARE FOR DEPOSITION |
| HLL81A | 1.10 | \$111.56 | \$122.72 | 10/11/2011 | 25 | REVIEW CASE FILE |
| HLL62B | 1.00 | \$111.56 | \$111.56 | 10/11/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 3.00 | \$111.56 | \$334.68 | 10/12/2011 | 43 | PREPARE FOR DEPOSITION |
| HLL62B | 2.00 | \$111.56 | \$223.12 | 10/12/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 7.30 | \$111.56 | \$814.39 | 10/12/2011 | 43 | PREPARE FOR DEPOSITION |
| HLL62B | 7.00 | \$111.56 | \$780.92 | 10/13/2011 | 58 | TRAVEL TIME |
| HLL62B | 3.00 | \$111.56 | \$334.68 | 10/13/2011 | 43 | PREPARE FOR DEPOSITION |
| HLL62B | 10.50 | \$111.56 | \$1,171.38 | 10/13/2011 | 58 | TRAVEL TIME |
| HLL81A | 2.50 | \$111.56 | \$278.90 | 10/13/2011 | 113 | CONTACT WITH WITNESSES |
| HLL81A | 2.00 | \$111.56 | \$223.12 | 10/13/2011 | 43 | PREPARE FOR DEPOSITION |
| HLL81A | 1.00 | \$111.56 | \$111.56 | 10/14/2011 | 58 | TRAVEL TIME |
| HLL81A | 1.50 | \$111.56 | \$167.34 | 10/14/2011 | 43 | PREPARE FOR DEPOSITION |
| HLL81A | 8.00 | \$111.56 | \$892.48 | 10/14/2011 | 44 | PREPARE FOR DEPOSITION |
| HLL81A | 2.00 | \$111.56 | \$223.12 | 10/14/2011 | 113 | CONTACT WITH WITNESSES |
| HLL62B | 8.00 | \$111.56 | \$892.48 | 10/14/2011 | 44 | PREPARE FOR DEPOSITION |



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 Complaint #: 201014317

| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|----------|---------------|---------------|---|
| HLL62B | 1.00 | \$111.56 | \$111.56 | 10/14/2011 | 43 | PREPARE FOR DEPOSITION |
| HLL62B | 1.50 | \$111.56 | \$167.34 | 10/14/2011 | 58 | TRAVEL TIME |
| HLL81A | 8.00 | \$111.56 | \$892.48 | 10/15/2011 | 58 | TRAVEL TIME |
| HLL62B | 7.00 | \$111.56 | \$780.92 | 10/15/2011 | 58 | TRAVEL TIME |
| HLL81A | 2.10 | \$111.56 | \$234.28 | 10/17/2011 | 60 | MISCELLANEOUS |
| HLL81A | 1.00 | \$111.56 | \$111.56 | 10/17/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 1.40 | \$111.56 | \$156.18 | 10/17/2011 | 46 | LEGAL RESEARCH |
| HLL62B | 2.50 | \$111.56 | \$278.90 | 10/17/2011 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF. |
| HLL62B | 0.50 | \$111.56 | \$55.78 | 10/17/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 1.00 | \$111.56 | \$111.56 | 10/17/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 1.50 | \$111.56 | \$167.34 | 10/18/2011 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL81A | 0.20 | \$102.41 | \$20.48 | 10/18/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 0.60 | \$102.41 | \$61.45 | 10/19/2011 | 113 | CONTACT WITH WITNESSES |
| HLL81A | 1.20 | \$102.41 | \$122.89 | 10/19/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.20 | \$111.56 | \$22.31 | 10/20/2011 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 10/20/2011 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL81A | 6.30 | \$102.41 | \$645.18 | 10/31/2011 | 43 | PREPARE FOR DEPOSITION |
| HLL81A | 6.30 | \$102.41 | \$645.18 | 10/31/2011 | 43 | PREPARE FOR DEPOSITION |
| HLL81A | 6.30 | \$102.41 | \$645.18 | 10/31/2011 | 43 | PREPARE FOR DEPOSITION |
| HLL81A | 3.50 | \$102.41 | \$358.44 | 11/02/2011 | 58 | TRAVEL TIME |
| HLL81A | 6.30 | \$102.41 | \$645.18 | 11/02/2011 | 43 | PREPARE FOR DEPOSITION |
| HLL81A | 6.30 | \$102.41 | \$645.18 | 11/02/2011 | 43 | PREPARE FOR DEPOSITION |
| HLL81A | 3.00 | \$102.41 | \$307.23 | 11/03/2011 | 44 | DEPOSITIONS |
| HLL81A | 8.50 | \$102.41 | \$870.49 | 11/03/2011 | 58 | TRAVEL TIME |
| HLL81A | 8.00 | \$102.41 | \$819.28 | 11/04/2011 | 60 | MISCELLANEOUS |
| HLL81A | 2.10 | \$102.41 | \$215.06 | 11/07/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.80 | \$102.41 | \$81.93 | 11/15/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.40 | \$102.41 | \$40.96 | 11/15/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.20 | \$102.41 | \$20.48 | 11/15/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 11/21/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.60 | \$102.41 | \$61.45 | 11/21/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 11/21/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 1.50 | \$102.41 | \$153.62 | 11/21/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 11/21/2011 | 60 | MISCELLANEOUS |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 11/21/2011 | 47 | TRIAL PREPARATION |

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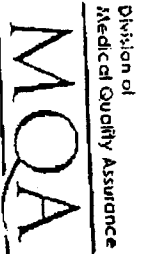
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| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|----------|---------------|---------------|---|
| HLL62B | 2.50 | \$102.41 | \$256.03 | 11/22/2011 | 43 | PREPARE FOR DEPOSITION |
| HLL81A | 1.30 | \$102.41 | \$133.13 | 11/29/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 2.40 | \$102.41 | \$245.78 | 11/29/2011 | 25 | REVIEW CASE FILE |
| HLL81A | 0.90 | \$102.41 | \$92.17 | 11/29/2011 | 113 | CONTACT WITH WITNESSES |
| HLL81A | 0.60 | \$102.41 | \$61.45 | 11/29/2011 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF. |
| HLL81A | 0.80 | \$102.41 | \$81.93 | 12/04/2011 | 60 | MISCELLANEOUS |
| HLL81A | 2.30 | \$102.41 | \$235.54 | 12/04/2011 | 43 | PREPARE FOR DEPOSITION |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 12/05/2011 | 58 | PREPARE FOR DEPOSITION |
| HLL81A | 4.50 | \$102.41 | \$460.85 | 12/05/2011 | 44 | TRAVEL TIME |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 12/05/2011 | 44 | DEPOSITIONS |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 12/05/2011 | 113 | CONTACT WITH WITNESSES |
| HLL81A | 2.00 | \$102.41 | \$204.82 | 12/05/2011 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF. |
| HLL81A | 2.00 | \$102.41 | \$204.82 | 12/05/2011 | 43 | PREPARE FOR DEPOSITION |
| HLL81A | 2.00 | \$102.41 | \$204.82 | 12/05/2011 | 58 | TRAVEL TIME |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 12/05/2011 | 70 | DEPOSITIONS |
| HLL62B | 2.00 | \$102.41 | \$204.82 | 12/05/2011 | 58 | CONFERENCES WITH LAWYERS |
| HLL62B | 2.00 | \$102.41 | \$204.82 | 12/05/2011 | 43 | TRAVEL TIME |
| HLL62B | 2.00 | \$102.41 | \$204.82 | 12/05/2011 | 58 | PREPARE FOR DEPOSITION |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 12/06/2011 | 58 | TRAVEL TIME |
| HLL81A | 3.00 | \$102.41 | \$307.23 | 12/06/2011 | 44 | DEPOSITIONS |
| HLL81A | 3.00 | \$102.41 | \$307.23 | 12/06/2011 | 58 | TRAVEL TIME |
| HLL81A | 3.00 | \$102.41 | \$307.23 | 12/06/2011 | 43 | PREPARE FOR DEPOSITION |
| HLL81A | 2.00 | \$102.41 | \$204.82 | 12/06/2011 | 43 | PREPARE FOR DEPOSITION |
| HLL81A | 2.00 | \$102.41 | \$204.82 | 12/06/2011 | 58 | TRAVEL TIME |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 12/06/2011 | 58 | TRAVEL TIME |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 12/06/2011 | 58 | DEPOSITIONS |
| HLL62B | 3.00 | \$102.41 | \$307.23 | 12/06/2011 | 44 | TRAVEL TIME |
| HLL62B | 3.00 | \$102.41 | \$307.23 | 12/06/2011 | 58 | TRAVEL TIME |
| HLL62B | 3.00 | \$102.41 | \$307.23 | 12/06/2011 | 114 | CONTACT WITH EXPERTS |
| HLL62B | 2.00 | \$102.41 | \$204.82 | 12/06/2011 | 60 | MISCELLANEOUS |
| HLL62B | 2.00 | \$102.41 | \$204.82 | 12/06/2011 | 58 | TRAVEL TIME |
| HLL62B | 2.00 | \$102.41 | \$204.82 | 12/06/2011 | 58 | TRAVEL TIME |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 12/07/2011 | 44 | DEPOSITIONS |
| HLL81A | 3.00 | \$102.41 | \$307.23 | 12/07/2011 | 44 | TRAVEL TIME |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 12/07/2011 | 113 | CONTACT WITH WITNESSES |

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| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|----------|---------------|---------------|---|
| HLL81A | 2.00 | \$102.41 | \$204.82 | 12/07/2011 | 44 | DEPOSITIONS |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 12/07/2011 | 58 | TRAVEL TIME |
| HLL81A | 1.50 | \$102.41 | \$153.62 | 12/07/2011 | 44 | DEPOSITIONS |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 12/07/2011 | 58 | TRAVEL TIME |
| HLL81A | 2.00 | \$102.41 | \$204.82 | 12/07/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 12/07/2011 | 58 | TRAVEL TIME |
| HLL62B | 3.00 | \$102.41 | \$307.23 | 12/07/2011 | 44 | DEPOSITIONS |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 12/07/2011 | 60 | MISCELLANEOUS |
| HLL62B | 3.00 | \$102.41 | \$307.23 | 12/07/2011 | 44 | DEPOSITIONS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 12/07/2011 | 58 | TRAVEL TIME |
| HLL62B | 1.50 | \$102.41 | \$153.62 | 12/07/2011 | 44 | DEPOSITIONS |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 12/07/2011 | 58 | TRAVEL TIME |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 12/07/2011 | 60 | MISCELLANEOUS |
| HLL62B | 2.00 | \$102.41 | \$204.82 | 12/07/2011 | 58 | TRAVEL TIME |
| HLL62B | 7.00 | \$102.41 | \$716.87 | 12/08/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 12/08/2011 | 58 | TRAVEL TIME |
| HLL81A | 7.00 | \$102.41 | \$716.87 | 12/08/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 12/08/2011 | 35 | TELEPHONE CALLS |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 12/13/2011 | 35 | TELEPHONE CALLS |
| HLL62B | 3.20 | \$102.41 | \$327.71 | 12/13/2011 | 35 | TELEPHONE CALLS |
| HLL81A | 0.40 | \$102.41 | \$40.96 | 12/13/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 12/13/2011 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF. |
| HLL81A | 0.30 | \$102.41 | \$30.72 | 12/16/2011 | 47 | TRIAL PREPARATION |
| HLL81A | 0.60 | \$102.41 | \$61.45 | 12/16/2011 | 58 | TRAVEL TIME |
| HLL81A | 7.50 | \$102.41 | \$768.08 | 12/19/2011 | 114 | CONFERENCES WITH EXPERTS |
| HLL81A | 1.50 | \$102.41 | \$153.62 | 12/19/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 2.00 | \$102.41 | \$204.82 | 12/19/2011 | 114 | CONFERENCES WITH EXPERTS |
| HLL81A | 2.00 | \$102.41 | \$204.82 | 12/19/2011 | 58 | TRAVEL TIME |
| HLL62B | 7.50 | \$102.41 | \$768.08 | 12/19/2011 | 114 | CONFERENCES WITH EXPERTS |
| HLL62B | 1.50 | \$102.41 | \$153.62 | 12/19/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 2.00 | \$102.41 | \$204.82 | 12/19/2011 | 114 | CONFERENCES WITH EXPERTS |
| HLL62B | 2.00 | \$102.41 | \$204.82 | 12/20/2011 | 46 | LEGAL RESEARCH |
| HLL81A | 1.30 | \$102.41 | \$133.13 | 12/20/2011 | 58 | TRAVEL TIME |
| HLL62B | 4.50 | \$102.41 | \$460.85 | 12/20/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 12/20/2011 | 70 | CONFERENCES WITH LAWYERS |

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| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|----------|---------------|---------------|--|
| HLL62B | 0.30 | \$102.41 | \$30.72 | 12/20/2011 | 36 | PREPARATION OR REVISION OF LETTER |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 12/21/2011 | 60 | MISCELLANEOUS |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 12/21/2011 | 36 | PREPARATION OR REVISION OF LETTER |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 12/21/2011 | 41 | REVIEW PLEADING |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 12/21/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.30 | \$102.41 | \$30.72 | 12/21/2011 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE,DEPT STAFF OR ATTY GEN OFF. |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 12/21/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 1.20 | \$102.41 | \$122.89 | 12/22/2011 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 12/22/2011 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 12/22/2011 | 92 | POST BOARD MEETING PROCESSING |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 01/04/2012 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE,DEPT STAFF OR ATTY GEN OFF. |
| HLL81A | 0.60 | \$102.41 | \$61.45 | 01/09/2012 | 25 | REVIEW CASE FILE |
| HLL81A | 0.30 | \$102.41 | \$30.72 | 01/09/2012 | 60 | MISCELLANEOUS |
| HLL81A | 0.30 | \$102.41 | \$30.72 | 01/10/2012 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE,DEPT STAFF OR ATTY GEN OFF. |
| HLL81A | 1.20 | \$102.41 | \$122.89 | 01/10/2012 | 39 | PREPARE/RESPOND TO DISCOVERY |
| HLL81A | 0.60 | \$102.41 | \$61.45 | 01/10/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 01/11/2012 | 46 | MISCELLANEOUS |
| HLL81A | 1.20 | \$102.41 | \$122.89 | 01/12/2012 | 58 | LEGAL RESEARCH |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 01/12/2012 | 70 | TRAVEL TIME |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 01/13/2012 | 25 | CONFERENCES WITH LAWYERS |
| HLL81A | 1.50 | \$102.41 | \$153.62 | 01/17/2012 | 38 | REVIEW CASE FILE |
| HLL81A | 0.60 | \$102.41 | \$61.45 | 01/19/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 01/19/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 01/20/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 01/23/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.60 | \$102.41 | \$61.45 | 01/23/2012 | 35 | TELEPHONE CALLS |
| HLL81A | 0.30 | \$102.41 | \$30.72 | 01/23/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.30 | \$102.41 | \$30.72 | 01/23/2012 | 115 | CONTACT WITH INVESTIGATORS |
| HLL62B | 2.00 | \$102.41 | \$204.82 | 01/23/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 01/23/2012 | 115 | CONTACT WITH INVESTIGATORS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 01/23/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 01/23/2012 | 60 | MISCELLANEOUS |

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| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|----------|---------------|---------------|---|
| HLL81A | 0.40 | \$102.41 | \$40.96 | 01/24/2012 | 60 | MISCELLANEOUS |
| HLL81A | 1.40 | \$102.41 | \$143.37 | 01/24/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 1.50 | \$102.41 | \$153.62 | 01/24/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.60 | \$102.41 | \$61.45 | 01/24/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 01/24/2012 | 114 | CONTACT WITH EXPERTS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 01/25/2012 | 60 | MISCELLANEOUS |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 01/27/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.30 | \$102.41 | \$30.72 | 01/27/2012 | 70 | TELEPHONE CALLS |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 01/27/2012 | 35 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 01/27/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL64A | 0.40 | \$102.41 | \$40.96 | 01/27/2012 | 70 | LEGAL RESEARCH |
| HLL64A | 1.00 | \$102.41 | \$102.41 | 01/27/2012 | 46 | LEGAL RESEARCH |
| HLL81A | 1.30 | \$102.41 | \$133.13 | 01/30/2012 | 43 | PREPARE FOR DEPOSITION |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 01/30/2012 | 60 | MISCELLANEOUS |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 01/30/2012 | 46 | LEGAL RESEARCH |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 01/30/2012 | 114 | CONTACT WITH EXPERTS |
| HL58B | 0.20 | \$102.41 | \$20.48 | 01/30/2012 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF. |
| HLL62B | 0.40 | \$102.41 | \$40.96 | 01/30/2012 | 45 | PREHEARING MOTION/CONFERENCE CALL |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 01/30/2012 | 45 | PREHEARING MOTION/CONFERENCE CALL |
| HLL62B | 0.60 | \$102.41 | \$61.45 | 01/30/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.60 | \$102.41 | \$61.45 | 01/30/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 01/30/2012 | 37 | REVIEW LETTER |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 01/30/2012 | 37 | REVIEW LETTER |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 01/30/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 01/30/2012 | 60 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.60 | \$102.41 | \$61.45 | 01/30/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 01/30/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 01/30/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 1.20 | \$102.41 | \$122.89 | 02/06/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.30 | \$102.41 | \$30.72 | 02/06/2012 | 35 | TELEPHONE CALLS |
| HLL81A | 0.10 | \$102.41 | \$10.24 | 02/06/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 02/06/2012 | 114 | CONTACT WITH EXPERTS |
| HLL81A | 0.30 | \$102.41 | \$30.72 | 02/07/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 02/07/2012 | 114 | CONTACT WITH EXPERTS |



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| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|----------|---------------|---------------|-----------------------------------|
| HLL62B | 0.30 | \$102.41 | \$30.72 | 02/08/2012 | 114 | CONTACT WITH EXPERTS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 02/08/2012 | 114 | CONTACT WITH EXPERTS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 02/09/2012 | 114 | CONTACT WITH EXPERTS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 02/10/2012 | 35 | TELEPHONE CALLS |
| HLL81A | 0.70 | \$102.41 | \$71.69 | 02/13/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 02/13/2012 | 60 | MISCELLANEOUS |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 02/13/2012 | 60 | MISCELLANEOUS |
| HLL81A | 0.60 | \$102.41 | \$61.45 | 02/13/2012 | 114 | CONTACT WITH EXPERTS |
| HLL81A | 0.80 | \$102.41 | \$81.93 | 02/13/2012 | 60 | MISCELLANEOUS |
| HLL81A | 6.00 | \$102.41 | \$614.46 | 02/14/2012 | 58 | TRAVEL TIME |
| HLL81A | 2.00 | \$102.41 | \$204.82 | 02/14/2012 | 115 | CONTACT WITH INVESTIGATORS |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 02/14/2012 | 58 | TRAVEL TIME |
| HLL62B | 8.50 | \$102.41 | \$870.49 | 02/14/2012 | 58 | TRAVEL TIME |
| HLL62B | 2.00 | \$102.41 | \$204.82 | 02/14/2012 | 115 | CONTACT WITH INVESTIGATORS |
| HLL62B | 3.00 | \$102.41 | \$307.23 | 02/14/2012 | 43 | PREPARE FOR DEPOSITION |
| HLL81A | 1.50 | \$102.41 | \$153.62 | 02/15/2012 | 113 | CONTACT WITH WITNESSES |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 02/15/2012 | 58 | TRAVEL TIME |
| HLL81A | 6.00 | \$102.41 | \$614.46 | 02/15/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 02/15/2012 | 58 | TRAVEL TIME |
| HLL81A | 1.50 | \$102.41 | \$153.62 | 02/15/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 02/15/2012 | 58 | TRAVEL TIME |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 02/15/2012 | 114 | CONTACT WITH EXPERTS |
| HLL62B | 1.50 | \$102.41 | \$153.62 | 02/15/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 6.00 | \$102.41 | \$614.46 | 02/15/2012 | 43 | PREPARE FOR DEPOSITION |
| HLL62B | 0.40 | \$102.41 | \$40.96 | 02/15/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 02/15/2012 | 45 | PREHEARING MOTION/CONFERENCE CALL |
| HLL62B | 1.50 | \$102.41 | \$153.62 | 02/15/2012 | 58 | TRAVEL TIME |
| HLL62B | 1.50 | \$102.41 | \$153.62 | 02/15/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 4.00 | \$102.41 | \$409.64 | 02/16/2012 | 58 | TRAVEL TIME |
| HLL81A | 1.50 | \$102.41 | \$153.62 | 02/16/2012 | 114 | CONTACT WITH EXPERTS |
| HLL81A | 5.50 | \$102.41 | \$563.26 | 02/16/2012 | 58 | TRAVEL TIME |
| HLL62B | 4.00 | \$102.41 | \$409.64 | 02/16/2012 | 58 | TRAVEL TIME |
| HLL62B | 1.50 | \$102.41 | \$153.62 | 02/16/2012 | 114 | CONTACT WITH EXPERTS |
| HLL62B | 4.50 | \$102.41 | \$460.85 | 02/16/2012 | 58 | TRAVEL TIME |

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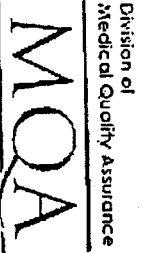
Report Date 04/17/2013

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| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|----------|---------------|---------------|--|
| HLL62B | 0.40 | \$102.41 | \$40.96 | 02/17/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 02/17/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 02/17/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL81A | 2.00 | \$102.41 | \$204.82 | 02/21/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 1.50 | \$102.41 | \$153.62 | 02/21/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.30 | \$102.41 | \$30.72 | 02/22/2012 | 41 | REVIEW PLEADING |
| HLL81A | 0.30 | \$102.41 | \$30.72 | 02/22/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.30 | \$102.41 | \$30.72 | 02/29/2012 | 30 | PREPARE AMENDED A/C |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 02/29/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 02/29/2012 | 37 | REVIEW LETTER |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 02/29/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 02/29/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 03/01/2012 | 30 | PREPARE AMENDED A/C |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 03/01/2012 | 46 | LEGAL RESEARCH |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 03/01/2012 | 46 | MISCELLANEOUS |
| HLL62B | 0.80 | \$102.41 | \$81.93 | 03/01/2012 | 60 | TRAINING |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 03/01/2012 | 14 | MISCELLANEOUS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 03/01/2012 | 60 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 03/01/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 03/01/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 03/02/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 03/02/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 1.20 | \$102.41 | \$122.89 | 03/02/2012 | 35 | TELEPHONE CALLS |
| HLL81A | 0.30 | \$102.41 | \$30.72 | 03/05/2012 | 35 | TELEPHONE CALLS |
| HLL81A | 0.90 | \$102.41 | \$92.17 | 03/05/2012 | 115 | CONTACT WITH INVESTIGATORS |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 03/05/2012 | 35 | TELEPHONE CALLS |
| HLL81A | 1.40 | \$102.41 | \$143.37 | 03/05/2012 | 81 | ESOVERO |
| HLL81A | 6.40 | \$102.41 | \$655.42 | 03/05/2012 | 35 | TELEPHONE CALLS |
| HLL81A | 0.60 | \$102.41 | \$61.45 | 03/05/2012 | 35 | TELEPHONE CALLS |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 03/05/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 03/06/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL84B | 0.50 | \$102.41 | \$51.21 | 03/06/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.40 | \$102.41 | \$40.96 | 03/06/2012 | 60 | CONTACT WITH WITNESSES |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 03/20/2012 | 113 | CONTACT WITH WITNESSES |

itemizedcost

-- FOR INTERNAL USE ONLY --

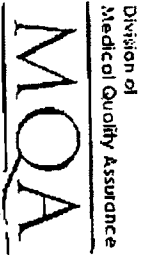


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| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|----------|---------------|---------------|--|
| HLL62B | 1.00 | \$102.41 | \$102.41 | 03/20/2012 | 112 | REVIEWING & UPDATING CASELOAD INVENTORY |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 03/27/2012 | 30 | PREPARE AMENDED A/C |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 03/27/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 03/28/2012 | 30 | PREPARE AMENDED A/C |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 03/28/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 03/28/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 03/28/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 03/28/2012 | 30 | PREPARE AMENDED A/C |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 03/28/2012 | 30 | PREPARE AMENDED A/C |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 03/29/2012 | 28 | PREPARE OR REVISE ADMINISTRATIVE COMPLAINT |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 03/29/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 03/30/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 03/30/2012 | 30 | PREPARE AMENDED A/C |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 04/05/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 04/05/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 04/05/2012 | 47 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 04/05/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.40 | \$102.41 | \$40.96 | 04/05/2012 | 35 | TELEPHONE CALLS |
| HLL81A | 1.50 | \$102.41 | \$153.62 | 04/06/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 2.00 | \$102.41 | \$204.82 | 04/06/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 04/06/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 04/06/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL62B | 1.80 | \$102.41 | \$184.34 | 04/07/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 04/07/2012 | 37 | REVIEW LETTER |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 04/16/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 04/16/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 04/16/2012 | 41 | REVIEW PLEADING |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 04/16/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 04/17/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 04/17/2012 | 41 | REVIEW PLEADING |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 04/17/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.40 | \$102.41 | \$40.96 | 04/17/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 04/17/2012 | 60 | MISCELLANEOUS |



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| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|----------|---------------|---------------|--|
| HLL62B | 0.20 | \$102.41 | \$20.48 | 04/17/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 04/17/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 04/18/2012 | 41 | REVIEW PLEADING |
| HLL81A | 4.00 | \$102.41 | \$409.64 | 04/23/2012 | 26 | PREPARE OR REVISE MEMORANDUM |
| HLL62B | 4.00 | \$102.41 | \$409.64 | 04/23/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL62B | 0.80 | \$102.41 | \$81.93 | 04/23/2012 | 60 | MISCELLANEOUS |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 04/24/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 04/24/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 04/24/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 04/24/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.40 | \$102.41 | \$40.96 | 04/24/2012 | 46 | LEGAL RESEARCH |
| HLL62B | 2.00 | \$102.41 | \$204.82 | 04/24/2012 | 41 | REVIEW PLEADING |
| HLL81A | 0.30 | \$102.41 | \$30.72 | 04/25/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 04/25/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 04/25/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 04/26/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.80 | \$102.41 | \$81.93 | 04/26/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 04/26/2012 | 115 | CONTACT WITH INVESTIGATORS |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 04/26/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 04/26/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 04/28/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 04/28/2012 | 114 | CONTACT WITH EXPERTS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 04/30/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 04/30/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 04/30/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 04/30/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 04/30/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 05/01/2012 | 60 | MISCELLANEOUS |
| HLL62B | 2.00 | \$102.41 | \$204.82 | 05/01/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 05/01/2012 | 60 | MISCELLANEOUS |
| HLL62B | 2.00 | \$102.41 | \$204.82 | 05/01/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 05/01/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 2.00 | \$102.41 | \$204.82 | 05/02/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 05/02/2012 | 41 | REVIEW PLEADING |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 05/02/2012 | 41 | REVIEW PLEADING |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 05/03/2012 | 41 | REVIEW PLEADING |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 05/07/2012 | 27 | REVIEW MEMORANDUM |



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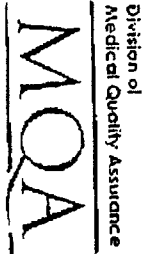
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| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|----------|---------------|---------------|--|
| HLL62B | 0.50 | \$102.41 | \$51.21 | 05/14/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.40 | \$102.41 | \$40.96 | 05/22/2012 | 36 | PREPARATION OR REVISION OF LETTER |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 05/22/2012 | 36 | PREPARATION OR REVISION OF LETTER |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 05/23/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 05/24/2012 | 60 | MISCELLANEOUS |
| HLL81A | 2.00 | \$102.41 | \$204.82 | 05/29/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL81A | 1.50 | \$102.41 | \$153.62 | 05/29/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 05/30/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 05/30/2012 | 55 | REVIEW OF BRIEF |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 06/04/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 06/04/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 06/04/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.70 | \$102.41 | \$71.69 | 06/20/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 06/20/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 06/20/2012 | 114 | CONTACT WITH EXPERTS |
| HLL81A | 0.20 | \$102.41 | \$20.48 | 06/26/2012 | 41 | REVIEW PLEADING |
| HLL62B | 0.40 | \$102.41 | \$40.96 | 08/14/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.80 | \$102.41 | \$81.93 | 08/14/2012 | 60 | MISCELLANEOUS |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 08/17/2012 | 26 | PREPARE OR REVISE MEMORANDUM |
| HLL81A | 1.50 | \$102.41 | \$153.62 | 08/17/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.80 | \$102.41 | \$81.93 | 08/17/2012 | 39 | PREPARE/RESPOND TO DISCOVERY |
| HLL81A | 0.80 | \$102.41 | \$81.93 | 08/17/2012 | 47 | TRIAL PREPARATION |
| HLL81A | 3.00 | \$102.41 | \$307.23 | 08/19/2012 | 47 | TRIAL PREPARATION |
| HLL81A | 4.00 | \$102.41 | \$409.64 | 08/19/2012 | 47 | TRIAL PREPARATION |
| HL58B | 0.60 | \$102.41 | \$61.45 | 08/20/2012 | 47 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.40 | \$102.41 | \$40.96 | 08/20/2012 | 70 | LEGAL RESEARCH |
| HLL81A | 2.00 | \$102.41 | \$204.82 | 08/20/2012 | 46 | CONFERENCES WITH LAWYERS |
| HLL81A | 1.20 | \$102.41 | \$122.89 | 08/20/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.70 | \$102.41 | \$71.69 | 08/20/2012 | 43 | PREPARE FOR DEPOSITION |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 08/20/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.80 | \$102.41 | \$81.93 | 08/20/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 08/20/2012 | 60 | MISCELLANEOUS |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 08/20/2012 | 60 | MISCELLANEOUS |
| HLL62B | 2.00 | \$102.41 | \$204.82 | 08/20/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |

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| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|----------|---------------|---------------|--|
| HLL81A | 0.80 | \$102.41 | \$81.93 | 08/21/2012 | 35 | TELEPHONE CALLS |
| HLL81A | 1.20 | \$102.41 | \$122.89 | 08/21/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 08/21/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 08/21/2012 | 46 | LEGAL RESEARCH |
| HLL62B | 2.50 | \$102.41 | \$256.03 | 08/21/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 08/21/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.80 | \$102.41 | \$81.93 | 08/21/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.60 | \$102.41 | \$61.45 | 08/22/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 08/22/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL81A | 0.70 | \$102.41 | \$71.69 | 08/22/2012 | 46 | LEGAL RESEARCH |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 08/22/2012 | 35 | TELEPHONE CALLS |
| HLL81A | 1.20 | \$102.41 | \$122.89 | 08/22/2012 | 46 | LEGAL RESEARCH |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 08/22/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 08/22/2012 | 46 | LEGAL RESEARCH |
| HLL62B | 2.50 | \$102.41 | \$256.03 | 08/22/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 08/22/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.80 | \$102.41 | \$81.93 | 08/22/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 08/23/2012 | 60 | MISCELLANEOUS |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 08/24/2012 | 47 | TRIAL PREPARATION |
| HLL81A | 0.30 | \$102.41 | \$30.72 | 08/24/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 08/24/2012 | 45 | CONFERENCES WITH LAWYERS |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 08/24/2012 | 70 | PREHEARING MOTION/CONFERENCE CALL |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 08/24/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 3.00 | \$102.41 | \$307.23 | 08/24/2012 | 46 | LEGAL RESEARCH |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 08/24/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 08/24/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 08/24/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.40 | \$102.41 | \$40.96 | 08/24/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 08/27/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 08/28/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 08/28/2012 | 46 | LEGAL RESEARCH |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 08/29/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 2.50 | \$102.41 | \$256.03 | 08/29/2012 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 08/29/2012 | 70 | CONFERENCES WITH LAWYERS |

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| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|----------|---------------|---------------|---|
| HLL62B | 0.40 | \$102.41 | \$40.96 | 08/29/2012 | 41 | REVIEW PLEADING |
| HLL81A | 7.00 | \$102.41 | \$716.87 | 08/29/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 08/30/2012 | 45 | PREHEARING MOTION/CONFERENCE CALL |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 08/30/2012 | 45 | PREHEARING MOTION/CONFERENCE CALL |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 08/30/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.40 | \$102.41 | \$40.96 | 08/30/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.40 | \$102.41 | \$40.96 | 08/30/2012 | 45 | PREHEARING MOTION/CONFERENCE CALL |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 08/30/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 08/30/2012 | 45 | PREHEARING MOTION/CONFERENCE CALL |
| HL58B | 0.80 | \$102.41 | \$81.93 | 09/04/2012 | 79 | STIPULATION |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 09/04/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 09/04/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 09/04/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 09/04/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 09/06/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 09/06/2012 | 60 | MISCELLANEOUS |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 09/11/2012 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF. |
| HLL81A | 1.10 | \$102.41 | \$112.65 | 09/11/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 09/12/2012 | 28 | PREPARE OR REVISE ADMINISTRATIVE COMPLAINT |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 09/12/2012 | 47 | TRIAL PREPARATION |
| HLL81A | 9.00 | \$102.41 | \$921.69 | 09/14/2012 | 47 | TRIAL PREPARATION |
| HL58B | 1.50 | \$102.41 | \$153.62 | 09/17/2012 | 47 | TRIAL PREPARATION |
| HLL81A | 7.00 | \$102.41 | \$716.87 | 09/17/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 09/17/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 09/17/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 09/17/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 1.50 | \$102.41 | \$153.62 | 09/17/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 09/17/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 09/17/2012 | 38 | REVIEW/ DISCOVERY REQUESTS/RESPONSES |
| HLL62B | 0.40 | \$102.41 | \$40.96 | 09/17/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 09/17/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 09/17/2012 | 60 | MISCELLANEOUS |

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|------------|----------------|------------|----------|---------------|---------------|--|
| HL58B | 3.00 | \$102.41 | \$307.23 | 09/18/2012 | 47 | TRIAL PREPARATTON |
| HLL81A | 8.00 | \$102.41 | \$819.28 | 09/18/2012 | 47 | TRIAL PREPARATION |
| HL58B | 1.20 | \$102.41 | \$122.89 | 09/19/2012 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE,DEPT STAFF OR ATTY GEN OFF. |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 09/19/2012 | 114 | CONTACT WITH EXPERTS |
| HLL81A | 0.80 | \$102.41 | \$81.93 | 09/19/2012 | 41 | REVIEW PLEADING |
| HLL81A | 1.50 | \$102.41 | \$153.62 | 09/19/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 4.00 | \$102.41 | \$409.64 | 09/20/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 1.50 | \$102.41 | \$153.62 | 09/20/2012 | 45 | PREHEARING MOTION/CONFERENCE CALL |
| HLL81A | 2.50 | \$102.41 | \$256.03 | 09/20/2012 | 46 | LEGAL RESEARCH |
| HL58B | 3.80 | \$102.41 | \$389.16 | 09/20/2012 | 41 | REVIEW PLEADING |
| HL58B | 1.40 | \$102.41 | \$143.37 | 09/20/2012 | 45 | PREHEARING MOTION/CONFERENCE CALL |
| HL58B | 1.10 | \$102.41 | \$112.65 | 09/21/2012 | 47 | TRIAL PREPARATION |
| HLL81A | 6.00 | \$102.41 | \$614.46 | 09/21/2012 | 47 | TRIAL PREPARATION |
| HLL81A | 1.50 | \$102.41 | \$153.62 | 09/21/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 3.00 | \$102.41 | \$307.23 | 09/21/2012 | 46 | LEGAL RESEARCH |
| HLL62B | 1.50 | \$102.41 | \$153.62 | 09/21/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 09/21/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 09/21/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 09/21/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 09/21/2012 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HL58B | 0.50 | \$102.41 | \$51.21 | 09/24/2012 | 38 | REVIEW DISCOVERY REQUESTS/RESPONSES |
| HLL62B | 0.40 | \$102.41 | \$40.96 | 09/24/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.10 | \$102.41 | \$10.24 | 09/24/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 09/24/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 09/24/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 09/24/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 09/24/2012 | 38 | REVIEW DISCOVERY REQUESTS/RESPONSES |
| HLL81A | 2.50 | \$102.41 | \$256.03 | 09/24/2012 | 39 | PREPARE/RESPOND TO DISCOVERY |
| HLL81A | 5.00 | \$102.41 | \$512.05 | 09/24/2012 | 25 | REVIEW CASE FILE |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 09/25/2012 | 102 | REVIEW EXPERT WITNESS REPORT |
| HLL62B | 0.80 | \$102.41 | \$81.93 | 09/25/2012 | 46 | LEGAL RESEARCH |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 09/25/2012 | 60 | MISCELLANEOUS |
| HLL81A | 7.00 | \$102.41 | \$716.87 | 09/25/2012 | 43 | PREPARE FOR DEPOSITION |



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|------------|----------------|------------|----------|---------------|---------------|---|
| HLL62B | 0.40 | \$102.41 | \$40.96 | 09/26/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 2.00 | \$102.41 | \$204.82 | 09/26/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 09/26/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 09/26/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 09/26/2012 | 102 | REVIEW EXPERT WITNESS REPORT |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 09/26/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.50 | \$102.41 | \$51.21 | 09/26/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.40 | \$102.41 | \$40.96 | 09/26/2012 | 60 | MISCELLANEOUS |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 09/27/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 09/27/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.40 | \$102.41 | \$40.96 | 09/27/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 2.00 | \$102.41 | \$204.82 | 09/27/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL62B | 2.00 | \$102.41 | \$204.82 | 09/27/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.40 | \$102.41 | \$40.96 | 09/27/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 09/27/2012 | 114 | CONTACT WITH EXPERTS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 09/27/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 09/27/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.20 | \$102.41 | \$20.48 | 09/27/2012 | 60 | MISCELLANEOUS |
| HLL62B | 1.00 | \$102.41 | \$102.41 | 09/27/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.30 | \$102.41 | \$30.72 | 09/27/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.90 | \$102.41 | \$92.17 | 09/27/2012 | 45 | PREHEARING MOTION/CONFERENCE CALL |
| HL58B | 2.00 | \$102.41 | \$204.82 | 09/28/2012 | 43 | PREPARE FOR DEPOSITION |
| HLL81A | 0.40 | \$102.41 | \$40.96 | 09/28/2012 | 58 | TRAVEL TIME |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 09/28/2012 | 114 | CONTACT WITH EXPERTS |
| HLL81A | 5.50 | \$102.41 | \$563.26 | 09/28/2012 | 44 | DEPOSITIONS |
| HLL81A | 5.00 | \$102.41 | \$512.05 | 09/28/2012 | 58 | TRAVEL TIME |
| HL58B | 0.60 | \$102.41 | \$61.45 | 09/28/2012 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF. |
| HLL62B | 0.10 | \$106.35 | \$10.64 | 09/28/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.20 | \$106.35 | \$21.27 | 09/28/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.20 | \$106.35 | \$21.27 | 09/28/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 5.00 | \$106.35 | \$531.75 | 09/28/2012 | 44 | DEPOSITIONS |
| HLL81A | 0.30 | \$102.41 | \$30.72 | 10/01/2012 | 35 | TELEPHONE CALLS |
| HLL81A | 0.30 | \$102.41 | \$30.72 | 10/01/2012 | 35 | TELEPHONE CALLS |
| HLL81A | 0.30 | \$102.41 | \$30.72 | 10/01/2012 | 70 | CONFERENCES WITH LAWYERS |



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|------------|----------------|------------|----------|---------------|---------------|---|
| HLL81A | 1.00 | \$102.41 | \$102.41 | 10/01/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 1.30 | \$106.35 | \$138.26 | 10/01/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.30 | \$106.35 | \$31.91 | 10/01/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 1.00 | \$106.35 | \$106.35 | 10/01/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.40 | \$106.35 | \$42.54 | 10/01/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 2.00 | \$106.35 | \$212.70 | 10/01/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.40 | \$106.35 | \$42.54 | 10/01/2012 | 35 | TELEPHONE CALLS |
| HL58B | 0.50 | \$102.41 | \$51.21 | 10/02/2012 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF. |
| HLL81A | 0.50 | \$102.41 | \$51.21 | 10/02/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL62B | 1.00 | \$106.35 | \$106.35 | 10/02/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.30 | \$106.35 | \$31.91 | 10/02/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 2.00 | \$106.35 | \$212.70 | 10/02/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL62B | 0.30 | \$106.35 | \$31.91 | 10/02/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.30 | \$106.35 | \$31.91 | 10/02/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.50 | \$106.35 | \$53.18 | 10/02/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL62B | 0.30 | \$106.35 | \$31.91 | 10/02/2012 | 41 | REVIEW PLEADING |
| HLL81A | 2.00 | \$102.41 | \$204.82 | 10/03/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 1.00 | \$106.35 | \$106.35 | 10/03/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 1.00 | \$106.35 | \$106.35 | 10/03/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.20 | \$106.35 | \$21.27 | 10/03/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.20 | \$106.35 | \$21.27 | 10/03/2012 | 41 | REVIEW PLEADING |
| HLL62B | 0.30 | \$106.35 | \$31.91 | 10/03/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.20 | \$106.35 | \$21.27 | 10/03/2012 | 60 | MISCELLANEOUS |
| HLL62B | 2.00 | \$106.35 | \$212.70 | 10/03/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 1.50 | \$106.35 | \$159.53 | 10/04/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.40 | \$106.35 | \$42.54 | 10/04/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.20 | \$106.35 | \$21.27 | 10/04/2012 | 43 | PREPARE FOR DEPOSITION |
| HLL62B | 0.30 | \$106.35 | \$31.91 | 10/04/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 1.50 | \$106.35 | \$159.53 | 10/04/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 1.00 | \$106.35 | \$106.35 | 10/04/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.50 | \$106.35 | \$53.18 | 10/05/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.50 | \$106.35 | \$53.18 | 10/05/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.50 | \$106.35 | \$53.18 | 10/05/2012 | 35 | TELEPHONE CALLS |



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|------------|----------------|------------|----------|---------------|---------------|------------------------------|
| HLL62B | 0.30 | \$106.35 | \$31.91 | 10/05/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.50 | \$106.35 | \$53.18 | 10/05/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.50 | \$106.35 | \$53.18 | 10/05/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.30 | \$106.35 | \$31.91 | 10/05/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.50 | \$106.35 | \$53.18 | 10/05/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.20 | \$106.35 | \$21.27 | 10/05/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.10 | \$106.35 | \$10.64 | 10/05/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.30 | \$106.35 | \$31.91 | 10/05/2012 | 60 | MISCELLANEOUS |
| HLL62B | 0.50 | \$106.35 | \$53.18 | 10/05/2012 | 10 | INTERNAL INVESTIGATION |
| HLL81A | 2.00 | \$102.41 | \$204.82 | 10/05/2012 | 47 | TRIAL PREPARATION |
| HLL81A | 3.00 | \$102.41 | \$307.23 | 10/07/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 2.00 | \$106.35 | \$212.70 | 10/07/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 2.00 | \$106.35 | \$212.70 | 10/07/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 3.00 | \$106.35 | \$319.05 | 10/07/2012 | 47 | TRIAL PREPARATION |
| HLL81A | 2.50 | \$102.41 | \$256.03 | 10/08/2012 | 39 | PREPARE/RESPOND TO DISCOVERY |
| HLL81A | 2.00 | \$102.41 | \$204.82 | 10/08/2012 | 35 | TELEPHONE CALLS |
| HLL81A | 1.00 | \$102.41 | \$102.41 | 10/08/2012 | 114 | CONTACT WITH EXPERTS |
| HLL81A | 2.00 | \$102.41 | \$204.82 | 10/08/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 1.00 | \$106.35 | \$106.35 | 10/08/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 1.00 | \$106.35 | \$106.35 | 10/08/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.20 | \$106.35 | \$21.27 | 10/08/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.20 | \$106.35 | \$21.27 | 10/08/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.30 | \$106.35 | \$31.91 | 10/08/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.50 | \$106.35 | \$53.18 | 10/08/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.30 | \$106.35 | \$31.91 | 10/08/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 1.00 | \$106.35 | \$106.35 | 10/08/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.40 | \$106.35 | \$42.54 | 10/08/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 1.00 | \$106.35 | \$106.35 | 10/08/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 1.40 | \$106.35 | \$148.89 | 10/08/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.70 | \$106.35 | \$74.45 | 10/08/2012 | 47 | TRIAL PREPARATION |



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| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|----------|---------------|---------------|---|
| HLL62B | 1.00 | \$106.35 | \$106.35 | 10/08/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.20 | \$106.35 | \$21.27 | 10/08/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.30 | \$106.35 | \$31.91 | 10/08/2012 | 47 | TRIAL PREPARATION |
| HL58B | 0.60 | \$102.41 | \$61.45 | 10/09/2012 | 47 | TRIAL PREPARATION |
| HL181A | 4.00 | \$102.41 | \$409.64 | 10/09/2012 | 43 | PREPARE FOR DEPOSITION |
| HL181A | 1.50 | \$102.41 | \$153.62 | 10/09/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL62B | 0.50 | \$106.35 | \$53.18 | 10/09/2012 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HLL62B | 1.00 | \$106.35 | \$106.35 | 10/09/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 4.50 | \$106.35 | \$478.58 | 10/09/2012 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HLL62B | 0.50 | \$106.35 | \$53.18 | 10/09/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 0.50 | \$106.35 | \$53.18 | 10/09/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.50 | \$106.35 | \$53.18 | 10/09/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | 0.50 | \$106.35 | \$53.18 | 10/09/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 2.50 | \$106.35 | \$265.88 | 10/09/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 1.00 | \$106.35 | \$106.35 | 10/09/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.20 | \$106.35 | \$21.27 | 10/09/2012 | 47 | TRIAL PREPARATION |
| HL58B | 0.70 | \$102.41 | \$71.69 | 10/10/2012 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF. |
| HL181A | 5.50 | \$102.41 | \$563.26 | 10/10/2012 | 58 | TRAVEL TIME |
| HL181A | 2.50 | \$102.41 | \$256.03 | 10/10/2012 | 115 | CONTACT WITH INVESTIGATORS |
| HL181A | 2.00 | \$102.41 | \$204.82 | 10/10/2012 | 44 | DEPOSITIONS |
| HL181A | 0.50 | \$102.41 | \$51.21 | 10/10/2012 | 58 | TRAVEL TIME |
| HLL62B | 0.50 | \$106.35 | \$53.18 | 10/10/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 1.00 | \$106.35 | \$106.35 | 10/10/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.70 | \$106.35 | \$74.45 | 10/10/2012 | 43 | PREPARE FOR DEPOSITION |
| HLL62B | 2.00 | \$106.35 | \$212.70 | 10/10/2012 | 44 | DEPOSITIONS |
| HLL62B | 0.50 | \$106.35 | \$53.18 | 10/10/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL62B | 0.50 | \$106.35 | \$53.18 | 10/10/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.30 | \$106.35 | \$31.91 | 10/10/2012 | 35 | TELEPHONE CALLS |
| HLL62B | 1.30 | \$106.35 | \$138.26 | 10/10/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.30 | \$106.35 | \$31.91 | 10/10/2012 | 47 | REVIEW RECONSIDERATION |
| HLL81A | 5.50 | \$102.41 | \$563.26 | 10/11/2012 | 58 | TRAVEL TIME |
| HLL81A | 2.00 | \$102.41 | \$204.82 | 10/11/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 0.20 | \$106.35 | \$21.27 | 10/11/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 2.00 | \$106.35 | \$212.70 | 10/11/2012 | 47 | TRIAL PREPARATION |



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|------------|----------|-------|------------|------------|---------------|---------------|--|
| HLL62B | | 1.00 | \$106.35 | \$106.35 | 10/11/2012 | 47 | TRIAL PREPARATION |
| HLL62B | | 2.00 | \$106.35 | \$212.70 | 10/11/2012 | 47 | TRIAL PREPARATION |
| HLL81A | | 7.50 | \$102.41 | \$768.08 | 10/12/2012 | 47 | TRIAL PREPARATION |
| HL58B | | 1.50 | \$102.41 | \$153.62 | 10/12/2012 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE,DEPT STAFF OR ATTY GEN OFF. |
| HLL62B | | 2.00 | \$106.35 | \$212.70 | 10/12/2012 | 47 | TRIAL PREPARATION |
| HLL62B | | 2.00 | \$106.35 | \$212.70 | 10/12/2012 | 47 | TRIAL PREPARATION |
| HLL62B | | 0.50 | \$106.35 | \$53.18 | 10/12/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | | 0.20 | \$106.35 | \$21.27 | 10/12/2012 | 47 | TRIAL PREPARATION |
| HLL62B | | 0.50 | \$106.35 | \$53.18 | 10/12/2012 | 47 | TRIAL PREPARATION |
| HLL62B | | 0.30 | \$106.35 | \$31.91 | 10/12/2012 | 47 | TRIAL PREPARATION |
| HLL62B | | 1.50 | \$106.35 | \$159.53 | 10/12/2012 | 47 | TRIAL PREPARATION |
| HLL62B | | 0.50 | \$106.35 | \$53.18 | 10/12/2012 | 47 | TRIAL PREPARATION |
| HLL81A | | 4.50 | \$102.41 | \$460.85 | 10/13/2012 | 47 | TRIAL PREPARATION |
| HLL62B | | 2.50 | \$106.35 | \$265.88 | 10/13/2012 | 47 | TRIAL PREPARATION |
| HLL62B | | 2.00 | \$106.35 | \$212.70 | 10/13/2012 | 47 | TRIAL PREPARATION |
| HLL81A | | 9.50 | \$106.35 | \$1,010.33 | 10/14/2012 | 58 | TRAVEL TIME |
| HLL81A | | 1.00 | \$106.35 | \$106.35 | 10/14/2012 | 113 | CONTACT WITH WITNESSES |
| HLL81A | | 3.50 | \$106.35 | \$372.23 | 10/14/2012 | 113 | CONTACT WITH WITNESSES |
| HLL62B | | 6.00 | \$106.35 | \$638.10 | 10/14/2012 | 58 | TRAVEL TIME |
| HLL62B | | 7.00 | \$106.35 | \$744.45 | 10/14/2012 | 47 | TRIAL PREPARATION |
| HLL81A | | 1.50 | \$106.35 | \$159.53 | 10/15/2012 | 58 | TRAVEL TIME |
| HLL81A | | 2.00 | \$106.35 | \$212.70 | 10/15/2012 | 47 | TRIAL PREPARATION |
| HLL81A | | 2.50 | \$106.35 | \$265.88 | 10/15/2012 | 47 | TRIAL PREPARATION |
| HLL81A | | 1.00 | \$106.35 | \$106.35 | 10/15/2012 | 47 | TRIAL PREPARATION |
| HLL81A | | 4.00 | \$106.35 | \$425.40 | 10/15/2012 | 47 | TRIAL PREPARATION |
| HLL81A | | 1.00 | \$106.35 | \$106.35 | 10/15/2012 | 113 | CONTACT WITH WITNESSES |
| HLL62B | | 2.00 | \$106.35 | \$212.70 | 10/15/2012 | 58 | TRAVEL TIME |
| HLL62B | | 12.00 | \$106.35 | \$1,276.20 | 10/15/2012 | 47 | TRIAL PREPARATION |
| HLL81A | | 1.00 | \$106.35 | \$106.35 | 10/16/2012 | 58 | TRAVEL TIME |
| HLL81A | | 9.00 | \$106.35 | \$957.15 | 10/16/2012 | 48 | FORMAL HEARING |
| HLL81A | | 4.00 | \$106.35 | \$425.40 | 10/16/2012 | 47 | TRIAL PREPARATION |
| HLL62B | | 1.00 | \$106.35 | \$106.35 | 10/16/2012 | 58 | TRAVEL TIME |
| HLL62B | | 8.00 | \$106.35 | \$850.80 | 10/16/2012 | 48 | FORMAL HEARING |



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| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|------------|---------------|---------------|---|
| HLL62B | 6.00 | \$106.35 | \$638.10 | 10/16/2012 | 47 | TRIAL PREPARATION |
| HLL81A | 1.00 | \$106.35 | \$106.35 | 10/17/2012 | 58 | TRAVEL TIME |
| HLL81A | 9.50 | \$106.35 | \$1,010.33 | 10/17/2012 | 48 | FORMAL HEARING |
| HLL81A | 2.50 | \$106.35 | \$265.88 | 10/17/2012 | 114 | CONTACT WITH EXPERTS |
| HLL81A | 2.00 | \$106.35 | \$212.70 | 10/17/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 1.00 | \$106.35 | \$106.35 | 10/17/2012 | 58 | TRAVEL TIME |
| HLL62B | 8.50 | \$106.35 | \$903.98 | 10/17/2012 | 48 | FORMAL HEARING |
| HLL62B | 7.50 | \$106.35 | \$797.63 | 10/17/2012 | 47 | TRIAL PREPARATION |
| HLL81A | 1.00 | \$106.35 | \$106.35 | 10/18/2012 | 58 | TRAVEL TIME |
| HLL81A | 9.00 | \$106.35 | \$957.15 | 10/18/2012 | 48 | FORMAL HEARING |
| HLL81A | 2.00 | \$106.35 | \$212.70 | 10/18/2012 | 114 | CONTACT WITH EXPERTS |
| HLL81A | 1.50 | \$106.35 | \$159.53 | 10/18/2012 | 47 | TRIAL PREPARATION |
| HLL62B | 1.00 | \$106.35 | \$106.35 | 10/18/2012 | 58 | TRAVEL TIME |
| HLL62B | 10.60 | \$106.35 | \$1,127.31 | 10/18/2012 | 48 | FORMAL HEARING |
| HLL62B | 4.00 | \$106.35 | \$425.40 | 10/18/2012 | 47 | TRIAL PREPARATION |
| HLL81A | 1.50 | \$106.35 | \$159.53 | 10/19/2012 | 114 | CONTACT WITH EXPERTS |
| HLL81A | 8.00 | \$106.35 | \$850.80 | 10/19/2012 | 48 | FORMAL HEARING |
| HLL81A | 1.00 | \$106.35 | \$106.35 | 10/19/2012 | 58 | TRAVEL TIME |
| HLL62B | 1.00 | \$106.35 | \$106.35 | 10/19/2012 | 58 | TRAVEL TIME |
| HLL62B | 9.60 | \$106.35 | \$1,020.96 | 10/19/2012 | 48 | FORMAL HEARING |
| HLL81A | 11.00 | \$106.35 | \$1,169.85 | 10/20/2012 | 58 | TRAVEL TIME |
| HLL62B | 6.00 | \$106.35 | \$638.10 | 10/20/2012 | 58 | TRAVEL TIME |
| HLL81A | 1.50 | \$106.35 | \$159.53 | 10/22/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | 0.40 | \$106.35 | \$42.54 | 10/22/2012 | 60 | MISCELLANEOUS |
| HL58B | 0.50 | \$106.35 | \$53.18 | 10/25/2012 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF. |
| HL84B | 0.20 | \$106.35 | \$21.27 | 10/25/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HL84B | 0.30 | \$106.35 | \$31.91 | 10/25/2012 | 25 | REVIEW CASE FILE |
| HL62B | 0.30 | \$106.35 | \$31.91 | 10/26/2012 | 60 | MISCELLANEOUS |
| HL62B | 0.20 | \$106.35 | \$21.27 | 10/26/2012 | 60 | MISCELLANEOUS |
| HL62B | 0.20 | \$106.35 | \$21.27 | 10/26/2012 | 60 | MISCELLANEOUS |
| HL81A | 2.00 | \$106.35 | \$212.70 | 10/29/2012 | 25 | REVIEW CASE FILE |
| HL81A | 0.20 | \$106.35 | \$21.27 | 10/29/2012 | 35 | TELEPHONE CALLS |
| HL81A | 0.30 | \$106.35 | \$31.91 | 10/29/2012 | 60 | MISCELLANEOUS |



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| Staff Code | Activity | Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------|-------|------------|----------|---------------|---------------|---|
| HLL81A | | 1.20 | \$106.35 | \$127.62 | 10/31/2012 | 45 | PREHEARING MOTION/CONFERENCE CALL |
| HL58B | | 0.30 | \$106.35 | \$31.91 | 11/13/2012 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF. |
| HLL81A | | 3.00 | \$106.35 | \$319.05 | 11/15/2012 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HLL62B | | 0.20 | \$106.35 | \$21.27 | 11/15/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL62B | | 0.50 | \$106.35 | \$53.18 | 11/15/2012 | 35 | TELEPHONE CALLS |
| HLL81A | | 5.00 | \$106.35 | \$531.75 | 12/03/2012 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HLL81A | | 1.00 | \$106.35 | \$106.35 | 12/04/2012 | 46 | LEGAL RESEARCH |
| HLL81A | | 1.50 | \$106.35 | \$159.53 | 12/04/2012 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HLL81A | | 1.00 | \$106.35 | \$106.35 | 12/04/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | | 5.00 | \$106.35 | \$531.75 | 12/04/2012 | 46 | LEGAL RESEARCH |
| HLL81A | | 6.50 | \$106.35 | \$691.28 | 12/05/2012 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HLL81A | | 3.00 | \$106.35 | \$319.05 | 12/06/2012 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HLL76B | | 2.50 | \$106.35 | \$265.88 | 12/07/2012 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HLL62B | | 3.00 | \$106.35 | \$319.05 | 12/08/2012 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HLL62B | | 3.00 | \$106.35 | \$319.05 | 12/09/2012 | 40 | PREPARATION OF OR REVISION OF A PLEADING |
| HLL62B | | 0.20 | \$106.35 | \$21.27 | 12/10/2012 | 70 | CONFERENCES WITH LAWYERS |
| HLL81A | | 1.00 | \$106.35 | \$106.35 | 12/11/2012 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HLL81A | | 2.00 | \$106.35 | \$212.70 | 12/12/2012 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HLL81A | | 2.00 | \$106.35 | \$212.70 | 12/13/2012 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HLL81A | | 5.00 | \$106.35 | \$531.75 | 12/14/2012 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HLL81A | | 7.00 | \$106.35 | \$744.45 | 12/15/2012 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HLL81A | | 6.00 | \$106.35 | \$638.10 | 12/16/2012 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HLL81A | | 8.50 | \$106.35 | \$903.98 | 12/18/2012 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HLL81A | | 7.00 | \$106.35 | \$744.45 | 12/19/2012 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HLL81A | | 0.40 | \$106.35 | \$42.54 | 12/19/2012 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF. |
| HL58B | | 0.40 | \$106.35 | \$42.54 | 12/19/2012 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE, DEPT STAFF OR ATTY GEN OFF. |
| HLL81A | | 6.00 | \$106.35 | \$638.10 | 12/20/2012 | 46 | LEGAL RESEARCH |
| HLL86A | | 0.10 | \$106.35 | \$10.64 | 01/16/2013 | 60 | MISCELLANEOUS |
| UL81A | | 0.50 | \$106.35 | \$53.18 | 01/24/2013 | 35 | TELEPHONE CALLS |
| UL81A | | 5.00 | \$106.35 | \$531.75 | 01/24/2013 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HLL62B | | 5.50 | \$106.35 | \$584.93 | 01/30/2013 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HLL62B | | 7.50 | \$106.35 | \$797.63 | 01/31/2013 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HLL62B | | 0.20 | \$106.35 | \$21.27 | 01/31/2013 | 60 | MISCELLANEOUS |



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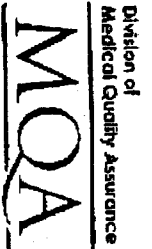
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| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|--------------|---------------|---------------|--|
| HLL62B | 0.20 | \$106.35 | \$21.27 | 01/31/2013 | 60 | MISCELLANEOUS |
| HLL62B | 0.10 | \$106.35 | \$10.64 | 01/31/2013 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| UL81A | 2.50 | \$106.35 | \$265.88 | 02/01/2013 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| UL81A | 6.50 | \$106.35 | \$691.28 | 02/03/2013 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| UL81A | 10.00 | \$106.35 | \$1,063.50 | 02/04/2013 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HL58B | 0.50 | \$106.35 | \$53.18 | 02/19/2013 | 60 | MISCELLANEOUS |
| UL81A | 1.50 | \$106.35 | \$159.53 | 03/12/2013 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE,DEPT STAFF OR ATTY GEN OFF. |
| HL58B | 1.00 | \$106.35 | \$106.35 | 03/26/2013 | 41 | REVIEW/PLEADING |
| UL81A | 0.50 | \$106.35 | \$53.18 | 03/27/2013 | 41 | REVIEW/PLEADING |
| UL81A | 0.50 | \$106.35 | \$53.18 | 03/27/2013 | 60 | MISCELLANEOUS |
| UL81A | 1.20 | \$106.35 | \$127.62 | 03/27/2013 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE,DEPT STAFF OR ATTY GEN OFF. |
| HL58B | 10.80 | \$106.35 | \$1,148.58 | 03/27/2013 | 41 | REVIEW/PLEADING |
| HL58B | 1.40 | \$106.35 | \$148.89 | 04/01/2013 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE,DEPT STAFF OR ATTY GEN OFF. |
| Sub Total | 1,296.20 | | \$136,929.09 | | | |
| PI67 | 2.50 | \$50.48 | \$126.20 | 10/05/2012 | 100 | SERVICE OF ADMINISTRATIVE COMPLAINTS, SUBPOENAS, NOTICE TO CEASE |
| Sub Total | 2.50 | | \$126.20 | | | |

| | |
|------------|--------------|
| Total Cost | \$144,581.31 |
|------------|--------------|



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| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------------|-----------------|------------|---------------------|---------------|---------------|--|
| HL162B | 0.20 | \$106.35 | \$21.27 | 01/31/2013 | 60 | MISCELLANEOUS |
| HL162B | 0.10 | \$106.35 | \$10.64 | 01/31/2013 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| UL81A | 2.50 | \$106.35 | \$265.88 | 02/01/2013 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| UL81A | 6.50 | \$106.35 | \$691.28 | 02/03/2013 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| UL81A | 10.00 | \$106.35 | \$1,063.50 | 02/04/2013 | 49 | REVIEW TRANSCRIPTS AND PREPARE RECOMMENDED ORDER |
| HL58B | 0.50 | \$106.35 | \$53.18 | 02/19/2013 | 60 | MISCELLANEOUS |
| UL81A | 1.50 | \$106.35 | \$159.53 | 03/12/2013 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE,DEPT STAFF OR ATTY GEN OFF. |
| HL58B | 1.00 | \$106.35 | \$106.35 | 03/26/2013 | 41 | REVIEW PLEADING |
| UL81A | 0.50 | \$106.35 | \$53.18 | 03/27/2013 | 41 | REVIEW PLEADING |
| UL81A | 0.50 | \$106.35 | \$53.18 | 03/27/2013 | 60 | MISCELLANEOUS |
| UL81A | 0.50 | \$106.35 | \$53.18 | 03/27/2013 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE,DEPT STAFF OR ATTY GEN OFF. |
| UL81A | 1.20 | \$106.35 | \$127.62 | 03/27/2013 | 64 | REVIEW PLEADING |
| HL58B | 10.80 | \$106.35 | \$1,148.58 | 03/27/2013 | 41 | REVIEW PLEADING |
| HL58B | 1.40 | \$106.35 | \$148.89 | 04/01/2013 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE,DEPT STAFF OR ATTY GEN OFF. |
| HL58B | 0.50 | \$106.35 | \$53.18 | 04/15/2013 | 64 | LEGAL ADVICE/DISCUSSION - BOARD OFFICE,DEPT STAFF OR ATTY GEN OFF. |
| HL58B | 0.40 | \$106.35 | \$42.54 | 04/18/2013 | 60 | MISCELLANEOUS |
| Sub Total | 1,297.10 | | \$137,024.81 | | | |

| | | | | | | |
|------------------|-------------|---------|-----------------|------------|-----|--|
| FL67 | 2.50 | \$50.48 | \$126.20 | 10/05/2012 | 100 | SERVICE OF ADMINISTRATIVE COMPLAINTS, SUBPOENAS, NOTICE TO CEASE |
| Sub Total | 2.50 | | \$126.20 | | | |

Total Cost \$144,677.03



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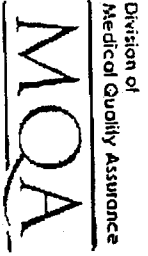
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| Staff Code | Activity Hours | Staff Rate | Cost | Activity Date | Activity Code | Activity Description |
|------------|----------------|------------|------|---------------|---------------|----------------------|
|------------|----------------|------------|------|---------------|---------------|----------------------|



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| Staff Code | Expense Date | Expense Amount | Expense Code | Expense Code Description |
|------------------------------------|-----------------|-----------------|--------------|--------------------------------------|
| INVESTIGATIVE SERVICES UNIT | | | | |
| F165 | 09/22/2010 | \$90.50 | 497000 | PAYMENT FOR INFORMATION AND EVIDENCE |
| F165 | 09/24/2010 | \$37.09 | 497000 | PAYMENT FOR INFORMATION AND EVIDENCE |
| F165 | 10/06/2011 | \$183.90 | 497000 | PAYMENT FOR INFORMATION AND EVIDENCE |
| | SubTotal | \$311.49 | | |

| Staff Code | Expense Date | Expense Amount | Expense Code | Expense Code Description |
|----------------------------------|--------------|----------------|--------------|--------------------------|
| PROSECUTION SERVICES UNIT | | | | |
| HLL81A | 11/03/2011 | \$957.65 | 131400 | COURT REPORTING |
| HLL81A | 12/05/2011 | \$57.75 | 131400 | COURT REPORTING |
| HLL81A | 12/14/2011 | \$602.87 | 131400 | COURT REPORTING |
| HLL62B | 12/15/2011 | \$515.07 | 131400 | COURT REPORTING |
| HLL81A | 02/21/2012 | \$2,329.08 | 131400 | COURT REPORTING |
| HLL62B | 08/24/2012 | \$75.00 | 131400 | COURT REPORTING |
| HLL62B | 08/30/2012 | \$75.00 | 131400 | COURT REPORTING |
| HLL62B | 09/25/2012 | \$146.65 | 131400 | COURT REPORTING |
| HLL62B | 09/28/2012 | \$528.40 | 131400 | COURT REPORTING |
| HLL81A | 10/05/2012 | \$947.12 | 131400 | COURT REPORTING |
| HLL81A | 09/28/2012 | \$272.84 | 131400 | COURT REPORTING |
| HLL62B | 10/16/2012 | \$595.46 | 131400 | COURT REPORTING |
| HLL62B | 10/16/2012 | \$331.10 | 131400 | COURT REPORTING |
| HLL62B | 10/16/2012 | \$688.15 | 131400 | COURT REPORTING |
| HLL62B | 10/16/2012 | \$369.20 | 131400 | COURT REPORTING |
| HLL81A | 10/16/2012 | \$495.00 | 131400 | COURT REPORTING |
| HLL62B | 10/10/2012 | \$176.19 | 131400 | COURT REPORTING |
| HLL81A | 10/05/2012 | \$583.50 | 131400 | COURT REPORTING |
| HLL62B | 10/05/2012 | \$42.12 | 131400 | COURT REPORTING |
| HLL62B | 11/30/2012 | \$6,797.94 | 131400 | COURT REPORTING |
| HL34B | 02/18/2011 | \$810.00 | 131630 | EXPERT WITNESS |
| HL34B | 04/13/2011 | \$67.50 | 131800 | EXPERT WITNESS FEES |



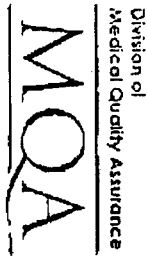
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| Staff Code | Expense Date | Expense Amount | Expense Code | Expense Code Description |
|------------|--------------|----------------|--------------|---------------------------------|
| HL34B | 01/05/2012 | \$135.00 | 131800 | EXPERT WITNESS FEES |
| HL34B | 03/01/2012 | \$810.00 | 131800 | EXPERT WITNESS FEES |
| HL34B | 02/29/2012 | \$810.00 | 131800 | EXPERT WITNESS FEES |
| HLL62B | 09/28/2012 | \$14,687.50 | 131800 | EXPERT WITNESS FEES |
| HL34B | 02/01/2012 | \$960.00 | 131800 | EXPERT WITNESS FEES |
| HL34B | 10/10/2012 | \$1,920.00 | 131800 | EXPERT WITNESS FEES |
| HL34B | 10/19/2012 | \$1,920.00 | 131800 | EXPERT WITNESS FEES |
| HL34B | 10/10/2012 | \$320.00 | 131800 | EXPERT WITNESS FEES |
| HL34B | 10/16/2012 | \$1,040.00 | 131800 | EXPERT WITNESS FEES |
| HL34B | 10/17/2012 | \$1,040.00 | 131800 | EXPERT WITNESS FEES |
| HL34B | 10/18/2012 | \$1,040.00 | 131800 | EXPERT WITNESS FEES |
| HL34B | 10/19/2012 | \$1,040.00 | 131800 | EXPERT WITNESS FEES |
| HL34B | 02/29/2012 | \$732.65 | 131800 | EXPERT WITNESS FEES |
| HL34B | 10/10/2012 | \$1,000.00 | 131800 | EXPERT WITNESS FEES |
| HL34B | 10/10/2012 | \$1,000.00 | 131800 | EXPERT WITNESS FEES |
| HLL62B | 03/21/2011 | \$16.12 | 133100 | LEGAL & OFFICIAL ADVERTISEMENTS |
| HLL62B | 04/10/2012 | \$13.64 | 133100 | LEGAL & OFFICIAL ADVERTISEMENTS |
| HLL62B | 08/21/2012 | \$24.50 | 230012 | PRINTING COMMERCIAL |
| HLL81A | 04/29/2011 | \$948.10 | 261010 | TRAVEL - EMOLoyEE - IN FLA |
| HLL62B | 04/29/2011 | \$685.82 | 261010 | TRAVEL - EMOLoyEE - IN FLA |
| HLL81A | 10/15/2011 | \$1,294.45 | 261010 | TRAVEL - EMOLoyEE - IN FLA |
| HLL81A | 11/05/2011 | \$794.61 | 261010 | TRAVEL - EMOLoyEE - IN FLA |
| HLL81A | 12/08/2011 | \$1,043.06 | 261010 | TRAVEL - EMOLoyEE - IN FLA |
| HLL62B | 10/15/2011 | \$1,240.30 | 261010 | TRAVEL - EMOLoyEE - IN FLA |
| HLL62B | 11/05/2011 | \$1,057.80 | 261010 | TRAVEL - EMOLoyEE - IN FLA |
| HLL81A | 12/20/2011 | \$51.00 | 261010 | TRAVEL - EMOLoyEE - IN FLA |
| HLL62B | 12/20/2011 | \$92.24 | 261010 | TRAVEL - EMOLoyEE - IN FLA |
| HLL81A | 02/16/2012 | \$614.26 | 261010 | TRAVEL - EMOLoyEE - IN FLA |
| HLL62B | 02/16/2012 | \$382.00 | 261010 | TRAVEL - EMOLoyEE - IN FLA |
| HLL81A | 09/28/2012 | \$323.65 | 261010 | TRAVEL - EMOLoyEE - IN FLA |
| HLL81A | 10/11/2012 | \$335.25 | 261010 | TRAVEL - EMOLoyEE - IN FLA |



Division of
Medical Quality Assurance

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| Staff Code | Expense Date | Expense Amount | Expense Code | Expense Code Description |
|------------|-----------------------|--------------------|--------------|----------------------------|
| HLL81A | 10/20/2012 | \$1,486.60 | 261010 | TRAVEL - EMOLOYEE - IN FLA |
| HLL81A | 10/20/2012 | \$1,486.60 | 261010 | TRAVEL - EMOLOYEE - IN FLA |
| HLL62B | 10/20/2012 | \$1,576.33 | 261010 | TRAVEL - EMOLOYEE - IN FLA |
| HLL81A | 10/20/2012 | \$1,486.60 | 261010 | TRAVEL - EMOLOYEE - IN FLA |
| HLL62B | 10/20/2012 | \$1,576.33 | 261010 | TRAVEL - EMOLOYEE - IN FLA |
| HLL34B | 10/19/2012 | \$406.19 | 261010 | TRAVEL - EMOLOYEE - IN FLA |
| HLL34B | 10/18/2012 | \$366.75 | 261010 | TRAVEL - EMOLOYEE - IN FLA |
| | SubTotal | \$63,220.94 | | |
| | Total Expenses | \$63,532.43 | | |

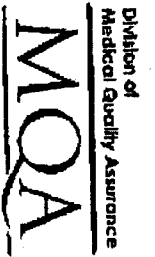
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Itemized Expense by Complaint
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| Staff Code | Expense Date | Expense Amount | Expense Code | Expense Code Description |
|------------------------------------|-----------------|-----------------|--------------|--------------------------------------|
| INVESTIGATIVE SERVICES UNIT | | | | |
| FI65 | 09/22/2010 | \$90.50 | 497000 | PAYMENT FOR INFORMATION AND EVIDENCE |
| FI65 | 09/24/2010 | \$37.09 | 497000 | PAYMENT FOR INFORMATION AND EVIDENCE |
| FI65 | 10/06/2011 | \$183.90 | 497000 | PAYMENT FOR INFORMATION AND EVIDENCE |
| | SubTotal | \$311.49 | | |

| PROSECUTION SERVICES UNIT | | | | |
|----------------------------------|--------------|----------------|--------------|--------------------------|
| Staff Code | Expense Date | Expense Amount | Expense Code | Expense Code Description |
| HLL81A | 11/03/2011 | \$957.65 | 131400 | COURT REPORTING |
| HLL81A | 12/05/2011 | \$57.75 | 131400 | COURT REPORTING |
| HLL81A | 12/14/2011 | \$602.87 | 131400 | COURT REPORTING |
| HLL62B | 12/15/2011 | \$515.07 | 131400 | COURT REPORTING |
| HLL81A | 02/21/2012 | \$2,329.08 | 131400 | COURT REPORTING |
| HLL62B | 08/24/2012 | \$75.00 | 131400 | COURT REPORTING |
| HLL62B | 08/30/2012 | \$75.00 | 131400 | COURT REPORTING |
| HLL62B | 09/25/2012 | \$146.65 | 131400 | COURT REPORTING |
| HLL62B | 09/28/2012 | \$528.40 | 131400 | COURT REPORTING |
| HLL81A | 10/05/2012 | \$947.12 | 131400 | COURT REPORTING |
| HLL81A | 09/28/2012 | \$272.84 | 131400 | COURT REPORTING |
| HLL62B | 10/16/2012 | \$595.46 | 131400 | COURT REPORTING |
| HLL62B | 10/16/2012 | \$331.10 | 131400 | COURT REPORTING |
| HLL62B | 10/16/2012 | \$688.15 | 131400 | COURT REPORTING |
| HLL62B | 10/16/2012 | \$369.20 | 131400 | COURT REPORTING |
| HLL81A | 10/16/2012 | \$495.00 | 131400 | COURT REPORTING |
| HLL62B | 10/10/2012 | \$176.19 | 131400 | COURT REPORTING |
| HLL81A | 10/05/2012 | \$583.50 | 131400 | COURT REPORTING |
| HLL62B | 10/05/2012 | \$42.12 | 131400 | COURT REPORTING |
| HLL62B | 11/30/2012 | \$6,797.94 | 131400 | COURT REPORTING |
| HLL34B | 02/18/2011 | \$810.00 | 131630 | EXPERT WITNESS |
| HLL34B | 04/13/2011 | \$67.50 | 131800 | EXPERT WITNESS FEES |



***** CONFIDENTIAL *****
Time Tracking System
Itemized Expense by Complaint
 Complaint 201014317

Report Date: 04/18/2013

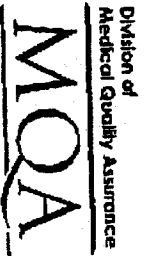
Page 2 of 3

| Staff Code | Expense Date | Expense Amount | Expense Code | Expense Code Description |
|------------|--------------|----------------|--------------|---------------------------------|
| HL34B | 01/05/2012 | \$135.00 | 131800 | EXPERT WITNESS FEES |
| HL34B | 03/01/2012 | \$810.00 | 131800 | EXPERT WITNESS FEES |
| HL34B | 02/29/2012 | \$810.00 | 131800 | EXPERT WITNESS FEES |
| HL62B | 09/28/2012 | \$14,687.50 | 131800 | EXPERT WITNESS FEES |
| HL34B | 02/01/2012 | \$960.00 | 131800 | EXPERT WITNESS FEES |
| HL34B | 10/10/2012 | \$1,920.00 | 131800 | EXPERT WITNESS FEES |
| HL34B | 10/19/2012 | \$1,920.00 | 131800 | EXPERT WITNESS FEES |
| HL34B | 10/10/2012 | \$320.00 | 131800 | EXPERT WITNESS FEES |
| HL34B | 10/16/2012 | \$1,040.00 | 131800 | EXPERT WITNESS FEES |
| HL34B | 10/17/2012 | \$1,040.00 | 131800 | EXPERT WITNESS FEES |
| HL34B | 10/18/2012 | \$1,040.00 | 131800 | EXPERT WITNESS FEES |
| HL34B | 10/19/2012 | \$1,040.00 | 131800 | EXPERT WITNESS FEES |
| HL34B | 02/29/2012 | \$732.65 | 131800 | EXPERT WITNESS FEES |
| HL34B | 10/10/2012 | \$1,000.00 | 131800 | EXPERT WITNESS FEES |
| HL62B | 03/21/2011 | \$16.12 | 133100 | LEGAL & OFFICIAL ADVERTISEMENTS |
| HL62B | 04/10/2012 | \$13.64 | 133100 | LEGAL & OFFICIAL ADVERTISEMENTS |
| HL62B | 08/21/2012 | \$24.50 | 230012 | PRINTING COMMERCIAL |
| HL81A | 04/29/2011 | \$948.10 | 261010 | TRAVEL - EMOLLOYEE - IN FLA |
| HL81A | 11/05/2011 | \$794.61 | 261010 | TRAVEL - EMOLLOYEE - IN FLA |
| HL81A | 12/08/2011 | \$1,043.06 | 261010 | TRAVEL - EMOLLOYEE - IN FLA |
| HL62B | 10/15/2011 | \$1,240.30 | 261010 | TRAVEL - EMOLLOYEE - IN FLA |
| HL62B | 11/05/2011 | \$1,057.80 | 261010 | TRAVEL - EMOLLOYEE - IN FLA |
| HL81A | 12/20/2011 | \$51.00 | 261010 | TRAVEL - EMOLLOYEE - IN FLA |
| HL62B | 12/20/2011 | \$92.24 | 261010 | TRAVEL - EMOLLOYEE - IN FLA |
| HL81A | 02/16/2012 | \$614.26 | 261010 | TRAVEL - EMOLLOYEE - IN FLA |
| HL62B | 02/16/2012 | \$382.00 | 261010 | TRAVEL - EMOLLOYEE - IN FLA |
| HL81A | 09/28/2012 | \$323.65 | 261010 | TRAVEL - EMOLLOYEE - IN FLA |
| HL81A | 10/20/2012 | \$1,486.60 | 261010 | TRAVEL - EMOLLOYEE - IN FLA |
| HL62B | 10/20/2012 | \$1,576.33 | 261010 | TRAVEL - EMOLLOYEE - IN FLA |
| HL34B | 10/19/2012 | \$406.19 | 261010 | TRAVEL - EMOLLOYEE - IN FLA |
| HL34B | 10/18/2012 | \$366.75 | 261010 | TRAVEL - EMOLLOYEE - IN FLA |

Florida Department of Health

-- FOR INTERNAL USE ONLY --

Itemizedexpense



*** CONFIDENTIAL ***
Time Tracking System
Itemized Expense by Complaint
Complaint 201014317

Report Date: 04/18/2013

Page 3 of 3

| Staff Code | Expense Date | Expense Amount | Expense Code | Expense Code Description |
|------------|----------------|----------------|--------------|---------------------------|
| HL181A | 10/11/2012 | \$233.25 | 261010 | TRAVEL - EMLOYEE - IN FLA |
| HL181A | 10/15/2011 | \$1,276.45 | 261010 | TRAVEL - EMLOYEE - IN FLA |
| HL162B | 04/29/2011 | \$665.32 | 261010 | TRAVEL - EMLOYEE - IN FLA |
| | SubTotal | \$57,530.91 | | |
| | Total Expenses | \$57,842.40 | | |

MARTINA REPORTING SERVICES

Courtney Building, Suite 201
 2069 First Street
 Ft. Myers, Florida 33901
 (239) 334-6545 • Fax (239) 332-2913

11 NOV - 3 9:27

BROWN IAN
 FLORIDA DEPARTMENT OF HEALTH
 4052 BALD CYPRESS WAY
 BIN C-03
 TALLAHASSEE, FL 32389-3265

| |
|----------------|
| STATEMENT DATE |
| 10/31/2011 |
| INVOICE NUMBER |
| 108223 |

65-0603193

PLEASE REFERENCE THIS INVOICE NUMBER
 WHEN REMITTING

WE ACCEPT ALL MAJOR CREDIT CARDS

| DATE TAKEN | REFERENCE | CHARGES |
|--|--|---|
| 10/14/2011 | FLORIDA DEPARTMENT OF HEALTH VS ZANNOS GEKOS, M.D. 11-4240, 2010-14317 CONTRACT #072310061 REPORTER: NORTH DEPOS OF: ZANNOS GREKOS M.D., RICARDO PARRA & MARY FYLSTRA TAKEN: 8500 BONITA BEACH, BONITA APP. FEE @ \$42 1ST HR \$33.60 ADD 10:00 - 1:00 / 2:00 - 4:25 TRAVEL @ .445 PER MILE ORIGINAL & ONE @ \$4.14 175 PAGES EXHIBITS POSTAGE AND HANDLING | 184.80 25.81 724.50 14.58 957.65 7.98 TOTAL |
| PSU 11/3/11 11/3/11 11/3/11 Donna S. Brown BONITA BEACH 131400 64-22-05-01-05 EO: PA OCA: m QAPPJ | | |
| DO: A 441 C 7 | | TOTAL BALANCE DUE 957.65 |

ID# 65-0603193

22312



INVOICE

BERRYHILL COURT REPORTING
 501 E. KENNEDY BOULEVARD
 SUITE 775
 TAMPA, FL 33602
 Phone: 813-229-8225 Fax: 813-229-8722

PRACTITIONER REGULATION
 LEGAL

11 DEC 12 AM 9:40

| | | |
|---|--------------|---------|
| Invoice No. | Invoice Date | Job No. |
| 73966 | 12/7/2011 | 611972 |
| Job Date | Case No. | |
| 12/5/2011 | 11-4240 | |
| Case Name | | |
| DEPARTMENT OF HEALTH BOARD OF MEDICANE VS GREKOS, ZANNOS M.D. | | |
| Payment Terms | | |
| Due upon receipt | | |

IAN BROWN, ESQ
 FLORIDA DEPARTMENT OF HEALTH
 4052 BALD CYPRESS WAY, BIN C-65
 PROSECUTION SREVICES UNIT
 TALLAHASSEE, FL 32399-3265

245 7075
 Phyllis E. Edson
 PHYLIS EDSON
 DEC 12/11

ATTENDANCE FOR DEPOSITION OF:

Laura Hair, MU
 1st Hour

57.75 57.75

TOTAL DUE >>> \$57.75

ATTENDANCE TIME: 9:00-9:35

****Reminder for Our Valued Clients****
 We have offices located in Tampa, Clearwater, St. Pete and New Port Richey. You also can set your depositions, hearings, videos, etc. anywhere in North America by simply calling our office.

"I certify, by evidence of my signature below, the above information is true and correct; the goods and services have been satisfactorily received and payment is now due. I understand that the office of the State Chief Financial Officer reserves the right to require addition documentation and/or conduct periodic post audits".

PRACTITIONER REGULATION
 OPERATIONAL TRIP

2011 DEC 19 PM 2:15

Tax ID: 395678

Phone: 850-245-4040 EXT. 8147 Fax:

Please detach bottom portion and return with payment

IAN BROWN, ESQ
 FLORIDA DEPARTMENT OF HEALTH
 4052 BALD CYPRESS WAY, BIN C-65
 PROSECUTION SREVICES UNIT
 TALLAHASSEE, FL 32399-3265

Invoice No. : 73966
 Invoice Date : 12/7/2011
 Total Due : \$ 57.75

*Dana S. Brown
 12/20/11*

Remit To: DEMPSTER BERRYHILL COURT REPORTING
 1875 N. BELCHER ROAD
 SUITE 102
 CLEARWATER, FL 33765

Job No. : 611972
 BU ID : 2Berryhill
 Case No. : 11-4240
 Case Name : DEPARTMENT OF HEALTH BOARD OF MEDICANE VS GREKOS, ZANNOS M.D.

22313

INVOICE

BERRYHILL COURT REPORTING
 501 E. KENNEDY BOULEVARD
 SUITE 775
 TAMPA, FL 33602
 Phone: 813-229-8225 Fax: 813-229-8722

PRACTITIONER REGULATION
 LEGAL
 11 DEC 14 PM 12:13

| Invoice No. | Invoice Date | Job No. |
|---|-------------------|---------|
| 74059 | 12/13/2011 | 611999 |
| Job Date | Case No. | |
| 12/6/2011 | 11-42402010-14317 | |
| Case Name | | |
| DEPARTMENT OF HEALTH, BOARD OF MEDICINE V, ZANNOS GREKOS, M.D. | | |
| Payment Terms | | |
| Due upon receipt 245,707.7 <i>Phyllis Edson</i> DOS 12/14/11 | | |

IAN BROWN, ESQ
 FLORIDA DEPARTMENT OF HEALTH
 4052 BALD CYPRESS WAY, BIN C-65
 PROSECUTION SERVICES UNIT
 TALLAHASSEE, FL 32399-3265

ATTENDANCE & ORIGINAL FOR DEPOSITION TRANSCRIPT

LINDA FERNANDEZ

1st Hour
 Continuing Hour
 UPS Ground - S&H -1

| | | | |
|-------------------------------|---|-------|-----------------|
| 112.00 Pages | @ | 4.51 | 505.12 |
| | | 47.25 | 47.25 |
| 2.00 Hours | @ | 21.00 | 42.00 |
| | | 8.50 | 8.50 |
| TOTAL DUE >>> | | | \$602.87 |

ATTENDANCE TIME: 9:00-11:40

EXPEDITED TRANSCRIPT, EMAILED 12-12-11

****Reminder for Our Valued Clients****

We have offices located in Tampa, Clearwater, St. Pete and New Port Richey. You also can set your depositions, hearings, videos, etc. anywhere in North America by simply calling our office.

"I certify, by evidence of my signature below, the above information is true and correct; the goods and services have been satisfactorily received and payment is now due. I understand that the office of the State Chief Financial Officer reserves the right to require additional documentation and/or conduct periodic post audits".

Tax ID: 22-395548

Phone: 850-245-4640 EXT. 8147 Fax:

Please detach bottom portion and return with payment.

IAN BROWN, ESQ
 FLORIDA DEPARTMENT OF HEALTH
 4052 BALD CYPRESS WAY, BIN C-65
 PROSECUTION SERVICES UNIT
 TALLAHASSEE, FL 32399-3265

Invoice No. : 74059
 Invoice Date : 12/13/2011
 Total Due : \$ 602.87

Diana S. Brown
 12-20-11

Remit To: **DEMPSTER BERRYHILL COURT REPORTING**
 1875 N. BELCHER ROAD
 SUITE 102
 CLEARWATER, FL 33765

Job No. : 611999
 BU ID : 2Berryhill
 Case No. : 11-42402010-14317
 Case Name : DEPARTMENT OF HEALTH, BOARD OF
 MEDICINE V. ZANNOS GREKOS, M.D.

22314

STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

DEPARTMENT OF HEALTH, BOARD
OF MEDICINE,

HEALTH CARE REGULATION
LEGAL
11 DEC 14 PM 12:14

Petitioner,

VS

CASE NO. 11 2420
2010 14317

SANNO GREKOS, M.D.
Defendant.

DEPOSITION OF: LINDA FERNANDEZ

DATE: December 6, 2011

TIME: 10:15 a.m. to 11:40 a.m.

WITNESSED BY: [Signature]
AFFIDAVIT FOR DEPOSITION OF
LINDA FERNANDEZ, DEPARTMENT OF
HEALTH, BOARD OF MEDICINE, IN
SUCH DEPOSED PURPOSES AS ARE
PERMITTED UNDER THE FLORIDA
EVIDENCE CODE, CHAPTER 90.

TESTED BY: [Signature]
NOTARY PUBLIC
STATE OF FLORIDA

SHIP TO
IAN BROWN ESQ
TELECOM DEPARTMENT OF AIRTEL
1000 ...
...

...

MARTINA REPORT NG SERVICES

Courtney Building Suite 201
 2069 First Street
 Ft. Myers, Florida 33901
 (239) 334-6545 • Fax (239) 332-2913

PRACTITIONER REGULATION
 OPERATIONAL INFO

PRACTITIONER REGULATION
 LEGAL

2012 FEB 24 PM 12:55

MILNE, ROBERT
 FLORIDA DEPARTMENT OF HEALTH
 4052 BALD CYPRESS WAY
 BIN C-05
 TALLAHASSEE, FL 32399-3285

12 FEB 24 AM 9:22
 65-0603193

| |
|----------------|
| STATEMENT DATE |
| 2/21/2012 |
| INVOICE NUMBER |
| 109591 |

PLEASE REFERENCE THIS INVOICE NUMBER
 WHEN REMITTING

WE ACCEPT ALL MAJOR CREDIT CARDS

| DATE TAKEN | REFERENCE | CHARGES |
|------------|---|---|
| 12/15/2012 | DEPARTMENT OF HEALTH VS ZANNOS GREKOS 11-4240-PL CONTRACT #972310081 REPORTER: NORTH/ MARTINA SCHED. VIDEO DEPO OF: MARY FYLSTRA TAKEN: 8500 BONITA BCH RD, BONITA APP. FEE @ \$42 1ST HR. \$33.80 ADD. 10:00 - 12:00 / 1:00 - 2:00 TRAVEL @.445 PER MILE VIDEO APP. FEE \$194.25 1ST HR \$80 2 TRAVEL @.445 PER MILE OFFICE USE ONLY DATE INVOICE RECEIVED 2/24/12 12/15/12 VED 2/27/12 Donna Brown DONNA BROWN 13,1400 6422-05-01-015 EO: PA OCA: MQAPS | 109.20 25.81 354.25 25.81 515.07 TOTAL |
| | DO: A441C7 | TOTAL BALANCE DUE 615.07 |

ID# 65-0603193

22317

109591

STATE OF FLORIDA

TRAVELER JOHN MARTINA

AGENCY MARTINA REPORTING
ADDRESS 2069 1st ST, STE 201
APPROPRIATE FORT MYERS, FL. 33901

VOUCHER FOR REIMBURSEMENT

TRAVELER SOCIAL SECURITY NO.

AGENCY SOCIAL SECURITY NO.

DATE

DATE OF CALL

DATE OF TRIP

DATE OF REPORT

215112 BIRTH TO BIRTH

VIDEO

9:00am

29

215113 BIRTH TO BIRTH

RETRAINING HOME

3:00pm

29

PRACTITIONER REGULATION
LEGAL
12 FEB 24 AM 9:22

Statement of Expenses in the State (Conference on Unemployment)

| Column | Column | Column | Column | Column | Column |
|--------|--------|--------|--------|--------|--------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | 58 | 113.14 | 25.81 |
| | | | | | 25.81 |

LESS: ALLOWANCE FOR EXPENSE

LESS: UNRECORDED TRIPS INCLUDED ON REIMBURSEMENT CARD

NET AMOUNT DUE THROUGH AIR

NET AMOUNT DUE THROUGH AIR

STATE OF FLORIDA

TRAVELER'S SIGNATURE

John Martina

SIGNATURE DATE

2/21/12

OFFICE

Videographer

AGENCY SIGNATURE

FOR APPROVAL

MARTINA REPORTING SERVICES

Courtney Building, Suite 201
2069 First Street
Ft. Myers, Florida 33901

PRACTITIONER REGULATION
LEGAL

(239) 334-6545 • Fax (239) 332-2913

247 2761

PRACTITIONER REGULATION
OPERATIONAL UNIT

12 FEB 21 AM 9:57

Handwritten: EIDSO
DOB: 2/21/

2012 FEB 22 AM 10:16
BROWN, IAN
FLORIDA DEPARTMENT OF HEALTH
4052 BALD CYPRESS WAY
BIN C-65
TALLAHASSEE, FL 32308-3285

| | |
|----------------|-----------|
| STATEMENT DATE | 2/17/2012 |
| INVOICE NUMBER | 108537 |

65-0603193

PLEASE REFERENCE THIS INVOICE NUMBER
WHEN REMITTING

WE ACCEPT ALL MAJOR CREDIT CARDS

| DATE TAKEN | REFERENCE | CHARGES |
|------------|---|-----------------|
| 11/03/2011 | DEPARTMENT OF HEALTH VS ZANNOS GREKOS 11-4240-PL | |
| | CONT'D DEPO OF: ZANNOS GREKOS, M.D. TAKEN: 9500 BONITA BCH RD, BONITA APP. FEE @ \$42 1ST HR, \$33.80 ADD. 10:00 - 12:42 / 2:15 - 6:57 | 302.40 |
| | TRAVEL @.445 PER MILE | 25.81 |
| | VIDEO APP. FEE \$194.25 1ST HR \$80 2 | 1,025.00 |
| | TRAVEL @.445 PER MILE | 25.81 |
| | ORIGINAL & ONE @ \$4.14 | 808.66 |
| | 219 PAGES | |
| | EXHIBITS | 9.38 |
| | EXHIBITS ON CD | 25.00 |
| | POSTAGE AND HANDLING | 9.04 |
| | TOTAL | 2,329.08 |
| | TOTAL BALANCE DUE | 2,329.08 |

Handwritten: Done S. Brown
2-22-12

ID#: 65-0603193

DEPARTMENT OF HEALTH

VS

DR. ZANNOS GREKOS

CASE NO: 11-PL-4240

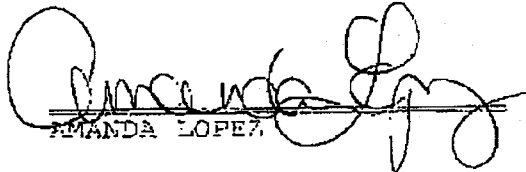
AFFIDAVIT

STATE OF FLORIDA)

COUNTY OF LEE)

I certify that \$ 9.04 is the exact amount of postage to send the Original Transcript to Ian Brown, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Fl. in the above-styled case.

DATED this 9th day of MARCH, 2012.


AMANDA LOPEZ

STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

12 FEB 21 AM 9:58

PRACITIONER REGULATION
LEGAL

DEPARTMENT OF HEALTH,
BOARD OF MEDICINE,

Petitioner,

vs.

ZANNOS GREKOS, M.D.,

Respondent.

Case No. 11-4240
2010-14317

CONTINUATION OF VIDEOTAPED
DEPOSITION OF ZANNOS GREKOS, M.D.

DATE TAKEN: November 3, 2011
TIME: 10:48 a.m. to 12:42 p.m.
2:16 p.m. to 5:57 p.m.
PLACE TAKEN: 9500 Bonita Beach Road
Suite 310
Bonita Springs, Florida
BEHALF OF: The Petitioner
REPORTER: Janet K. North, RPR
and Notary Public

MARTINA REPORTING SERVICES
Courtney Building, Suite 201
2069 First Street
Fort Myers, Florida 33901
OFFICE (239) 334-6545
FAX (239) 332-2913

ORIGINAL

Accurate Stenotype Reporters, Inc.
 2894-A Remington Green Lane
 Tallahassee, FL 32308
 Employer ID No. 59-2708168
 850.878.2221

2530472
 Phyllis Seaton
 PHYLIS SEATON
 DOS: 8/24/12

Invoice

| DATE | INVOICE # |
|-----------|-----------|
| 8/27/2012 | 1D08242 |

| |
|---|
| BILL TO |
| Florida Department of Health 4040 Esplanade Way Tallahassee, FL 32399-3265 254.4649x8147 |
| Attention: Robert A. Milne, Esq. |

| |
|--|
| JOB INFORMATION |
| Department of Health, Board of Medicine vs. Zannos Grekos, M.D. Case No. 11-4240PL Hearing in the above matter on 08/24/12, 11:00 - 11:18 a.m. |
| Reported by: Mary Allen Neel, RPR |

2 AUG 30 AM 9:23
 LEGAL PRACTITIONER REGULATION

| DESCRIPTION | QTY | RATE | AMOUNT |
|--|-----|-------|--------|
| Appearance fee - first hour | | 75.00 | 75.00 |
| Transcript deferred | | 0.00 | 0.00 |
| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">PRACTITIONER REGULATION</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">2012 AUG 30 AM 9:23</p> <p>"I certify, by evidence of my signature below, the above information is true and correct; the goods and services have been satisfactorily received and payment is now due. I understand that the office of the State Chief Financial Officer reserves the right to require additional documentation and/or conduct periodic post audits".</p> <p><i>Seaton Seaton 8/31/12</i></p> | | | |

INVOICES WILL ACCRUE INTEREST @ 1.8% PER MONTH.
 PAYMENT NOT CONTINGENT ON CLIENT REIMBURSEMENT
 PLEASE RETURN YELLOW COPY WITH PAYMENT. THANK YOU!

Total \$75.00

22325

Accurate Stenotype Reporters, Inc.
 2894-A Remington Green Lane
 Tallahassee, FL 32308
 Employer ID No. 59-2708168
 850.878.2221

2532707
 P. Phillips Esq.
 9/14/13 6:25 PM
Invoice

025 8/24/12

| DATE | INVOICE # |
|-----------|-----------|
| 8/31/2012 | 1D08302 |

| |
|---|
| BILL TO |
| Florida Department of Health 4040 Esplanade Way Tallahassee, FL 32399-3265 254.4649x8147 |
| Attention: Robert A. Milne, Esq. |

| |
|--|
| JOB INFORMATION |
| Department of Health, Board of Medicine vs. Zannos Grekos, M.D. Case No. 11-4240PL Hearing in the above matter on 08/24/12, 11:00 - 11:18 a.m. |
| Reported by: Mary Allen Neel, RPR |

PRACTITIONER REGULATION
 LEGAL
 2012 SEP - 7 AM 8:47

| DESCRIPTION | QTY | RATE | AMOUNT |
|---|-----|-------|--------|
| CONTRACT NO. 050202 | | | |
| Appearance fee - first hour | | 75.00 | 75.00 |
| transcript deferred | | 0.00 | 0.00 |
| <p>"I certify, by evidence of my signature below, the above information is true and correct; the goods and services have been satisfactorily received and payment is now due. I understand that the office of the State Chief Financial Officer reserves the right to require addition documentation and/or conduct periodic post audits".</p> <p><i>Leanne Lake 9/2/12</i></p> | | | |

INVOICES WILL ACCRUE INTEREST @ 1.8% PER MONTH.
 PAYMENT NOT CONTINGENT ON CLIENT REIMBURSEMENT.
 PLEASE RETURN YELLOW COPY WITH PAYMENT. THANK YOU!

Total \$75.00

JD 9/12
22326

Accurate Stenotype Reporters, Inc.

2894-A Remington Green Lane
 Tallahassee, FL 32308
 Employer ID No. 59-2708168
 850.878.2221

2538065
 Phyllis Edson
 Phyllis Edson
 DOB: 9/25/12

Invoice

| DATE | INVOICE # |
|-----------|-----------|
| 9/21/2012 | 1D08302B |

| |
|--|
| BILL TO |
| Florida Department of Health 4040 Esplanade Way Tallahassee, FL 32399-3265 . 254.4649x8147 |
| Attention: Robert Milne, Esq. |

| |
|---|
| JOB INFORMATION |
| Department of Health, Board of Medicine vs. Zannos Grekos, M.D. Case No. 11-4240PL Heraring in the above matter on 08/30/12, 10:00 - 10:42 a.m. |
| Reported by: Mary Allen Neel, RPR |

| DESCRIPTION | QTY | RATE | AMOUNT |
|---|-----|------|---|
| Transcript - original, five days | 32 | 4.20 | 134.40 |
| Condensed transcript - no charge | | 0.00 | 0.00 |
| Word index | 5 | 1.05 | 5.25 |
| Electronic delivery - no charge | | 0.00 | 0.00 |
| Shipping/Delivery | | 7.00 | 7.00 |
| <p><i>"I certify, by evidence of my signature below, the above information is true and correct; the goods and services have been satisfactorily received and payment is now due. I understand that the office of the State Chief Financial Officer reserves the right to require addition documentation and/or conduct periodic post audits".</i></p> | | | <p>PRATT, OFFICE OF SOLICITOR LEGAL 12 SEP 25 AM 9:25</p> |
| <p>2012 SEP 25 AM 11:18 [Signature]</p> | | | |

INVOICES WILL ACCRUE INTEREST @ 1.8% PER MONTH
 PAYMENT NOT CONTINGENT ON CLIENT REIMBURSEMENT.
 PLEASE RETURN YELLOW COPY WITH PAYMENT. THANK YOU!

| | |
|--------------|----------|
| Total | \$146.65 |
|--------------|----------|

ANALYZE
 2/18
22327

STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

DOAH CASE NO. 11-4240PL
DOH CASE NO. 2010-14317

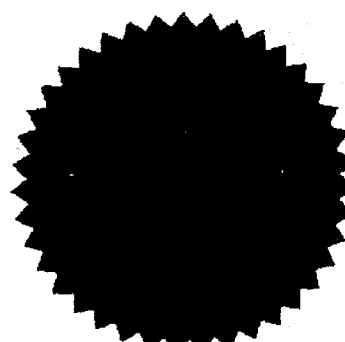
DEPARTMENT OF HEALTH,

Petitioner,

vs.

ZANNOS GREKOS, M.D.,

Respondent.



PROCEEDINGS: Telephonic Hearing

BEFORE: J. LAWRENCE JOHNSTON
Administrative Law Judge

DATE: August 30, 2012

TIME: Commenced at 10:04 a.m.
Concluded at 10:42 a.m.

LOCATION: 4040 Esplanade Way
Tallahassee, Florida

REPORTED BY: MARY ALLEN NEEL, RPR, FPR
Notary Public, State
of Florida at Large

12 SEP 25 AM 9:25

LEGAL

ACCURATE STENOTYPE REPORTERS, INC.
2894-A REMINGTON GREEN LANE
TALLAHASSEE, FLORIDA 32308
850.878.2221

ATKINSON-BAKER, INC.
 500 NORTH BRAND BOULEVARD, THIRD FLOOR
 GLENDALE, CA 91203-4725
 800-288-3376, 800-925-5910 fax
 www.deno.com

254 1774
 Phyllis Eason
 PHyllis Eason
 10/5 9/28/12
 FRAGILE
 LEGAL
 12 OCT -5 AM 9:13

Robert Antonio Milne
 Florida Department of Health
 4052 Bald Cypress Way
 Bin C65 - Prosecution Services Unit
 Tallahassee, FL 32399-

Please refer to the Invoice No. and your Firm No. in any correspondence
 Contact Teresa Ortiz
 toriz@depo.com

ABI'S Federal ID No.: 95-4189037

Setting Firm: Florida Department of Health
 Taking Attorney: Robert Antonio Milne
 Case Name: Department of Health v Grekos
 Case No.: 11-4240PL, 2010-14317
 Claim No.:
 Insurance Co.:
 Insured. DOL:

INVOICE NO. A60960A AA
 FIRM NO. 1194288
 INVOICE DATE 09/27/2012
 DUE UPON RECEIPT

I certify, by evidence of my signature below, the above information is true and correct; the goods and services have been satisfactorily received and payment is now due. I understand that the office of the State Chief Financial Officer reserves the right to require additional documentation and/or conduct periodic post audits.

Clients Ref.#1:
 Clients Ref.#2:
 Adjuster:
 Description: Reporter's transcript of the proceedings, taken 9/20/2012. Expedited.

| ITEM | QTY | PRICE | LINE TOTAL |
|--------------------------------|-------|----------|------------|
| Pages CD&I - Hearing/Arb/Trial | 32.00 | \$ 5.80 | \$ 185.60 |
| Expedite 5 working days - 50% | 32.00 | \$ 2.90 | \$ 92.80 |
| CD, Ascrl/trans/PDF | 1.00 | \$ 25.00 | \$ 25.00 |
| Condensed Transcript | 1.00 | \$ 15.00 | \$ 15.00 |
| Processing & Handling Fee | 1.00 | \$ 30.00 | \$ 30.00 |
| Trial - Hourly - 1st Hour | 1.00 | \$ 65.00 | \$ 65.00 |
| Same Day Coverage | 1.00 | \$ 75.00 | \$ 75.00 |
| Overnight Delivery | 1.00 | \$ 40.00 | \$ 40.00 |

PAYMENTS - \$ 0.00
 BALANCE DUE \$ 528.40

A service fee of .75% per month will be added to any invoice over 30 days old.

Fold and tear at this perforation, then return stub with payment

BALANCE DUE \$ 528.40
 INVOICE NO. A60960A AA
 FIRM NO. 1194288

For: Reporter's transcript of the proceedings, taken 9/20/2012. Expedited.

From: Robert Antonio Milne
 Florida Department of Health
 4052 Bald Cypress Way
 Bin C65 - Prosecution Services Unit
 Tallahassee, FL 32399-

Remit To: Atkinson-Baker, Inc
 500 NORTH BRAND BOULEVARD,
 THIRD FLOOR
 GLENDALE, CA 91203-4725

If you have already paid for this service by COD, then this invoice is for your records only

Phyllis Eason 10/11/12

22329

STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

CERTIFIED COPY

DEPARTMENT OF HEALTH,

Petitioner,

DOAH Case No. 11-4240PL
DOH Case No. 2010-14317

GREKOS, M.D.,

Respondent.

12 SEP 28 PM 1:08

HEALTH DIVISION
LEAD

HEARINGS:

Telephonic Motion Hearing

J. LAWRENCE JOHNSTON
Administrative Law Judge

Thursday, September 20, 2012

Commenced at 3:00 p.m.
Concluded at 3:40 p.m.

LOCATION:

4040 Esplanade Way
Tallahassee, Florida

REPORTED BY:

TERRY WILHELMI, CCR
Court Reporter and Notary
Public in and for the State
of Florida at Large

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 SUITE 775
 TAMPA, FL 33602
 Phone: 813-229-8225 Fax: 813-229-8722

| Invoice No. | Invoice Date | Job No. |
|---|-----------------------------|---------|
| 76898 | 10/4/2012 | 614544 |
| Job Date | Case No. | |
| 9/28/2012 | DOAH 11-4240 DOH 2010-14317 | |
| Case Name | | |
| DEPARTMENT OF HEALTH V. ZANNOS G. GREKOS, M.D | | |
| Payment Terms | | |
| Due upon receipt | | |

IAN BROWN, ESQ
 FLORIDA DEPARTMENT OF HEALTH
 4052 BALD CYPRESS WAY, BIN C-65
 PROSECUTION SERVICES UNIT
 TALLAHASSEE, FL 32399-3265

2543011 -
 Philip E. Elson
 PH-11-3 ELSON
 DOC 10/5/12

TRANSCRIPT ORIGINAL OF:
 THOMAS FREEMAN, M.D.
 UPS Ground - S&H -1

142.00 Pages @ 6.61 938.62
 8.50 8.50
TOTAL DUE >>> \$947.12

CONTRACT # 051301
 EXPEDITE

"I certify, by evidence of my signature below, the above information is true and correct; the goods and services have been satisfactorily received and payment is now due. I understand that the office of the State Chief Financial Officer reserves the right to require additional documentation and/or conduct periodic post audits".

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Ian Brown 10/12/12

12 OCT - 5 11:08
 RECEIVED
 LEGAL

Tax ID: 22-3955148

Phone: 850-245-4640 EXT. 8147 Fax:

Please detach bottom portion and return with payment

IAN BROWN, ESQ
 FLORIDA DEPARTMENT OF HEALTH
 4052 BALD CYPRESS WAY, BIN C-65
 PROSECUTION SERVICES UNIT
 TALLAHASSEE, FL 32399-3265

Invoice No. : 76898
 Invoice Date : 10/4/2012
 Total Due : \$ 947.12

Remit To: **DEMPSTER BERRYHILL COURT REPORTING**
 1875 N. BELCHER ROAD
 SUITE 102
 CLEARWATER, FL 33765

Job No. : 614544
 BU ID : 2Berryhill
 Case No. : DOAH 11-4240 DOH 2010-14317
 Case Name : DEPARTMENT OF HEALTH V. ZANNOS G. GREKOS, M.D

22331

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Ph: 727-725-9157 Fax: 727-725-8749
www.DempsterCR.com
FEIN: 22-3955148

**AFFIDAVIT OF SHIPPING COST
STANDARD COST FOR FLORIDA BASED SHIPPING**

| | |
|--|---------|
| UPS – Standard Rate for Florida Delivery | \$8.50 |
| Total Invoice Cost | \$ 8.50 |

AFFIDAVIT OF MILAGE COST:

| | |
|---|-------|
| Mileage Charge for Meeting/Deposition @ | _____ |
| Excess mileage from 1875 Belcher Road, Clearwater | _____ |
| Reimbursement @ \$00.445 per mile | _____ |

To Whom It May Concern:

Above cost is a standard cost charged to all customers for delivery of transcripts in the state of Florida. Out UPS Shipping system does not allow us to print a cost receipt for each item shipped.

The mileage charge (if any) is distance from our primary office @ 1875 N. Belcher Road, Clearwater, Fl. 33765.

Sincerely,

/s/ Larry Murray
Larry Murray
President & CEO
813-731-7961



STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

DEPARTMENT OF HEALTH,
Petitioner,

-vs-

DOAH Case No. 11-4240

DOH Case No. 2010-14317

ZANNOS G. GREKOS, M.D.

Respondent.

-----/

DEPOSITION OF: THOMAS FREEMAN, M.D.
TAKEN AT: University of South Florida
College of Medicine
2 Tampa General Circle, 7th Floor
Tampa, Florida

DATE & TIME: 28 September 2012
10:30 a.m.

REPORTED BY: WILLIAM HERRMANN
Court Reporter
Notary Public
(813) 229-8225

STENOGRAPHICALLY RECORDED
COMPUTER-AIDED TRANSCRIPTION

(ORIGINAL)
(COPY)

Berryhill & Associates, Inc.
501 East Kennedy Boulevard, Suite 775
Tampa, Florida 33602 (813) 229-8225

12 OCT -5 PM 1:09

INVOICE

BERRYHILL COURT REPORTING
 501 E. KENNEDY BOULEVARD
 SUITE 775
 TAMPA, FL 33602
 Phone: 813-229-8225 Fax: 813-229-8722

| | | |
|---|-----------------------------|---------|
| Invoice No. | Invoice Date | Job No. |
| 76983 | 10/15/2012 | 614544 |
| Job Date | Case No. | |
| 9/28/2012 | DOAH 11-4240 DOH 2010-14317 | |
| Case Name | | |
| DEPARTMENT OF HEALTH V. ZANNOS G. GREKOS, M.D | | |
| Payment Terms | | |
| Due upon receipt | | 2544297 |

IAN BROWN, ESQ
 FLORIDA DEPARTMENT OF HEALTH
 4052 BALD CYPRESS WAY, BIN C-65
 PROSECUTION SERVICES UNIT
 TALLAHASSEE, FL 32399-3265
 PRACTITIONER REGULATION
 LEGAL
 2012 OCT 18 AM 9:18

Walter E. Edson
 PITHIL'S EDSON
 DOS: 9/28/12

ATTENDANCE FOR HEARING BEFORE:

THOMAS FREEMAN, M.D.

1st Hour
 Continuing Hour

| | | | |
|-------------------------------|---|-------|-----------------|
| 2.00 Hours | @ | 60.63 | 121.26 |
| 2.50 Hours | @ | 60.63 | 151.58 |
| TOTAL DUE >>> | | | \$272.84 |

ATTENDANCE TIME: 10:00-12:00 AND 1:00-3:30
 CONTRACT # 051301

****Reminder for Our Valued Clients****
 We have offices located in Tampa, Clearwater, St. Pete and New Port Richey. You also can set your depositions, hearings, videos, etc. anywhere in North America by simply calling our office.

"I certify, by evidence of my signature below, the above information is true and correct; the goods and services have been satisfactorily received and payment is now due. I understand that the office of the State Chief Financial Officer reserves the right to require addition documentation and/or conduct periodic post audits".

Walter E. Edson 10/19/12

Tax ID: 22-3955148

Phone: 950-245-4640 EXT. 8147 Fax:

Please detach bottom portion and return with payment.

IAN BROWN, ESQ
 FLORIDA DEPARTMENT OF HEALTH
 4052 BALD CYPRESS WAY, BIN C-65
 PROSECUTION SERVICES UNIT
 TALLAHASSEE, FL 32399-3265

Invoice No. : 76983
 Invoice Date : 10/15/2012
 Total Due : \$ 272.84

Remit To: **DEMPSTER BERRYHILL COURT REPORTING**
 1875 N. BELCHER ROAD
 SUITE 102
 CLEARWATER, FL 33765

Job No. : 614544
 BU ID : 28Bertyhill
 Case No. : DOAH 11-4240 DOH 2010-14317
 Case Name : DEPARTMENT OF HEALTH V. ZANNOS G. GREKOS, M.D

22334

2012 OCT 18 9:12:32
 PRACTITIONER REGULATION

INVOICE

U.S. Legal Support, Inc.
 13751 Metropolis Avenue
 Suite B
 Fort Myers FL 33912
 Phone: 239-561-3526 Fax: 239-561-5396

| | | |
|--|--------------|---------|
| Invoice No. | Invoice Date | Job No. |
| 955833 | 10/17/2012 | 866311 |
| Job Date | Case No. | |
| 12/7/2011 | | |
| Case Name | | |
| Department of Health vs. Zannos Grekos, M.D. | | |
| Payment Terms | | |
| Due upon receipt | | |

Robert Milne, Esquire
 Department of Health
 Prosecution Service Unit
 4052 Bald Cypress Way Bin C-65
 Tallahassee FL 32399-3265

2546352
Phyllis Edson
PHYLLIS EDSON
DOB 10/10/12

ORIGINAL TRANSCRIPT OF:

Richard Roland, M.D.

Overnight Expedited Transcript.
 Shipping/Handling/Processing
 E-cd Litigation Package

Richard Roland, M.D.
 Exhibit

| | | | |
|-------------|---|-------|--------|
| 59.00 Pages | @ | 4.35 | 256.65 |
| | | | 282.61 |
| | | 20.00 | 20.00 |
| | | 35.00 | 35.00 |

| | | | |
|-------------------------------|---|------|-----------------|
| 0.00 Pages | @ | 0.60 | 1.20 |
| TOTAL DUE >>> | | | \$595.46 |
| AFTER 12/1/2012 PAY | | | \$655.01 |
| (-) Payments/Credits: | | | 0.00 |
| (+) Finance Charges/Debits: | | | 0.00 |
| (=) New Balance: | | | 595.46 |

"I certify, by evidence of my signature below, the above information is true and correct; the goods and services have been satisfactorily received and payment is now due. I understand that the office of the State Chief Financial Officer reserves the right to require addition documentation and/or conduct periodic post audits".

James Lake 10/20/12

Please contact us immediately with questions or corrections regarding billing or payment. No adjustments or refunds will be made after 120 days from date of payments.

Phone: 850-488-4721 Fax: 850-488-1855

Tax ID: 26-0523

2012 OCT 23 AM 10:11
 ORIGINAL TRANSCRIPT REQUIRED

Please detach bottom portion and return with payment

Robert Milne, Esquire
 Department of Health
 Prosecution Service Unit
 4052 Bald Cypress Way Bin C-65
 Tallahassee FL 32399-3265

Job No. : 866311 BU ID : 57-FT MY
 Case No. :
 Case Name : Department of Health vs. Zannos Grekos, M.D.
 Invoice No. : 955833 Invoice Date : 10/17/2012
 Total Due : \$ 595.46

Remit To: U.S. Legal Support, Inc.
 P.O. Box 864407
 Orlando FL 32886-4407

D/J/2
22335

| | | | | |
|---------------------------------|------------------------------|---------------------|---------------------|--|
| PAYMENT WITH CREDIT CARD | | | | |
| Cardholder's Name: | <i>Phyllis Edson</i> | | | |
| Card Number: | [REDACTED] | | | |
| Exp. Date: | [REDACTED] | Phone #: | <i>850-245-4040</i> | |
| Billing Address: | <i>4052 BALD CYPRESS WAY</i> | | | |
| Zip: | <i>32399</i> | Card Security Code: | [REDACTED] | |
| Amount to Charge: | <i>595.46</i> | | | |
| Cardholder's Signature: | <i>Phyllis Edson</i> | | | |

955833

STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

DOAH Case No. 11-4240PL
DOH Case No. 2010-14317

DEPARTMENT OF HEALTH,
Petitioner,

vs.

ZANNOS GREKOS, M.D.,
Respondent.

-----/

DEPOSITION OF: DR. RICHARD M. ROLAND, M.D.

Pages 1 to 51

Wednesday, December 7, 2011
3:25 p.m. - 4:19 p.m.

Office of Richard Roland, MD
6101 Pine Ridge Road
Naples, Florida 34119

STENOGRAPHICALLY REPORTED BY:
NANCY E. PAULSEN, C.R.R., R.P.R., F.P.R.
Certificate in Realtime Systems Administration
Certified Realtime Reporter
Registered Professional Reporter
Florida Professional Reporter

INVOICE

U.S. Legal Support, Inc.
 13751 Metropolis Avenue
 Suite B
 Fort Myers FL 33912
 Phone: 239-561-3526 Fax: 239-561-5396

| Invoice No. | Invoice Date | Job No. |
|-------------|--------------|---------|
| 955910 | 10/17/2012 | 866312 |
| Job Date | Case No. | |
| 12/7/2011 | | |
| Case Name | | |

Department of Health vs. Zannos Grekos, M.D.

Robert Milne, Esquire
 Department of Health
 Prosecution Service Unit
 4052 Bald Cypress Way Bin C-65
 Tallahassee FL 32399-3265

2012 OCT 23 AM 9:18
 FUNCTIONER REGULATION
 LEGAL

Payment Terms

2546353
 Phyllis Edson
 PHYLIS EDSON
 DDB: 10/16/12

1 CERTIFIED COPY OF TRANSCRIPT OF:
 Manfred Borges, M.D.
 E-cd Litigation Package

| | | | |
|-------------|---|-------|--------|
| 94.00 Pages | @ | 3.15 | 296.10 |
| | | 35.00 | 35.00 |

| | |
|-------------------------------|-----------------|
| TOTAL DUE >>> | \$331.10 |
| AFTER 12/1/2012 PAY | \$364.21 |
| (-) Payments/Credits: | 0.00 |
| (+) Finance Charges/Debits: | 0.00 |
| (=) New Balance: | 331.10 |

"I certify, by evidence of my signature below, the above information is true and correct; the goods and services have been satisfactorily received and payment is now due. I understand that the office of the State Chief Financial Officer reserves the right to require additional documentation and/or conduct periodic post audits".

FUNCTIONER REGULATION
 2012 OCT 23 AM 10:11

James Lake 10/24/12

Please contact us immediately with questions or corrections regarding billing or payment. No adjustments or refunds will be made after 120 days from date of payment.

Tax ID: 76-0523238

Phone: 850-488-4721 Fax: 850-488-1855

Please detach bottom portion and return with payment

Robert Milne, Esquire
 Department of Health
 Prosecution Service Unit
 4052 Bald Cypress Way Bin C-65
 Tallahassee FL 32399-3265

Job No. : 866312 BU ID : 57-FT,MY
 Case No. :
 Case Name : Department of Health vs. Zannos Grekos, M.D.
 Invoice No. : 955910 Invoice Date : 10/17/2012
 Total Due : \$ 331.10

Remit to: U.S. Legal Support, Inc.
 P.O. Box 864407
 Orlando FL 32886-4407

| PAYMENT WITH CREDIT CARD | | AMEX | DISCOVER | VISA |
|--------------------------|-----------------------|--------------|----------|------|
| Cardholder's Name: | Phyllis EDSON | | | |
| Card Number: | [REDACTED] | | | |
| Exp. Date: | Phone#: | 850 345 4670 | | |
| Billing Address: | 4052 BALD CYPRESS WAY | | | |
| Zip: | Card Security Code: | [REDACTED] | | |
| Amount to Charge: | 331.10 | | | |
| Cardholder's Signature: | <i>Phyllis Edson</i> | | | |

22337

955910

STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

DOAH Case No. 11-4240PL
DOH Case No. 2010-14317

DEPARTMENT OF HEALTH,

Petitioner,

vs.

ZANNOS GREKOS, M.D.,

Respondent.

-----/

DEPOSITION OF: MANFRED BORGES, MD

Pages 1 to 81

Wednesday, December 7, 2011
1:11 p.m. - 2:48 p.m.

District 20 Medical Examiner's Office,
Collier County
3838 Domestic Avenue
Naples, Florida 34104

STENOGRAPHICALLY REPORTED BY:
NANCY E. PAULSEN, C.R.R., R.P.R., F.P.R.
Certificate in Realtime Systems Administration
Certified Realtime Reporter
Registered Professional Reporter
Florida Professional Reporter

WWW.USLEGALSUPPORT.COM
813-876-4722

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U.S. Legal Support, Inc.
 13751 Metropolis Avenue
 Suite B
 Fort Myers FL 33912
 Phone: 239-561-3526 Fax: 239-561-5396

| | | |
|--|--------------|---------|
| Invoice No. | Invoice Date | Job No. |
| 955899 | 10/17/2012 | 866825 |
| Job Date | Case No. | |
| 12/7/2011 | | |
| Case Name | | |
| Department of Health vs. Zannos Grekos, M.D. | | |
| Payment Terms | | |
| Due upon receipt | | |

Robert Milne, Esquire
 Department of Health
 Prosecution Service Unit
 4052 Bald Cypress Way Bin C-65
 Tallahassee FL 32399-3265

2546354
 Phyllis Edson
 PHYLIS EDSON
 POS 10/16/12

1 CERTIFIED COPY OF TRANSCRIPT OF:

John Fitzgerald
 Shipping/Handling/Processing
 E-cd Litigation Package

| | | |
|----------------|-------|--------|
| 201.00 Pages @ | 3.15 | 633.15 |
| | 20.00 | 20.00 |
| | 35.00 | 35.00 |

TOTAL DUE >>> \$688.15

AFTER 12/1/2012 PAY \$756.97

(-) Payments/Credits: 0.00

(+) Finance Charges/Debits: 0.00

(=) New Balance: 688.15

"I certify, by evidence of my signature below, the above information is true and correct; the goods and services have been satisfactorily received and payment is now due. I understand that the office of the State Chief Financial Officer reserves the right to require additional documentation and/or conduct periodic post audits".

James Lee 10/24/12

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PROFESSIONAL REGULATION
 2012 OCT 23 AM 10:11

Tax ID: 76-0523238

Phone: 850-488-1721 Fax: 850-488-1855

Please detach bottom portion and return with payment

Robert Milne, Esquire
 Department of Health
 Prosecution Service Unit
 4052 Bald Cypress Way Bin C-65
 Tallahassee FL 32399-3265

Job No. : 866825 BU ID : 57-FT.MY
 Case No. :
 Case Name : Department of Health vs. Zannos Grekos, M.D.
 Invoice No. : 955899 Invoice Date : 10/17/2012
 Total Due : \$ 688.15

| | | | | |
|---|---------------------------------------|------|------|------|
| PAYMENT WITH CREDIT CARD | | AMEX | DISC | VISA |
| Cardholder's Name: <u>Phyllis Edson</u> | | | | |
| Card Number: <u>[REDACTED]</u> | | | | |
| Exp. Date: | Phone#: <u>850-243-9011</u> | | | |
| Billing Address: <u>4052 BALD CYPRESS WAY</u> | | | | |
| Zip: <u>32399</u> | Card Security Code: <u>[REDACTED]</u> | | | |
| Amount to Charge: <u>688.15</u> | | | | |
| Cardholder's Signature: <u>Phyllis Edson</u> | | | | |

Remit To: U.S. Legal Support, Inc.
 P.O. Box 864407
 Orlando FL 32886-4407

22339

93-5-899

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STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

DOAH Case No. 11-4240PL
DOH Case No. 2010-14317

2012 OCT 17 PM 4:29

COPY

DEPARTMENT OF HEALTH,

Petitioner,

vs.

ZANNOS GREKOS, M.D.,

Respondent.

DEPOSITION OF: J.H.F.

Pages 1 to 182

Wednesday, December 7, 2011
9:12 a.m. - 11:47 a.m.

US Legal Support - Naples
5644 Tavilla Circle
Suite 207
Naples, Florida 34110

STENOGRAPHICALLY REPORTED BY:
NANCY E. PAULSEN, C.R.R., R.P.R., F.P.R.
Certificate in Realtime Systems Administration
Certified Realtime Reporter
Registered Professional Reporter
Florida Professional Reporter

WWW.USLEGALSUPPORT.COM
813-876-4722

22340

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 500 NORTH BRAND BOULEVARD, THIRD FLOOR
 GLENDALE, CA 91203-4725
 800-288-3376, 800-925-5910 fax
 www.depo.com

2545163
 Phyllis Easton
 PHILLIS EASTON
 DOS: 10/16/12

PRACTITIONER REGULATION
 LEGAL
 2012 OCT 22 AM 9:19

Robert Antonio Milne
 Florida Department of Health
 4052 Bald Cypress Way
 Bin C65 - Prosecution Services Unit
 Tallahassee, FL 32399-

Please refer to the Invoice No. and your Firm No. in any correspondence
 Contact Teresa Ortiz
 toriz@depo.com

ABI'S Federal ID No.: 95-4189037

INVOICE NO. A6099A6 AA
 FIRM NO. 1194268
 INVOICE DATE 10/12/2012
 DUE UPON RECEIPT

Setting Firm: Florida Department of Health
 Taking Attorney: Robert Antonio Milne
 Case Name: Department of Health v Grekos
 Case No.: 11-4240PL; 2010-14317
 Claim No.:
 Insurance Co.:
 Insured: DOL:
 Clients Ref.#1:
 Clients Ref.#2:
 Adjuster:

Description: Reporter's transcript of the proceedings, taken 9/27/2012.

"I certify, by evidence of my signature below, the above information is true and correct; the goods and services have been satisfactorily received and payment is now due. I understand that the office of the State Chief Financial Officer reserves the right to require additional documentation and/or conduct periodic post audits".

| ITEM | QTY | PRICE | LINE TOTAL |
|---------------------------------|-------|----------|------------|
| Pages - O&1 - Hearing/Arb/Trial | 24.00 | \$ 5.80 | \$ 139.20 |
| CD: Ascii/trans/PDF | 1.00 | \$ 25.00 | \$ 25.00 |
| Condensed Transcript | 1.00 | \$ 15.00 | \$ 15.00 |
| Processing & Handling Fee | 1.00 | \$ 30.00 | \$ 30.00 |
| Regular Delivery | 1.00 | \$ 20.00 | \$ 20.00 |
| Trial - Hourly - 1st Hour | 1.00 | \$ 65.00 | \$ 65.00 |
| Same Day Coverage | 1.00 | \$ 75.00 | \$ 75.00 |

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| PAYMENTS | | \$ 0.00 |
| BALANCE DUE | | \$ 369.20 |

A service fee of 75% per month will be added to any invoice over 30 days old

June Lake 10/22/12

Fold and tear at this perforation, then return stub with payment.

| | |
|-------------|------------|
| BALANCE DUE | \$ 369.20 |
| INVOICE NO. | A6099A6 AA |
| FIRM NO. | 1194268 |

For: Reporter's transcript of the proceedings, taken 9/27/2012

From: Robert Antonio Milne
 Florida Department of Health
 4052 Bald Cypress Way
 Bin C65 - Prosecution Services Unit
 Tallahassee, FL 32399-

Remit To: Atkinson-Baker, Inc.
 500 NORTH BRAND BOULEVARD
 THIRD FLOOR
 GLENDALE, CA 91203-4725

If you have already paid for this service by COD, then this invoice is for your records only

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STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

ORIGINAL

DEPARTMENT OF HEALTH,

Petitioner,

vs.

ZANNOS GREKOS, M.D.,

Respondent.

DOAH Case No. 11-4240PL
DOH Case No. 2010-14317

PROCEEDINGS: Telephonic Motion Hearing
BEFORE: J. LAWRENCE JOHNSTON
Administrative Law Judge
DATE: Thursday, September 27, 2012
TIME: Commenced at 3:05 p.m.
Concluded at 3:50 p.m.
LOCATION: 4040 Esplanade Way
Tallahassee, Florida
REPORTED BY: TERRY WILHELMI, CCR
Court Reporter and Notary
Public in and for the State
of Florida at Large

ATKINSON-BAKER, INC.
COURT REPORTERS
(800) 288-3376
www.depo.com

FILE NO. A6099A6

12 OCT 16 4:12:56

FRANK
L...

INVOICE

Magna Legal Services
 Seven Penn Center
 1635 Market Street -8th Floor
 Philadelphia, PA 19103
 Phone:215.207.9460 Fax:215.207.9461

| | | |
|---|--------------|---------|
| Invoice No. | Invoice Date | Job No. |
| 109835 | 11/5/2012 | 97418 |
| Job Date | Case No. | |
| 10/10/2012 | | |
| Case Name | | |
| Dept. of Health Board of Medicine v. Zanos Grekos | | |
| Payment Terms | | |
| Due upon receipt | | |

Ian Brown
 Department Of Health
 4052 Bald Cypress Way Bin-65
 Tallahassee, FL 32399-3265

2012 NOV 13 AM 10:48
 PRACTITIONER REGULATION
 LEGAL

255232.6
 Phillis Katan
 PHILLIS KATAN
 005 10/16/12

1 CERTIFIED COPY OF TRANSCRIPT OF:

| | | | | | |
|-------------------------------|---|-------------|---|-------|-----------------|
| Dr. Roy Ambinder | | 76.00 Pages | @ | 3.00 | 228.00 |
| Next Day Delivery | | | | | 228.00 |
| Exhibit | "I certify, by evidence of my signature below, the above information is true and correct; the goods and services have been satisfactorily received and payment is now due. I understand that the office of the State Chief Financial Officer reserves the right to require addition documentation and/or conduct periodic post audits". | 8.00 Pages | @ | 0.50 | 4.00 |
| GoGreenScripts Lit Pack | | | | 35.00 | 35.00 |
| TOTAL DUE >>> | | | | | \$495.00 |

Reference No. : 0

Job Location: Altamonte Springs, Florida

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Balances unpaid in excess of 30 days shall bear interest at a rate of 18% simple interest per annum

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Tax ID: 20-8474245

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Ian Brown
 Department Of Health
 4052 Bald Cypress Way Bin-65
 Tallahassee, FL 32399-3265

Invoice No. : 109835
 Invoice Date : 11/5/2012
 Total Due : \$ 495.00

Remit To: Magna Legal Services LLC
 P.O. Box 822804
 Philadelphia, PA 19182-2804

Job No. : 97418
 BU ID : Florida
 Case No. :
 Case Name : Dept. of Health Board of Medicine v. Zanos Grekos

2012 NOV 13 PM 2:31
 PRACTITIONER REGULATION

22343

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DOH CASE NO: 2010-14317

DEPARTMENT OF HEALTH,

Petitioner,

vs.

ZANNOS G. GREKOS, M.D.,

Respondent.

12 OCT 16 PM 12:37
MAGNA LEGAL SERVICES

DEPOSITION OF: ROY M. AMBINDER, M.D.
DATE TAKEN: October 10, 2012
TIME: 3:00 p.m.
PLACE: 601 East Altamonte Drive
Altamonte Springs, FL 32701
REPORTED BY: Deborah Londos

MAGNA LEGAL SERVICES
866-624-6221
www.MagnaLS.com

MR. VOGEL
300-040
LEGAL SERVICES
MARKET ST
PHILADELPHIA PA 19103

2 LBS

1 OF 1

SHIP TO:
IAN BROWN, ESQ.
DOH PROSECUTION SERVICES UNIT
BIN C-65
4052 BALD CYPRESS WAY
TALLAHASSEE FL 32399-3265



FL 323 0-01



UPS NEXT DAY AIR

TRACKING #: 1Z 37V 57E 01 7615 3522

1



BILLING: P/P

REF 1:97418

US 16.0-16

LN2844 33 0A 10/2012

USE ZIP CODE ON RECEIPT TO ASSIST IN DELIVERY. UPS IS NOT RESPONSIBLE FOR DELIVERY OF MAIL. UPS IS NOT RESPONSIBLE FOR DELIVERY OF MAIL. UPS IS NOT RESPONSIBLE FOR DELIVERY OF MAIL.

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For the Record Reporting, Inc.
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 Tallahassee, FL 32317-2042
 (850) 222-5491 Phone (850) 224-5316 Fax
 Tax ID: 59-3616998

2560161
 Phillip Edson
 PH41113 EDSON
 DOS: 10/10/12

October 9, 2012

Mr. Robert Anthonie Milne, Esquire
 DOH
 4052 Bald Cypress Way
 Bin C-65
 Tallahassee, FL 32399
 (850) 245-4640

"I certify, by evidence of my signature below, the above information is true and correct; the goods and services have been satisfactorily received and payment is now due. I understand that the office of the State Chief Financial Officer reserves the right to require addition documentation and/or conduct periodic post audits".

Invoice Number
 050201T 13563

Re: DOH vs. ZANNOS GREKOS, M.D..
 Case No. 11-4240PL
 Hearing

| Description of Services | | Pgs/Qty | Rate | Extension |
|------------------------------------|---|---------|-------|-----------------|
| Appearance-telephone | Inv. No. 13563, Taken on 10/03/12. 10:00-11:00 | 1.00 | 82.69 | 82.69 |
| O+1 | | 22.00 | 4.25 | 93.50 |
| ASCII disk - n/c | | 1.00 | 0.00 | n/c |
| Mini-transcript and index - n/c | | 1.00 | 0.00 | n/c |
| Invoice total: | | | | \$176.19 |

Payment due upon receipt. Thank you

Service 12/14/12

22346

STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

DEPARTMENT OF HEALTH,

Petitioner,

vs.

DOAH CASE NO: 11-4240PL
DOH CASE NO: 2010-14317

ZANNOS G. GREKOS, M.D.,

Respondent.

TRANSCRIPT OF TELEPHONIC PROCEEDINGS

DATE: October 3rd, 2012
TIME: 10:00-11:00 p.m. (EST)
BEFORE: J. LAWRENCE JOHNSTON
Administrative Law Judge
PLACE: Department of Health
Building 4040
Esplanade Way
Tallahassee, Florida

This cause came on to be heard at the time and place
aforesaid, when and where the following proceedings
were reported by:

TRACY A. LEFEBVRE, Court Reporter
For the Record Reporting, Inc.
1500 Mahar Drive -- Suite 140
Tallahassee, Florida 32308

ORIGIN

FOR THE RECORD REPORTING TALLAHASSEE FLORIDA 950.222.543

22347

INVOICE

BERRYHILL COURT REPORTING
 501 E. KENNEDY BOULEVARD
 SUITE 775
 TAMPA, FL 33602
 Phone: 813-229-8225 Fax: 813-229-8722

| | | |
|---|-----------------------------|---------|
| Invoice No. | Invoice Date | Job No. |
| 76919 | 10/5/2012 | 614544 |
| Job Date | Cause No. | |
| 9/28/2012 | DOAH 11-4240 DOH 2010-14317 | |
| Case Name | | |
| DEPARTMENT OF HEALTH V. ZANNOS G. GREKOS, M.D | | |
| Payment Terms | | |
| Due upon receipt | | |

IAN BROWN, ESQ
 FLORIDA DEPARTMENT OF HEALTH
 4052 BALD CYPRESS WAY, BIN C-65
 PROSECUTION SERVICES UNIT
 TALLAHASSEE, FL 32399-3265

255 9/15/12
 PHILLIP HADSON
 PH 9/11/12
 POS: 10/5/12

VIDEOGRAPHER ATTENDANCE FOR DEPOSITION OF:

THOMAS FREEMAN, M.D.

1st Hour
 Continuing Hour
 UPS Ground - S&H -1

"I certify, by evidence of my signature below, the above information is true and correct; the goods and services have been satisfactorily received and payment is now due. I understand that the office of the State Chief Financial Officer reserves the right to require additional documentation and/or conduct periodic post audits".

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| 175.00 | 175.00 |
| 4.00 Hours @ 100.00 | 400.00 |
| 8.50 | 8.50 |

TOTAL DUE >>>

\$583.50

ATTENDANCE: 5 HOURS

******Reminder for Our Valued Clients******

We have offices located in Tampa, Clearwater, St. Pete and New Port Richey. You also can set your depositions, hearings, videos, etc. anywhere in North America by simply calling our office.

| | |
|-------------------------|---------------|
| (-) Payments/Credits: | 0.00 |
| (+) Finance Charges: | 0.00 |
| (=) New Balance: | 583.50 |

Signature 12/10/12

Tax ID: 22-3955148

Phone: 850-245-4640 EXT. 8147 Fax:

Please detach bottom portion and return with payment

IAN BROWN, ESQ
 FLORIDA DEPARTMENT OF HEALTH
 4052 BALD CYPRESS WAY, BIN C-65
 PROSECUTION SERVICES UNIT
 TALLAHASSEE, FL 32399-3265

Invoice No. : 76919
 Invoice Date : 10/5/2012
 Total Due : \$ 583.50

2012 DEC 10 PM 3:22
 DEPARTMENT OF HEALTH V. ZANNOS G. GREKOS, M.D.

Remit To: **DEMPSTER BERRYHILL COURT REPORTING**
 1875 N. BELCHER ROAD
 SUITE 102
 CLEARWATER, FL 33765

Job No. : 614544
 BU ID : 2Berryhill
 Cause No. : DOAH 11-4240 DOH 2010-14317
 Case Name : DEPARTMENT OF HEALTH V. ZANNOS G. GREKOS, M.D

22348

INVOICE

BERRYHILL COURT REPORTING
 501 E. KENNEDY BOULEVARD
 SUITE 775
 TAMPA, FL 33602
 Phone: 813-229-8225 Fax: 813-229-8722

| | | |
|---|--------------|---------|
| Invoice No. | Invoice Date | Job No. |
| 76934 | 10/5/2012 | 611972 |
| Job Date | Cause No. | |
| 12/5/2011 | 11-4240 | |
| Case Name | | |
| DEPARTMENT OF HEALTH BOARD OF MEDICANE VS GREKOS, ZANNOS M.D. | | |
| Payment Terms | | |
| Net 30 | | |

ROBERT A. MILNE, ESQ
 FLORIDA DEPARTMENT OF HEALTH, PROSECUTION SERVICES UNIT
 4052 BALD CYPRESS WAY
 BIN #C-65
 TALLAHASSEE, FL 32399-3265

255 9153

Robert A. Milne
 PH 813 6206 1111
 0051-10/5/12

TRANSCRIPT COPY OF DEPOSITION:

LAURA HAIR, MD
 UPS Ground - S&H -1

30.00 Pages @ 1.10 33.00
 8.50 8.50

TOTAL DUE >>> \$41.50

CONTRACT # 051301

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****Reminder for Our Valued Clients****
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(-) Payments/Credits: 0.00
 (+) Finance Charges: 0.62
(=) New Balance: 42.12

Robert A. Milne 12/11/12

Tax ID: 22-3955148

Phone: 850-245-4640 X 8201 Fax: 850-245-4680

Please detach bottom portion and return with payment.

ROBERT A. MILNE, ESQ
 FLORIDA DEPARTMENT OF HEALTH, PROSECUTION SERVICES UNIT
 4052 BALD CYPRESS WAY
 BIN #C-65
 TALLAHASSEE, FL 32399-3265

Invoice No. : 76934
 Invoice Date : 10/5/2012
Total Due : \$ 42.12

2012 DEC 10 PM 3:22
 PROSECUTION SERVICES UNIT

Job No. : 611972
 BU ID : 2Berryhill
 Cause No. : 11-4240
 Case Name : DEPARTMENT OF HEALTH BOARD OF MEDICANE VS GREKOS, ZANNOS M.D.

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 1875 N. BELCHER ROAD
 SUITE 102
 CLEARWATER, FL 33765

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AFFIDAVIT OF SHIPPING COST
STANDARD COST FOR FLORIDA BASED SHIPPING

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| UPS – Standard Rate for Florida Delivery | \$8.50 |
| Total Invoice Cost | \$ 8.50 |

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| Mileage Charge for Meeting/Deposition @ | _____ |
| Excess mileage from 1875 Belcher Road, Clearwater | _____ |
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Our UPS Shipping system does not allow us to print a cost receipt for each item shipped.

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Sincerely,

/s/ Larry Murray
Larry Murray
President & CEO
813-731-7961



STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

DEPARTMENT OF HEALTH,
BOARD OF MEDICINE,

Petitioner,

Case No.: 11-4240
2010-14317

vs.

ZANNOS GREKOS, MD,

Respondent.

_____ /

DEPOSITION TRANSCRIPT

DEPOSITION OF: LAURA HAIR, MD
TAKEN AT: Medical Examiner's Office
11025 N. 46th Street
Tampa, Florida 33617
DATE & TIME: December 5, 2011
Commencing at 9:00 a.m.
REPORTED BY: Penny M. Appleton
Court Reporter
Notary Public

Dempster & Berryhill Court Reporting
501 E. Kennedy Boulevard, Suite 775
Tampa, Florida 33602 (813) 229-8225

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CONDITIONS: 2011 11/17

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PHINNEY ROBERT
 FLORIDA DEPARTMENT OF HEALTH
 4052 BALD CYPRESS WAY
 BIN C-65
 TALLAHASSEE, FL 32399-3265

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| STATEMENT DATE |
| 11/27/2012 |
| INVOICE NUMBER |
| 112125 |

65-0603103

PLEASE REFERENCE THIS INVOICE NUMBER WHEN REMITTING

WE ACCEPT ALL MAJOR CREDIT CARDS

| DATE TAKEN | REFERENCE | CHARGES |
|--------------------------|---|---------------|
| 10/16/2012 | DEPARTMENT OF HEALTH VS ZANNOS GREKOS 11-4240-PL CONTRACT #072310081 REPORTER: STEFANICK TRANSCRIPT OF PROCEEDINGS BEFORE JUDGE J LAWRENCE JOHNSTON TAKEN AT COLLIER COUNTY COURTHOUSE DATES: OCT 16, 17, 18, 19, 20 & 31 APPEARANCE FEE @ \$315.00 FULL DAY 9:00-12:10 / 1:30-5:30 (10/16/12) | 315.00 |
| | APPEARANCE FEE @ \$315.00 FULL DAY 9:00-12:15 / 1:30-4:00 (10/17/12) | 315.00 |
| | APPEARANCE FEE @ \$315.00 FULL DAY 9:00-11:45 / 12:45-8:00 (10/18/12) | 315.00 |
| | APPEARANCE FEE @ \$315.00 FULL DAY | 315.00 |
| TOTAL | | 315.00 |
| TOTAL BALANCE DUE | | 315.00 |

2012 NOV 30 AM 8:53
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MILNE, ROBERT
 FLORIDA DEPARTMENT OF HEALTH
 4052 BALD CYPRESS WAY
 BIN C-05
 TALLAHASSEE, FL 32309-3265

STATEMENT DATE

65 0603193

11/27/2012

INVOICE NUMBER

112125

PLEASE REFERENCE THIS INVOICE NUMBER
 WHEN REMITTING

WE ACCEPT ALL MAJOR CREDIT CARDS

| DATE TAKEN | REFERENCE | CHARGES |
|------------|--|-----------------|
| | DEPARTMENT OF HEALTH VS ZANNOS GREKOS 11-4240-PL CONTRACT #072310061 | |
| | 9:00-12:10 / 1.15-4 50 (10/19/12) | |
| | APPEARANCE FEE @ \$157.50 HALF DAY | 157.50 |
| | 10:00 - 10:10 (10/29/12) CANCELLED | |
| | APPEARANCE FEE @ \$157.50 HALF DAY | 157.50 |
| | 3:00-3:55 (10/31/12) @ FTM OFFICE | |
| | TRAVEL @ .445 PER MILE | |
| | ORIGINAL & ONE @ \$4.14 | 5,133.00 |
| | 1240 PAGES | |
| | WORD INDEX | 37.44 |
| | POSTAGE AND HANDLING (ORIGINAL) | 15.45 |
| | POSTAGE AND HANDLING (COPY) | 15.45 |
| | TOTAL | 6,797.94 |
| | TOTAL BALANCE DUE | 6,797.94 |

ID# 65-0603193

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STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

CASE NO. 11-424-PL

DEPARTMENT OF HEALTH,
BOARD OF MEDICINE,

VOLUME I OF II
PAGES 1-193

Petitioner,

-vs-

XANNOS GREKOS, M.D.,

Respondent.

2012 NOV 30 AM 8:54

HEARING BEFORE THE HONORABLE J. LAWRENCE JOHNSTON,
ADMINISTRATIVE LAW JUDGE

October 16, 2012

COLLIER COUNTY COURTHOUSE
3315 TAMiami TRAIL EAST
COURTROOM 4D
NAPLES, FLORIDA

9:00 a.m.

Reported By:
Andrea J. Stefanick, RPR, RMR, CRR
Notary Public, State of Florida
Martina Reporting Services
2069 First Street, Suite 201
Fort Myers, Florida 33901
Phone (239) 334-6545

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STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

CASE NO. 11-424-PL

DEPARTMENT OF HEALTH,
BOARD OF MEDICINE,

VOLUME II OF II
PAGES 194-343

Petitioner,

-vs-

ZANNOS GREKOS, M.D.,

Respondent.

2012 NOV 30 AM 8:55

PRACTITIONER REGULATION
LEGAL

HEARING BEFORE THE HONORABLE T. LAWRENCE JOHNSTON,
ADMINISTRATIVE LAW JUDGE

October 16, 2012

JILLIE D. HILL, SOUTH USE
1111 MIAMI TRAIL EAST
SUITE 40
NAPLES, FLORIDA

11:11 a.m.

Reported By:
Andrea J. Stefanick, FES, FMP, TFP
Notary Public, State of Florida
Martina Reporting Services
2069 First Street, Suite 204
Fort Myers, Florida 33917
Phone (239) 334-6545

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STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

CASE NO. 11-424-PL

DEPARTMENT OF HEALTH,
BOARD OF MEDICINE,

Petitioner,

-vs-

ZANNOS GREKOS, M.D.,

Respondent.

HEARING BEFORE THE HONORABLE J. LAWRENCE JOHNSTON
ADMINISTRATIVE LAW JUDGE

October 17, 2012

VOLUME 2

COLLIER COUNTY COURTHOUSE
3315 TAMiami TRAIL EAST
COURTROOM 4B
NAPLES, FLORIDA

9:00 a.m.

Reported By:
Andrea J. Stefanick, PPR, RMR, CRR
Notary Public, State of Florida
Martina Reporting Services
2069 First Street, Suite 201
Fort Myers, Florida 33901
Phone (888) 334-6545

PRACTITIONER REGULATION
LEGAL

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STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

CASE NO. 11-424-PL

DEPARTMENT OF HEALTH,
BOARD OF MEDICINE,

VOLUME I OF II
PAGES 573-770

Petitioner,

-vs-

ZANNOS GREKOS, M.D.,

Respondent.

HEARING BEFORE THE HONORABLE J. LAWRENCE JOHNSTON,
ADMINISTRATIVE LAW JUDGE

October 18, 2012

VOLUME 3

COLLIER COUNTY COURTHOUSE
700 TAMiami TRAIL EAST
COURTROOM 4D
NAPLES, FLORIDA

9:00 a.m.

Reported By:
Andrea J. Stefanick, RPR, RMR, CRP
Notary Public, State of Florida
Martina Reporting Services
2069 First Street, Suite 201
Fort Myers, Florida 33901
Phone (239) 334-6515

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PRACTITIONER REGULATION
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STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

CASE NO. 11-424-PL

DEPARTMENT OF HEALTH,
BOARD OF MEDICINE,

VOLUME II OF II
PAGES 771-914

Petitioner,

-vs-

ZANNOS GREKOS, M.D.,

Respondent.

HEARING BEFORE THE HONORABLE J. LAWRENCE JOHNSTON,
ADMINISTRATIVE LAW JUDGE

October 13, 2012

VOLUME 3

COLLIER COUNTY COURTHOUSE
3315 TAMiami TRAIL EAST
COURTROOM 4E
NAPLES, FLORIDA

9:00 a.m.

Reported By:
Andrea G. Stefanick, RPP, RMP, CRR
Notary Public, State of Florida
Martina Reporting Services
2069 First Street, Suite 201
Fort Myers, Florida 33901
Phone (239) 334-6845

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PRACTICING REGISTRATION
LEGAL

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FL Myers, Florida 33901

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STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

CASE NO. 11-424-PL

DEPARTMENT OF HEALTH,
BOARD OF MEDICINE,

VOLUME I OF II
PAGES 915-1118

Petitioner,

-vs-

ZANNOS GREKOS, M.D.,

Respondent.

HEARING BEFORE THE HONORABLE J. LAWRENCE JOHNSTON,
ADMINISTRATIVE LAW JUDGE

October 19, 2012

VOLUME 4

COLLIER COUNTY COURTHOUSE
3315 TAMIAWI TRAIL EAST
COURTROOM 4D
NAPLES, FLORIDA

9:00 a.m.

Reported By:
Andrea J. Stefanick, RPR, RMR, JRR
Notary Public, State of Florida
Martina Reporting Services
2069 First Street, Suite 201
Fort Myers, Florida 33901
Phone (239) 334-6845

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PRACTITIONER REGISTRATION
LEGAL

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Fort Myers, Florida 33901

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STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

CASE NO. 11-424-PL

DEPARTMENT OF HEALTH,
BOARD OF MEDICINE,

VOLUME II OF II
PAGES 1119-1208

Petitioner,

-vs-

ZANNOS GREKOS, M.D.,

Respondent.

2012 NOV 30 AM 8:57

PRACTITIONER REGULATION
LEGAL

HEARING BEFORE THE HONORABLE J. LAWRENCE JOHNSTON,
ADMINISTRATIVE LAW JUDGE

October 19, 2012

VOLUME 4

COLLIER COUNTY COURTHOUSE
3315 TAMiami TRAIL EAST
COURTROOM 4D
NAPLES, FLORIDA

9:00 a.m.

Reported By:
Andrea J. Stefanick, RFR, RMR, CRR
Notary Public, State of Florida
Martina Reporting Services
2069 First Street, Suite 201
Fort Myers, Florida 33901
Phone (239) 334-6545

COPY

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STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

CASE NO. 11-424-PL

DEPARTMENT OF HEALTH,
BOARD OF MEDICINE,

Petitioner,

-vs-

ZANNOS GREKOS, M.D.,

Respondent.

2012 NOV 30 AM 8:58
PRACTICER REGULATION
LEGAL

HEARING BEFORE THE HONORABLE J. LAWRENCE JOHNSTON,
ADMINISTRATIVE LAW JUDGE

October 31, 2012

VOLUME 5

MARTINA REPORTING SERVICES
2069 FIRST STREET, SUITE 201
FORT MYERS, FLORIDA 33901

3:00 p.m.

Reported By:
Andrea J. Stefanick, PPR, FME, CRR
Notary Public, State of Florida
Martina Reporting Services
2069 First Street, Suite 201
Fort Myers, Florida 33901
Phone (239) 334-6545

COPY

July 1, 2008
#972-310-06-1

ATTACHMENT 3
Prices

1. Depositions
Appearance Fee
First Hour \$42.00 per hour
Each hour after first \$33.60 per hour

2. Court Hearings/Trials, DOAH Hearings
Full Day (8:00am - 5:30pm) \$315.00 full day
Half (1/2) day
(8:00am - 12:00pm, 1:00pm - 5:00pm) \$157.50 half day
Overtime for full and half day \$21.00 per hour

3. Board and Public Meeting
Full Day (8:00am - 5:30pm) \$357.00 full day
Half (1/2) day
(8:00am - 12:00pm, 1:00pm - 5:00pm) \$178.50 half day
Overtime for full and half day \$21.00 per hour

4. Realtime
Appearance Fee \$63.00 per hour

5. Transcript Fee
Original & one copy
10 working days delivery \$4.14 per page
(State holidays and weekends excluded)

6. 24 hours delivery \$8.29 per page

7. 72 hours delivery \$6.22 per page

8. 5 working day deliver \$4.72 per page
(State holidays and weekends excluded)

9. Additional copies \$1.57 per page

10. Exhibits \$0.25 per page

11. Telephone reporting No bid

ATTACHMENT 3

Prices
(continued)

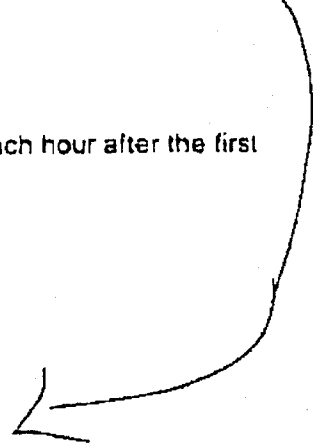
- | | |
|------------------------------|---|
| 12. Key word indexing | No Bid |
| 13. Key word indexing | \$0.26 per page |
| 14. Transcription from tapes | \$2.50 per hour 5.78 per page |
| 15. Transcription from tapes | No Bid |
| 16. Video Services | \$194.25 per hour \$80.00 per hour for each hour after the first |

10 days
+ Per Diem

5 day
6.95

3 day
8.67

1 day
11.54





DEPARTMENT OF HEALTH
PROSECUTION SERVICES UNIT
4052 Bald Cypress Way, BIN # C-65 - Tallahassee, Florida 32399-3265

Work Authorization: 011-14687

Idm
AMBINDON

EXPERT WITNESS WORK AUTHORIZATION AND INVOICE

SECTION ONE - WORK AUTHORIZATION

The expert named below is authorized to perform expert services in this case, per terms of the DOH Expert Witness Agreement.

1. Expert Last Name Abbason First Name _____ 2. SSN/FID: _____ 3. Expiration Date: COMU4
 4. MAXIMUM AUTHORIZED FUNDS: \$810.00 5. Type of Service: Case Review
 6. Case Number: 2010-14317 7. Subject Last Name: Greekos 8. Board: MB
 9. Requestor's Full Name: Lakisha Nix/ Milne 10. Requestor Phone Number: 850-245-4640
 11. Issuing Authority: Irene Lake Signature: *Irene Lake* Date Signed: 1/25/2011

SECTION TWO - EXPERT'S INVOICE FOR SERVICES AND EXPENSES

- **DO NOT EXCEED** the Maximum Authorized Funds.
- **DO NOT** include Travel Expenses on this form. They require a separate travel voucher.
- Enter services and incidental expenses separately (use designated boxes).
- Hourly rate is set as per the terms of the DOH expert Witness Agreement
- Be Sure to sign and return this original form. Attach any receipts for incidental expenses.
- Contact the Requestor if your expert services require additional funding or if you have any other questions.

SERVICES ONLY

| (12) Date of Service | (13) Description of Service | (14) Hourly Fee | (15) Hours | (16) Total Fee |
|----------------------|-----------------------------|-----------------|------------|----------------|
| 1/31/11 | Case review | \$135.00 | 6 | \$10 |
| 2/17/11 | T C W/ATTY / report prep | | | |
| | | | | |

INCIDENTAL EXPENSES ONLY (I.e. copying, phone calls, film developing costs, etc.) Please attach receipts.

| (17) Date Incurred | (18) Description of Expenses | (19) Amount \$ |
|--------------------|------------------------------|----------------|
| | | |
| | | |

GRAND TOTAL FEES EXPENSES: \$ 810

I have performed the services and incurred the expenses referenced above in accordance with the DOH Expert Witness Agreement.

20. Expert's Signature: *Irene Lake* 21. Date Signed: 2-10-11

SECTION THREE - REQUESTOR'S ACKNOWLEDGEMENT OF SERVICES

The above referenced services have been satisfactorily received.

22. Requestor's Signature: *Lakisha Nix* 23. Date Signed: 2/18/11

SECTION FOUR - ORIGINATING OFFICE INFORMATION

Date Invoiced Rec'd: 2/18/11 Date Goods/Svcs. Rec'd: 2/18/11 EXPANSION OPTION: PA
 Object Code: 131800 CM Approval: *[Signature]* OCA: MQAPS
 Organizational Code: 64220501015 CMS Approval: *Diana S. Brown* Date: 2/25/11
 Date: 3-1-11

Address: Abbason & Associates, Inc.
c/o Kim Mulligan
127 W. Fairbanks Avenue, #452
Winter Park, FL 32789

PROCESS IN 5 WORKING DAYS AND RETURN TO FINANCE AND ACCOUNTING

11 FEB 18 AM 11:28
 LEGAL
 - VAIL HIGHER REGULATION

3/2/11

22365



DEPARTMENT OF HEALTH
PROSECUTION SERVICES UNIT
4052 Bald Cypress Way, BIN # C-65 - Tallahassee, Florida 32399-3265

Work Authorization: 011-15025

AMB, NDEA, R

EXPERT WITNESS WORK AUTHORIZATION AND INVOICE

SECTION ONE - WORK AUTHORIZATION

The expert named below is authorized to perform expert services in this case, per terms of the DOH Expert Witness Agreement.

1. Expert Last Name: Abbason First Name: _____ 2. SSN/PEID: _____ 3. Expiration Date: COMU4
 4. MAXIMUM AUTHORIZED FUNDS: \$67.50 5. Type of Service: TC w/ Attorney
 6. Case Number: 2010-14317 7. Subject Last Name: Greekos 8. Board: MB
 9. Requestor's Full Name: Irene Lake/Milne 10. Requestor Phone Number: 850-245-4640
 11. Issuing Authority: Irene Lake Signature: [Signature] Date Signed: 3/17/2011

SECTION TWO - EXPERT'S INVOICE FOR SERVICES AND EXPENSES

- DO NOT EXCEED the Maximum Authorized Funds.
- DO NOT include Travel Expenses on this form. They require a separate travel voucher.
- Enter services and incidental expenses separately (use designated boxes).
- Hourly rate is set as per the terms of the DOH expert Witness Agreement.
- Be Sure to sign and return this original form. Attach any receipts for incidental expenses.
- Contact the Requestor if your expert services require additional funding or if you have any other questions.

SERVICES ONLY

| (12) Date of Service | (13) Description of Service | (14) Hourly Fee | (15) Hours | (16) Total Fee |
|----------------------|-----------------------------|-----------------|------------|----------------|
| 3-17-11 | TC w/ ATT | \$135.00 | 0.5 | 67.50 |
| | | | | |
| | | | | |

INCIDENTAL EXPENSES ONLY (i.e. copying, phone calls, film developing costs, etc.) Please attach receipts.

| (17) Date Incurred | (18) Description of Expenses | (19) Amount \$ |
|--------------------|------------------------------|----------------|
| | | |
| | | |

GRAND TOTAL FEES EXPENSES: \$ 67.50

I have performed the services and incurred the expenses referenced above in accordance with the DOH Expert Witness Agreement.

20. Expert's Signature: [Signature] 21. Date Signed: 4/11/11

SECTION THREE - REQUESTOR'S ACKNOWLEDGEMENT OF SERVICES

The above referenced services have been satisfactorily received.

22. Requestor's Signature: [Signature] 23. Date Signed: 4/18/11

SECTION FOUR - ORIGINATING OFFICE INFORMATION

Date Invoiced Rec'd: 4/13/11 Date Goods/Svcs. Rec'd: 4/13/11 EXPANSION OPTION: PA
 Object Code: 131800 CM Approval: [Signature] OCA: MQAPS
 Organizational Code: 64220501015 CMS Approval: Donna S. Brown Date: 4/19/11

Address: Abbason & Associates, Inc.
c/o Kim Mulligan
127 W. Fairbanks Avenue, #452
Winter Park, FL 32789

PROCESS IN 5 WORKING DAYS AND RETURN TO FINANCE AND ACCOUNTING

PRACTITIONER REGULATION
LEGAL

11 APR 13 AM 10:58

CS
4/19/11

22366



DEPARTMENT OF HEALTH
PROSECUTION SERVICES UNIT
4052 Bald Cypress Way, BIN # C-65 - Tallahassee, Florida 32399-3265

Work Authorization: 011-15988
AMG INDOX

EXPERT WITNESS WORK AUTHORIZATION AND INVOICE

SECTION ONE - WORK AUTHORIZATION

The expert named below is authorized to perform expert services in this case, per terms of the DOH Expert Witness Agreement.

1. Expert Last Name Abbason & Assoc. First Name _____ 2. SSN/FEID: _____ 3. Expiration Date: COMWS
4. MAXIMUM AUTHORIZED FUNDS: \$135.00 5. Type of Service: _____ Additional Review _____
6. Case Number: 2010-14317 7. Subject Last Name: Grokos 8. Board: ME
9. Requestor's Full Name: Tanechis Reshard/R. Milne 10. Requestor Phone Number: 850-245-4640
11. Issuing Authority: Irene Lake *Irene Lake* Signature Date Signed: 10/28/2011

SECTION TWO - EXPERT'S INVOICE FOR SERVICES AND EXPENSES

- DO NOT EXCEED the Maximum Authorized Funds.
- DO NOT include Travel Expenses on this form. They require a separate travel voucher.
- Enter services and incidental expenses separately (use designated boxes).
- Hourly rate is set as per the terms of the DOH expert Witness Agreement
- Be Sure to sign and return this original form. Attach any receipts for incidental expenses.
- Contact the Requestor if your expert services require additional funding or if you have any other questions.

SERVICES ONLY

| (12) Date of Service | (13) Description of Service | (14) Hourly Fee | (15) Hours | (16) Total Fee |
|----------------------|-----------------------------|-----------------|------------|----------------|
| 11/3/11 | additional hours | \$135.00 | 1 | 135 |
| | <i>T. Reshard 11/2/11</i> | | | |
| | -No report- | | | |

INCIDENTAL EXPENSES ONLY (i.e. copying, phone calls, film developing costs, etc.) Please attach receipts.

| (17) Date Incurred | (18) Description of Expenses | (19) Amount \$ |
|--------------------|------------------------------|----------------|
| | | |
| | | |

GRAND TOTAL FEES EXPENSES: \$ 135

I have performed the services and incurred the expenses referenced above in accordance with the DOH Expert Witness Agreement.

20. Expert's Signature: *Irene Lake* 21. Date Signed: 11/30/11

SECTION THREE - REQUESTOR'S ACKNOWLEDGEMENT OF SERVICES

The above referenced services have been satisfactorily received.

22. Requestor's Signature: *Tanechis Reshard* 23. Date Signed: 1/10/12

SECTION FOUR - ORIGINATING OFFICE INFORMATION

Date Invoiced Rec'd: 1/5/12 Date Goods/Sves. Rec'd: 1/5/12 EXPANSION OPTION: PA
Object Code: 131800 CM Approval: *Irene Lake* OCA: MQAPS Date: 1/10/12
Organizational Code: 64220501015 CMS Approval: *Donna S. Brown* Date: 1/10/12

Address: Abbason & Associates, Inc.
c/o Kim Mulligan
127 W. Fairbanks Avenue, #452
Winter Park, FL 32789

PROCESS IN 5 WORKING DAYS AND RETURN TO FINANCE AND ACCOUNTING

22367

12 JAN -5 AM 11:01

1/10/12



DEPARTMENT OF HEALTH
 PROSECUTION SERVICES UNIT
 4052 Bald Cypress Way, BIN # C-65 - Tallahassee, Florida 32399-3265

Work Authorization: INS 012-16505

NUMBER, R

EXPERT WITNESS WORK AUTHORIZATION AND INVOICE

SECTION ONE - WORK AUTHORIZATION

The expert named below is authorized to perform expert services in this case, per terms of the DOH Expert Witness Agreement.

1. Expert Last Name: Abbasin & Assoc. First Name: _____ 2. SSN/FEID: [REDACTED] 3. Expiration Date: COMWS
 4. MAXIMUM AUTHORIZED FUNDS: \$810.00 5. Type of Service: _____ Additional Review: _____
 6. Case Number: 2010-14317 7. Subject Last Name: Grekos 8. Board: ME
 9. Requestor's Full Name: Tenechia Reshard/J. Brown 10. Requestor Phone Number: 850-245-4640
 11. Issuing Authority: Irene Lake [Signature] Date Signed: 2/21/2012
 Signature

SECTION TWO - EXPERT'S INVOICE FOR SERVICES AND EXPENSES

- DO NOT EXCEED the Maximum Authorized Funds.
- DO NOT include Travel Expenses on this form. They require a separate travel voucher.
- Enter services and incidental expenses separately (use designated boxes).
- Hourly rate is set as per the terms of the DOH expert Witness Agreement
- Be Sure to sign and return this original form. Attach any receipts for incidental expenses.
- Contact the Requestor if your expert services require additional funding or if you have any other questions.

SERVICES ONLY

| (12) Date of Service | (13) Description of Service | (14) Hourly Fee | (15) Hours | (16) Total Fee |
|----------------------|--|-----------------|------------|----------------|
| 3/1/12 | Additional review to w/ party w/ report. | \$135.00 | 6 | 810.00 |
| | | | | |
| | | | | |

INCIDENTAL EXPENSES ONLY (i.e. copying, phone calls, film developing costs, etc.) Please attach receipts.

| (17) Date Incurred | (18) Description of Expenses | (19) Amount \$ |
|--------------------|------------------------------|----------------|
| | | |
| | | |

GRAND TOTAL FEES EXPENSES: \$ 810.00

I have performed the services and incurred the expenses referenced above in accordance with the DOH Expert Witness Agreement.

20. Expert's Signature: [Signature] 21. Date Signed: 6/28/12

SECTION THREE - REQUESTOR'S ACKNOWLEDGEMENT OF SERVICES

The above referenced services have been satisfactorily received.

22. Requestor's Signature: [Signature] 23. Date Signed: 7/5/12

SECTION FOUR - ORIGINATING OFFICE INFORMATION

Date Invoiced Rec'd: 7/3/12 Date Goods/Svcs. Rec'd: 3/1/12
 Object Code: 131800 CM Approval: [Signature]
 Organizational Code: 64220501015 CMS Approval: [Signature]

EXPANSION OPTION: PA
 OCA: MQAPS

Date: 7/19/12
 Date: 7/19/12

Address: Abbasin & Associates, Inc.
 c/o Kim Mulligan
 127 W. Fairbanks Avenue, #452
 Winter Park, FL 32789

12 JUL -3 AM 10:29
 PRACTITIONER REGULATION
 LEGAL

PROCESS IN 5 WORKING DAYS AND RETURN TO FINANCE AND ACCOUNTING



DEPARTMENT OF HEALTH
PROSECUTION SERVICES UNIT
4052 Bald Cypress Way, BIN # C-65 - Tallahassee, Florida 32399-3265

Work Authorization: 012-16506

MATHIAS, P

EXPERT WITNESS WORK AUTHORIZATION AND INVOICE

SECTION ONE - WORK AUTHORIZATION

The expert named below is authorized to perform expert services in this case, per terms of the DOH Expert Witness Agreement.

1. Expert Last Name: Abbason & Assoc. First Name: _____ 2. SSN/FEID: _____ 3. Expiration Date: COMW5
 4. MAXIMUM AUTHORIZED FUNDS: \$810.00 5. Type of Service: _____ Additional Review: _____
 6. Case Number: 2010-14317 7. Subject Last Name: Grekos 8. Board: ME
 9. Requestor's Full Name: Taneshia Reshard/L. Brown 10. Requestor Phone Number: 850-245-4640
 11. Issuing Authority: Irene Lake _____ Date Signed: 2/21/2012
 Signature: _____

SECTION TWO - EXPERT'S INVOICE FOR SERVICES AND EXPENSES

- DO NOT EXCEED the Maximum Authorized Funds.
- DO NOT include Travel Expenses on this form. They require a separate travel voucher.
- Enter services and incidental expenses separately (use designated boxes).
- Hourly rate is set as per the terms of the DOH expert Witness Agreement
- Be Sure to sign and return this original form. Attach any receipts for incidental expenses.
- Contact the Requestor if your expert services require additional funding or if you have any other questions.

SERVICES ONLY

| (12) Date of Service | (13) Description of Service | (14) Hourly Fee | (15) Hours | (16) Total Fee |
|----------------------|------------------------------------|-----------------|------------|----------------|
| 2/29/12 | additional services T.C.W. only | \$135.00 | 6 | 810.00 |
| | No Report - | | | |

INCIDENTAL EXPENSES ONLY (i.e. copying, phone calls, film developing costs, etc.) Please attach receipts.

| (17) Date Incurred | (18) Description of Expenses | (19) Amount \$ |
|--------------------|------------------------------|----------------|
| | | |

GRAND TOTAL FEES EXPENSES: \$ 810.00

I have performed the services and incurred the expenses referenced above in accordance with the DOH Expert Witness Agreement.

20. Expert's Signature: _____ 21. Date Signed: 6/28/12

SECTION THREE - REQUESTOR'S ACKNOWLEDGEMENT OF SERVICES

The above referenced services have been satisfactorily received.

22. Requestor's Signature: _____ 23. Date Signed: 7/5/12

SECTION FOUR - ORIGINATING OFFICE INFORMATION

Date Invoiced Rec'd: 7/3/12 Date Goods/Svcs. Rec'd: 2/29/12 EXPANSION OPTION: PA
 Object Code: 131800 CM Approval: _____ OCA: MQAFS
 Organizational Code: 64220501015 CMS Approval: _____ Date: 7/9/12
 Date: 7/9/12

Address: Abbason & Associates, Inc.
c/o Kim Mulligan
127 W. Fairbanks Avenue, #452
Winter Park, FL 32789

12 JUL -3 AM 10:29
PRACTITIONER REGULATION
LEGAL

PROCESS IN 5 WORKING DAYS AND RETURN TO FINANCE AND ACCOUNTING

Invoice Case #2010-14317

Sept. 28, 2012

Thomas B Freeman Consulting Inc
14002 Shady Shores Dr,
Tampa, FL 33613

Rates (State of FL rates) \$625/hr

Discussions 2/16/12, 8/14/12, Chart review 9/17, CD review and discussions; preparation for depo with organization and summary preparation, review of CDs 9/19/12; Review of Autopsies, affidavit X2 9/22/12; Review of new records and discs on 9/27/12 with response to questions and discussions; 9/28/12 Discussions, deposition (w/o including lunch break) and f/u discussions:

Total time: 23.5 hours X \$625/h = \$14,687.50

2012 OCT -2 AM 11:42
PRACTITIONER REGISTRATION

22370

Eidson, Phyllis

From: Lake, Irene
Sent: Friday, September 28, 2012 5:19 PM
To: Eidson, Phyllis
Subject: FW: Thomas Freeman Purchase Requisitions

Phyllis - I hope this is sufficient

From: Freeman, Thomas [mailto:tfreeman@health.usf.edu]
Sent: Friday, September 28, 2012 5:16 PM
To: Lake, Irene
Cc: Brown, Ian; Freeman, Thomas
Subject: RE: Thomas Freeman Purchase Requisitions

Dear Irene,
My State of Florida rates are \$625/hour for chart review and records, depositions etc paid for by the State of Florida, including travel time if needed.

All expenses paid for by opposing council are paid at standard and customary rates.

Thanks,
Dr. Freeman

From: Irene_Lake@doh.state.fl.us [mailto:Irene_Lake@doh.state.fl.us]
Sent: Monday, September 24, 2012 10:50 AM
To: Freeman, Thomas
Subject: FW: Thomas Freeman Purchase Requisitions

Dear Dr. Freeman,

The Finance & Accounting department is requesting documentation for your current rate fee of \$625.00 since it has changed from \$575.00 in 2011. Please feel free to call me at 850-245-4660, if you have any questions.

Sincerely,
Irene

From: Eidson, Phyllis
Sent: Monday, September 24, 2012 10:07 AM
To: Lake, Irene
Subject: FW: Thomas Freeman Purchase Requisitions

Can we get in writing the discount that Dr Freeman is willing to provide to DOH?

From: Davis, Tammy
Sent: Monday, September 24, 2012 10:05 AM
To: Eidson, Phyllis
Cc: Davis, Tammy

FW: Thomas Freeman Purchase Requisitions

Subject: Thomas Freeman Purchase Requisitions

Good morning,
Regarding the following purchase requisitions:

- > PR6716017 - @ \$13,600.00
- > PR6694706-V2 - @ 13,500.00 per the comment section. This change order is due to the vendor's rate changing from 575.00 to 625.00 per hour. The 575.00 is from a 2011 email & the vendor verbally advised the Department's Attorney of the change. Although it is an increase it is still at a discounted rate (see rate schedule)

I do apologize, I did not realize the email was from 2011. An updated letter with the current rate fees are required for processing. In addition to, why is there 2 PR's for the same vendor? Clarification is required. Please review, revise, and resubmit. If you have any comments or concerns, please feel free to contact me by phone or via email.

Thanks,

Tammy Davis
Division of Administration
Bureau of General Services/Purchasing
P: 850-245-4444 x3154/Fax: 850-412-1196
tammy_davis@doh.state.fl.us
How's my Customer Service? Please take our survey

Mission: "To protect and promote the health of all residents and visitors in the state through organized state and community efforts, including cooperative agreements with counties."

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

Spam
Not spam
Forget previous vote

Legal Fees
 Thomas B. Freeman, M.D., F.A.C.S.
 Department of Neurosurgery
 University of South Florida

DEPOSITION FEES:

\$1,600 per hour (2 hrs. payable in advance, additional time billed following deposition)

In addition, there will be a \$875 charge to review records prior to depo. (this is based on 1 inch of records, if over 1 inch will need additional \$875 for each inch over 1 inch) This fee is also payable in advance of the depo.

DEPOSITION CANCELLATION FEES (CANCELED WITHIN 2 WORKING DAYS)

1 hour @ \$1,600/hr.

TRIAL FEES:

\$1800 per hour (4 hours prepaid=\$7200) starting at time of office departure and ending at time of return to the office.

(If case is not within driving distance, attorney's office pays airfare and my expenses related to taxi and airport parking)

TRIAL CANCELLATION FEES (CANCELED WITHIN 2 WORKING DAYS)

2 hours @ \$1800/hr. = \$3600

CONFERENCE FEES:

In Person: \$550.00 per ½ hour – ½ hr. payable in advance or at time of conference
 If Conference is to be 1 hr or more \$850/hr. fee (same as review of records) applies.

CONFERENCE CANCELLATION FEE ½ hour @ \$550 per ½ hour

(CANCELED WITHIN 2 WORKING DAYS)

By Phone: \$550.00 per ½ hour ½ hr. min. chg. payable in advance of the conference
 If Conference is to be 1 hr or more \$875/hr. fee (same as review of records) applies.

CANCELLATION FEE 1 hour @ \$875 (CANCELED WITHIN 2 WORKING DAYS)

EXPERT WITNESS

\$875.00 per hour to review records and x-rays. 2 hours minimum prepayment payable when records submitted (this hourly fee is based on \$875 per 1 inch of records, therefore if sending more than 2 inches of records the prepayment would be \$875 per inch of records). If films are to be reviewed there will be additional 1 hr (\$875) charge. Refer to deposition and trial fees, if applicable.

ALL CONFERENCES/DEPOSITIONS/COURT APPEARANCES REQUIRE CANCELLATION NOTICE OF AT LEAST TWO BUSINESS DAYS OR WILL BE SUBJECT TO CANCELLATION FEE.

ALL CASES INVOLVING BONATI INSTITUTE OR LASER SPINE INSTITUTE HAVE A SURPLUS CHARGE OF \$100/HR OR \$50/HALF HOUR DUE TO CASE COMPLEXITY.

10/15



DEPARTMENT OF HEALTH
PROSECUTION SERVICES UNIT
4052 Bald Cypress Way, BIN # C-65 - Tallahassee, Florida 32399-3265

Work Authorization: 011-15628 ✓

Submittal R

EXPERT WITNESS WORK AUTHORIZATION AND INVOICE

SECTION ONE - WORK AUTHORIZATION

The expert named below is authorized to perform expert services in this case, per terms of the DOH Expert Witness Agreement.

1. Expert Last Name Abbason First Name _____ 2. SSN/FEID: _____ 3. Expiration Date: COMW5 ✓
 4. MAXIMUM AUTHORIZED FUNDS: \$960.00 5. Type of Service: Deposition Preparation/Testimony
 6. Case Number: 2010-14317 7. Subject Last Name: Grekos 8. Board: ME
 9. Requestor's Full Name: Irene Lake/Milne 10. Requestor Phone Number: 850-245-4640
 11. Issuing Authority: Irene Lake *Irene Lake* Signature Date Signed: 8/25/2012

12 OCT 16 AM 9:19
PRACTITIONER REGULATION
LEGAL ✓

SECTION TWO - EXPERT'S INVOICE FOR SERVICES AND EXPENSES

- **DO NOT EXCEED** the Maximum Authorized Funds.
- **DO NOT** include Travel Expenses on this form. They require a separate travel voucher.
- Enter services and incidental expenses separately (use designated boxes).
- Hourly rate is set as per the terms of the DOH expert Witness Agreement
- Be Sure to sign and return this original form. Attach any receipts for incidental expenses.
- Contact the Requestor if your expert services require additional funding or if you have any other questions.

DEPARTMENT OF HEALTH
FINANCE AND ACCOUNTING

SERVICES ONLY

| (12) Date of Service | (13) Description of Service | (14) Hourly Fee | (15) Hours | (16) Total Fee |
|----------------------|-----------------------------|-----------------|------------|----------------|
| 2/1/12 | deposition prep | \$160.00 | 6 | \$960 |
| | | | | |
| | | | | |

INCIDENTAL EXPENSES ONLY (i.e. copying, phone calls, film developing costs, etc.) Please attach receipts.

| (17) Date Incurred | (18) Description of Expenses | (19) Amount \$ |
|--------------------|------------------------------|----------------|
| | | |
| | | |

GRAND TOTAL FEES EXPENSES: \$ 960 ✓

I have performed the services and incurred the expenses referenced above in accordance with the DOH Expert Witness Agreement.

20. Expert's Signature: *[Signature]* 21. Date Signed: 10/1/12

SECTION THREE - REQUESTOR'S ACKNOWLEDGEMENT OF SERVICES

The above referenced services have been satisfactorily received.

22. Requestor's Signature: *[Signature]* 23. Date Signed: 10/22/12

SECTION FOUR - ORIGINATING OFFICE INFORMATION

Date Invoiced Rec'd: 10/16/12 Date Goods/Svcs. Rec'd: 10/6/12 EXPANSION OPTION: PA
 Object Code: 131800 CM Approval: *[Signature]* OCA: MQAPS
 Organizational Code: 64220501015 CMS Approval: *[Signature]* Date: 10/22/12
 Date: 10/22/12

Address: Abbason & Associates, Inc.
 c/o Kim Mulligan
 127 W. Fairbanks Avenue, #452
 Winter Park, FL 32789 ✓

PROCESS IN 5 WORKING DAYS AND RETURN TO FINANCE AND ACCOUNTING

22374



DEPARTMENT OF HEALTH
PROSECUTION SERVICES UNIT
4052 Bald Cypress Way, BIN # C-65 - Tallahassee, Florida 32399-3265

Work Authorization: 012-17373

Mathias, P

EXPERT WITNESS WORK AUTHORIZATION AND INVOICE

SECTION ONE - WORK AUTHORIZATION

The expert named below is authorized to perform expert services in this case, per terms of the DOH Expert Witness Agreement.

1. Expert Last Name Abbason & Assoc. First Name (Mathias) 2. SSN/FEID: _____ 3. Expiration Date: COMW5
 4. MAXIMUM AUTHORIZED FUNDS: \$1,920.00 5. Type of Service: Trial Prep/Testimony
 6. Case Number: 2010-14317 7. Subject Last Name: Grekos 8. Board: ME
 9. Requestor's Full Name: Gwendolyn Sumts/Milne 10. Requestor Phone Number: 850-245-4640
 11. Issuing Authority: Noriza Noor *[Signature]* Date Signed: 9/20/2012

SECTION TWO - EXPERT'S INVOICE FOR SERVICES AND EXPENSES

- **DO NOT EXCEED** the Maximum Authorized Funds.
- **DO NOT** include Travel Expenses on this form. They require a separate travel voucher.
- Enter services and incidental expenses separately (use designated boxes).
- Hourly rate is set as per the terms of the DOH expert Witness Agreement
- Be Sure to sign and return this original form. Attach any receipts for incidental expenses.
- Contact the Requestor if your expert services require additional funding or if you have any other questions.

2012 NOV 29 AM 8:17

PRACTITIONER REGULATION
LEGAL

SERVICES ONLY

| (12) Date of Service | (13) Description of Service | (14) Hourly Fee | (15) Hours | (16) Total Fee |
|----------------------|-----------------------------|-----------------|------------|----------------|
| 10/17/12 | Trial Prep | \$160.00 | 8 | 1280.- |
| 10/16/12 | " " | | 4 | 640.- |
| | | | | |

INCIDENTAL EXPENSES ONLY (i.e. copying, phone calls, film developing costs, etc.) Please attach receipts

| (17) Date Incurred | (18) Description of Expense | (19) Amount \$ |
|--------------------|-----------------------------|----------------|
| | | |
| | | |

GRAND TOTAL FEES EXPENSES: 1920.-

I have performed the services and incurred the expenses referenced above in accordance with the DOH Expert Witness Agreement.

20. Expert's Signature: *[Signature]* 21. Date Signed: 11/21/12

SECTION THREE - REQUESTOR'S ACKNOWLEDGEMENT OF SERVICES

The above referenced services have been satisfactorily received.

22. Requestor's Signature: *[Signature]* 23. Date Signed: 11/29/12

SECTION FOUR - ORIGINATING OFFICE INFORMATION

Date Invoiced Rec'd: 11/29/12 Date Goods/Svcs. Rec'd: 10/12/12 EXPANSION OPTION: PA
 Object Code: 151800 CM Approval: *[Signature]* OCA: MQAPS
 Organizational Code: 64220501015 CMS Approval: *[Signature]* Date: 12/4/12
 Date: 12/4/12

Address: c/o Abbason Associates, Inc
127 W. Fairbanks Avenue, #452
Winter Park, Fl 32789

PROCESS IN 5 WORKING DAYS AND RETURN TO FINANCE AND ACCOUNTING

22375

11/30



DEPARTMENT OF HEALTH
 PROSECUTION SERVICES UNIT
 4052 Bald Cypress Way, BIN # C-65 - Tallahassee, Florida 32399-3265

Work Authorization: 012-17374

EXPERT WITNESS WORK AUTHORIZATION AND INVOICE

SECTION ONE - WORK AUTHORIZATION

The expert named below is authorized to perform expert services in this case, per terms of the DOH Expert Witness Agreement.

1. Expert Last Name Abbason & Assoc. First Name (Mathias) 2. SSN/FEID: _____ 3. Expiration Date: COMW5
 4. MAXIMUM AUTHORIZED FUNDS: \$1,920.00 5. Type of Service: Trial Prep/Testimony
 6. Case Number: 2010-14317 7. Subject Last Name: Grekos 8. Board: ME
 9. Requestor's Full Name: Gwendolyn Swans/Milne 10. Requestor Phone Number: 850-245-4640
 11. Issuing Authority: Noriza Noor Signature: [Signature] Date Signed: 9/20/2012

SECTION TWO - EXPERT'S INVOICE FOR SERVICES AND EXPENSES

- **DO NOT EXCEED** the Maximum Authorized Funds.
- **DO NOT** include Travel Expenses on this form. They require a separate travel voucher.
- Enter services and incidental expenses separately (use designated boxes).
- Hourly rate is set as per the terms of the DOH expert Witness Agreement.
- Be Sure to sign and return this original form. Attach any receipts for incidental expenses.
- Contact the Requestor if your expert services require additional funding or if you have any other questions.

2012 NOV 20 AM 04:47

PRACTITIONER REGULATION
LEGAL

SERVICES ONLY

| (12) Date of Service | (13) Description of Service | (14) Hourly Fee | (15) Hours | (16) Total Fee |
|----------------------|-----------------------------|-----------------|------------|----------------|
| 10/18/12 | TRIAL | \$160.00 | 8 | 1280. |
| 10/19/12 | TRIAL | | 4 | 640. |
| | | | | |

INCIDENTAL EXPENSES ONLY (i.e. copying, phone calls, film developing costs, etc.) Please attach receipts

| (17) Date Incurred | (18) Description of Expense | (19) Amount \$ |
|--------------------|-----------------------------|----------------|
| | | |
| | | |

GRAND TOTAL FEES EXPENSES: 1920.-

I have performed the services and incurred the expenses referenced above in accordance with the DOH Expert Witness Agreement.

20. Expert's Signature: [Signature] 21. Date Signed: 11/21/12

SECTION THREE - REQUESTOR'S ACKNOWLEDGEMENT OF SERVICES

The above referenced services have been satisfactorily received.

22. Requestor's Signature: [Signature] 23. Date Signed: 11/29/12

SECTION FOUR - ORIGINATING OFFICE INFORMATION

Date Invoiced Rec'd: 11/29/12 Date Goods/Svcs. Rec'd: 10/19/12 EXPANSION OPTION: PA
 Object Code: 131800 CM Approval: [Signature] OCA: MQAPS
 Organizational Code: 64220501015 CMS Approval: [Signature] Date: 12/4/12
 Date: 12/4/12

Address: c/o Abbason Associates, Inc
 127 W. Fairbanks Avenue, #452
 Winter Park, FL 32789

PROCESS IN 5 WORKING DAYS AND RETURN TO FINANCE AND ACCOUNTING

22376



DEPARTMENT OF HEALTH
PROSECUTION SERVICES UNIT
4052 Bald Cypress Way, BIN # C-65 - Tallahassee, Florida 32399-3265

Work Authorization: 012-17423

AMBINDER DEPT Prep Prep

EXPERT WITNESS WORK AUTHORIZATION AND INVOICE

SECTION ONE - WORK AUTHORIZATION

The expert named below is authorized to perform expert services in this case, per terms of the DOH Expert Witness Agreement

1. Expert Last Name Abbason First Name Ambinder 2. SSN/FEID: _____ 3. Expiration Date: COMW5
 4. MAXIMUM AUTHORIZED FUNDS: \$350.00 5. Type of Service: DEPT Prep Prep
 6. Case Number: 2010-14317 7. Subject Last Name: Grekos 8. Board: ME
 9. Requestor's Full Name: Gwendolyn Swatts/Milne 10. Requestor Phone Number: 850-245-4640
 11. Issuing Authority: Noriza Noor *[Signature]* Date Signed: 9/28/2012

SECTION TWO - EXPERT'S INVOICE FOR SERVICES AND EXPENSES

- **DO NOT EXCEED** the Maximum Authorized Funds.
- **DO NOT** include Travel Expenses on this form. They require a separate travel voucher.
- Enter services and incidental expenses separately (use designated boxes).
- Hourly rate is set as per the terms of the DOH expert Witness Agreement
- Be Sure to sign and return this original form. Attach any receipts for incidental expenses.
- Contact the Requestor if your expert services require additional funding or if you have any other questions.

2012 NOV 29 AM 11:47

PRACTITIONER REGULATION
LEGAL

SERVICES ONLY

| (12) Date of Service | (13) Description of Service | (14) Hourly Fee | (15) Hours | (16) Total Fee |
|----------------------|-----------------------------|-----------------|------------|----------------|
| 10/10/12 | DEPT prep | \$160.00 | 2 | 320.00 |
| | | | | |
| | | | | |

INCIDENTAL EXPENSES ONLY (i.e. copying, phone calls, film developing costs, etc.) Please attach receipts.

| (17) Date Incurred | (18) Description of Expenses | (19) Amount \$ |
|--------------------|------------------------------|----------------|
| | | |
| | | |

GRAND TOTAL FEES EXPENSES: \$ 320.00

I have performed the services and incurred the expenses referenced above in accordance with the DOH Expert Witness Agreement.

20. Expert's Signature: *[Signature]* 21. Date Signed: 11/21/12

SECTION THREE - REQUESTOR'S ACKNOWLEDGEMENT OF SERVICES

The above referenced services have been satisfactorily received.

22. Requestor's Signature: *[Signature]* 23. Date Signed: 11/29/12

SECTION FOUR - ORIGINATING OFFICE INFORMATION

Date Invoiced Rec'd: 11/29/12 Date Goods/Svcs. Rec'd: 12/4/12 EXPANSION OPTION: PA
 Object Code: 131800 CM Approval: *[Signature]* OCA: MQAPS
 Organizational Code: 6422050415 1015 CMS Approval: *[Signature]* Date: 12/4/12

Address: c/o Abbason Associates, Inc
127 W. Fairbanks Avenue, #452
Winter Park, FL 32789

22377

PROCESS IN 5 WORKING DAYS AND RETURN TO FINANCE AND ACCOUNTING



**DEPARTMENT OF HEALTH
PROSECUTION SERVICES UNIT**
4052 Bald Cypress Way, BIN # C-65 - Tallahassee, Florida 32399-3265
EXPERT WITNESS WORK AUTHORIZATION AND INVOICE

Work Authorization: 1012-17662

1014

Handwritten note

SECTION ONE - WORK AUTHORIZATION

The expert named below is authorized to perform expert services in this case, per terms of the DOH Expert Witness Agreement.

1. Expert Last Name: Abbason & Assoc. First Name: _____ 2. SSN/FEID: _____ 3. Expiration Date: COMW5

4. MAXIMUM AUTHORIZED FUNDS: \$1,040.00 5. Type of Service: Trial Prep/Hearing

6. Case Number: 2010-14317 7. Subject Last Name: Grekos 8. Board: ME

9. Requestor's Full Name: Taneshia Reshard/Milne 10. Requestor Phone Number: 850-245-4640

11. Issuing Authority: Noriza Noor Signature: [Signature] Date Signed: 11/21/2012

SECTION TWO - EXPERT'S INVOICE FOR SERVICES AND EXPENSES

- DO NOT EXCEED the Maximum Authorized Funds.
- DO NOT include Travel Expenses on this form. They require a separate travel voucher.
- Enter services and incidental expenses separately (use designated boxes).
- Hourly rate is set as per the terms of the DOH expert Witness Agreement
- Be Sure to sign and return this original form. Attach any receipts for incidental expenses.
- Contact the Requestor if your expert services require additional funding or if you have any other questions.

2012 NOV 29

PRACTITIONER REGULATION
LEGAL

SERVICES ONLY

| (12) Date of Service | (13) Description of Serv | (14) Hourly Fee | (15) Hours | (16) Total Fee |
|----------------------|--------------------------|-----------------|------------|----------------|
| 10/16/12 | Prep for trial | \$160.00 | 6.5 | 1040.00 |
| | | | | |
| | | | | |

INCIDENTAL EXPENSES ONLY (i.e. copying, phone calls, film developing costs, etc.) Please attach receipts

| (17) Date Incurred | (18) Description of Expense | (19) Amount \$ |
|--------------------|-----------------------------|----------------|
| | | |
| | | |

GRAND TOTAL FEES EXPENSES: 1040.00

I have performed the services and incurred the expenses referenced above in accordance with the DOH Expert Witness Agreement.

20. Expert's Signature: [Signature] 21. Date Signed: 11/21/12

SECTION THREE - REQUESTOR'S ACKNOWLEDGEMENT OF SERVICES

The above referenced services have been satisfactorily received.

22. Requestor's Signature: [Signature] 23. Date Signed: 11/29/12

SECTION FOUR - ORIGINATING OFFICE INFORMATION

Date Invoiced Rec'd: 11/29/12 Date Goods/Svcs. Rec'd: 11/29/12 EXPANSION OPTION: PA
 Object Code: 131800 CM Approval: [Signature] OCA: MQAPS
 Organizational Code: 64220501015 CMS Approval: [Signature] Date: 12/4/12
 Date: 12/4/12

Address: Abbason & Associates, Inc.
c/o Kim Mulligan
127 W. Fairbanks Avenue, #452
Winter Park, FL 32789

11/30

PROCESS IN 5 WORKING DAYS AND RETURN TO FINANCE AND ACCOUNTING

22378



DEPARTMENT OF HEALTH
PROSECUTION SERVICES UNIT
4052 Bald Cypress Way, BIN # C-65 - Tallahassee, Florida 32399-3265

Work Authorization: 012-17663

EXPERT WITNESS WORK AUTHORIZATION AND INVOICE

2014

SECTION ONE - WORK AUTHORIZATION

The expert named below is authorized to perform expert services in this case, per terms of the DOH Expert Witness Agreement.

1. Expert Last Name Abbason & Assoc. First Name _____ 2. SSN/FEID: _____ 3. Expiration Date: COMW5
 4. MAXIMUM AUTHORIZED FUNDS: \$1,040.00 5. Type of Service: Trial Prep/Hearing
 6. Case Number: 2010-14317 7. Subject Last Name: Grakos 8. Board: ME
 9. Requestor's Full Name: Taneshia Reshard/Milne 10. Requestor Phone Number: 850-245-4640
 11. Issuing Authority: Noriza Noor Signature: _____ Date Signed: 11/21/2012

SECTION TWO - EXPERT'S INVOICE FOR SERVICES AND EXPENSES

- DO NOT EXCEED the Maximum Authorized Funds.
- DO NOT include Travel Expenses on this form. They require a separate travel voucher.
- Enter services and incidental expenses separately (use designated boxes).
- Hourly rate is set as per the terms of the DOH expert Witness Agreement
- Be Sure to sign and return this original form. Attach any receipts for incidental expenses.
- Contact the Requestor if your expert services require additional funding or if you have any other questions.

2012 NOV 29 AM 8:47

PRACTITIONER REGULATION
LEGAL

SERVICES ONLY

| (12) Date of Service | (13) Description of Service | (14) Hourly Fee | (15) Hours | (16) Total Fee |
|----------------------|-----------------------------|-----------------|------------|----------------|
| 10/17/12 | TRIAL PREP | \$160.00 | 6.5 | 1040.- |
| | | | | |
| | | | | |

INCIDENTAL EXPENSES ONLY (i.e. copying, phone calls, film developing costs, etc.) Please attach receipts

| (17) Date Incurred | (18) Description of Expense | (19) Amount \$ |
|--------------------|-----------------------------|----------------|
| | | |
| | | |

GRAND TOTAL FEES EXPENSES: 1040.-

I have performed the services and incurred the expenses referenced above in accordance with the DOH Expert Witness Agreement.

20. Expert's Signature: _____ 21. Date Signed: 11/21/12

SECTION THREE - REQUESTOR'S ACKNOWLEDGEMENT OF SERVICES

The above referenced services have been satisfactorily received.

22. Requestor's Signature: _____ 23. Date Signed: 11/29/12

SECTION FOUR - ORIGINATING OFFICE INFORMATION

Date Invoiced Rec'd: 11/29/12 Date Goods/Svcs. Rec'd: 11/29/12 EXPANSION OPTION: PA
 Object Code: 131800 CM Approval: _____ OCA: MQAPS
 Organizational Code: 64220501015 CMS Approval: _____ Date: 12/4/12

Address: Abbason & Associates, Inc.
c/o Kim Mulligan
127 W. Fairbanks Avenue, #452
Winter Park, FL 32789

11/30

22379

PROCESS IN 5 WORKING DAYS AND RETURN TO FINANCE AND ACCOUNTING



DEPARTMENT OF HEALTH
PROSECUTION SERVICES UNIT
4052 Bald Cypress Way, BIN # C-65 - Tallahassee, Florida 32399-3265

Work Authorization: 012-17664

EXPERT WITNESS WORK AUTHORIZATION AND INVOICE

3/14

SECTION ONE - WORK AUTHORIZATION

The expert named below is authorized to perform expert services in this case, per terms of the DOH Expert Witness Agreement.

1. Expert Last Name Abbason & Assoc. First Name _____ 2. SSN/FEID: _____ 3. Expiration Date: COMW5

4. MAXIMUM AUTHORIZED FUNDS: \$1,040.00 5. Type of Service: _____ Trial Prep/Hearing _____

6. Case Number: 2010-14317 7. Subject Last Name: Grekos 8. Board: ME

9. Requestor's Full Name: Taneshia Reshard/Milne 10. Requestor Phone Number: 850-245-4640

11. Issuing Authority: Noriza Noor Signature: [Signature] Date Signed: 11/21/2012

SECTION TWO - EXPERT'S INVOICE FOR SERVICES AND EXPENSES

- DO NOT EXCEED the Maximum Authorized Funds.
- DO NOT include Travel Expenses on this form. They require a separate travel voucher.
- Enter services and incidental expenses separately (use designated boxes).
- Hourly rate is set as per the terms of the DOH expert Witness Agreement
- Be Sure to sign and return this original form. Attach any receipts for incidental expenses.
- Contact the Requestor if your expert services require additional funding or if you have any other questions.

2012 NOV 29 AM 8:47

PRACTITIONER REGULATION
LEGAL

SERVICES ONLY

| (12) Date of Service | (13) Description of Service | (14) Hourly Fee | (15) Hours | (16) Total Fee |
|----------------------|-----------------------------|-----------------|------------|----------------|
| 10/18/12 | TRIAL Prep | \$160.00 | 6.5 | 1040.00 |
| | | | | |
| | | | | |

INCIDENTAL EXPENSES ONLY (i.e. copying, phone calls, film developing costs, etc.) Please attach receipts

| (17) Date Incurred | (18) Description of Expense | (19) Amount \$ |
|--------------------|-----------------------------|----------------|
| | | |
| | | |

GRAND TOTAL FEES EXPENSES: 1040.00

I have performed the services and incurred the expenses referenced above in accordance with the DOH Expert Witness Agreement.

20. Expert's Signature: [Signature] 21. Date Signed: 11/21/12

SECTION THREE - REQUESTOR'S ACKNOWLEDGEMENT OF SERVICES

The above referenced services have been satisfactorily received.

22. Requestor's Signature: [Signature] 23. Date Signed: 11/29/12

SECTION FOUR - ORIGINATING OFFICE INFORMATION

Date Invoiced Rec'd: 11/29/12 Date Goods/Svcs Rec'd: 11/29/12 EXPANSION OPTION: PA
Object Code: 131800 CM Approval: [Signature] OCA: MQAPS
Organizational Code: 64220501015 CMS Approval: [Signature] Date: 12/4/12
Date: 12/4/12

Address: Abbason & Associates, Inc.
c/o Kim Mulligan
127 W. Fairbanks Avenue, #452
Winter Park, FL 32789

22380

PROCESS IN 5 WORKING DAYS AND RETURN TO FINANCE AND ACCOUNTING

11/30



DEPARTMENT OF HEALTH
PROSECUTION SERVICES UNIT
4052 Bald Cypress Way, BIN # C-65 - Tallahassee, Florida 32399-3265

Work Authorization:  012-17665

EXPERT WITNESS WORK AUTHORIZATION AND INVOICE

4064

SECTION ONE - WORK AUTHORIZATION


The expert named below is authorized to perform expert services in this case, per terms of the DOH Expert Witness Agreement.

1. Expert Last Name Abbason & Assoc. First Name _____ 2. SSN/FEID: _____ 3. Expiration Date: COMW5

4. MAXIMUM AUTHORIZED FUNDS: \$1,040.00 5. Type of Service: Trial Prep/Hearing

6. Case Number: 2010-14317 7. Subject Last Name: Orckos 8. Board: ME

9. Requestor's Full Name: Taneshia Reshard/Milne 10. Requestor Phone Number: 850-245-4640

11. Issuing Authority: Noriza Noor  Date Signed: 11/21/2012

SECTION TWO - EXPERT'S INVOICE FOR SERVICES AND EXPENSES

- **DO NOT EXCEED** the Maximum Authorized Funds.
- **DO NOT** include Travel Expenses on this form. They require a separate travel voucher.
- Enter services and incidental expenses separately (use designated boxes).
- Hourly rate is set as per the terms of the DOH expert Witness Agreement.
- Be Sure to sign and return this original form. Attach any receipts for incidental expenses.
- Contact the Requestor if your expert services require additional funding or if you have any other questions.

2012 NOV 29

PRACTITIONER REGULATION
LEGAL

SERVICES ONLY


| (12) Date of Service | (13) Description of Service | (14) Hourly Fee | (15) Hours | (16) Total Fee |
|----------------------|-----------------------------|-----------------|------------|----------------|
| 10/19/12 | Trial | \$160.00 | 6.5 | 1040.00 |
| | | | | |
| | | | | |

INCIDENTAL EXPENSES ONLY (i.e. copying, phone calls, film developing costs, etc.) Please attach receipts

| (17) Date Incurred | (18) Description of Expense | (19) Amount \$ |
|--------------------|-----------------------------|----------------|
| | | |
| | | |

GRAND TOTAL FEES EXPENSES: 1040.00

I have performed the services and incurred the expenses referenced above in accordance with the DOH Expert Witness Agreement.


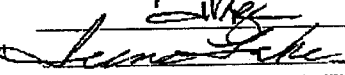
20. Expert's Signature:  21. Date Signed: 11/21/12

SECTION THREE - REQUESTOR'S ACKNOWLEDGEMENT OF SERVICES

The above referenced services have been satisfactorily received.

22. Requestor's Signature:  23. Date Signed: 11/29/12

SECTION FOUR - ORIGINATING OFFICE INFORMATION

Date Invoiced Rec'd: 11/29/12 Date Goods/Svcs. Rec'd: 11/29/12 EXPANSION OPTION: PA
Object Code: 131800 CM Approval:  OCA: MQAPS
Organizational Code: 64220501015 CMS Approval:  Date: 12/4/12
Date: 12/6/12

Address: Abbason & Associates, Inc.
c/o Kim Mulligan
127 W. Fairbanks Avenue, #452
Winter Park, FL 32789

11/30

22381

PROCESS IN 5 WORKING DAYS AND RETURN TO FINANCE AND ACCOUNTING



DEPARTMENT OF HEALTH
PROSECUTION SERVICES UNIT
4052 Bald Cypress Way, BIN # C-65 - Tallahassee, Florida 32399-3265

Work Authorization: 012-17723

EXPERT WITNESS WORK AUTHORIZATION AND INVOICE

SECTION ONE - WORK AUTHORIZATION

The expert named below is authorized to perform expert services in this case, per terms of the DOH Expert Witness Agreement.

1. Expert Last Name Abbason & Assoc. First Name _____ 2. SSN/FEID: _____ 3. Expiration Date: COMW5
 4. MAXIMUM AUTHORIZED FUNDS: \$732.65 5. Type of Service: _____ Additional Review _____
 6. Case Number: 2010-14317 7. Subject Last Name: Grekos 8. Board: ME
 9. Requestor's Full Name: Taneshia Reshard/L Brown 10. Requestor Phone Number: 850-245-4640
 11. Issuing Authority: Irene Lake Irene Lake Signature Date Signed: 12/3/2012

SECTION TWO - EXPERT'S INVOICE FOR SERVICES AND EXPENSES

- DO NOT EXCEED the Maximum Authorized Funds.
- DO NOT include Travel Expenses on this form. They require a separate travel voucher.
- Enter services and incidental expenses separately (use designated boxes).
- Hourly rate is set as per the terms of the DOH expert Witness Agreement
- Be Sure to sign and return this original form. Attach any receipts for incidental expenses.
- Contact the Requestor if your expert services require additional funding or if you have any other questions.

SERVICES ONLY

| (12) Date of Service | (13) Description of Service | (14) Hourly Fee | (15) Hours | (16) Total Fee |
|----------------------|-----------------------------|-----------------|------------|----------------|
| 2/29/12 | additional review | \$135.00 | 5.43 | 732.65 |
| | | | | |
| | | | | |

INCIDENTAL EXPENSES ONLY (i.e. copying, phone calls, film developing costs, etc.) Please attach receipts

| (17) Date Incurred | (18) Description of Expense | (19) Amount \$ |
|--------------------|-----------------------------|----------------|
| | | |
| | | |

GRAND TOTAL FEES EXPENSES: \$ 732.65

I have performed the services and incurred the expenses referenced above in accordance with the DOH Expert Witness Agreement.

20. Expert's Signature: Irene Lake 21. Date Signed: 12/3/12

SECTION THREE - REQUESTOR'S ACKNOWLEDGEMENT OF SERVICES

The above referenced services have been satisfactorily received

22. Requestor's Signature: Danielle Leonard 23. Date Signed: 12/7/12

SECTION FOUR - ORIGINATING OFFICE INFORMATION

Date Invoiced Rec'd: 12/7/12 Date Goods/Svcs. Rec'd: 12/7/12 EXPANSION OPTION: PA
 Object Code: 131800 CM Approval: [Signature] OCA: MQAPS
 Organizational Code: 64220501015 CMS Approval: [Signature] Date: 12/11/12

Address: Abbason & Associates, Inc.
c/o Kim Mulligan
127 W. Fairbanks Avenue, #452
Winter Park, FL 32789

PROCESS IN 5 WORKING DAYS AND RETURN TO FINANCE AND ACCOUNTING

12/7/12

22382

REGULATION
LEGAL

2012 DEC -7 AM 9:09



DEPARTMENT OF HEALTH
PROSECUTION SERVICES UNIT
4052 Bald Cypress Way, BIN # C-65 - Tallahassee, Florida 32399-3265

Work Authorization: 013-17965

AMBINDER, R

EXPERT WITNESS WORK AUTHORIZATION AND INVOICE

SECTION ONE - WORK AUTHORIZATION

The expert named below is authorized to perform expert services in this case, per terms of the DOH Expert Witness Agreement.

1. Expert Last Name Abbason First Name Dr Ambinder 2. SSN/FEID: [REDACTED] 3. Expiration Date: COMW5
 4. MAXIMUM AUTHORIZED FUNDS: \$1,000.00 5. Type of Service: Depo
 6. Case Number: 2010-14317 7. Subject Last Name: Grekos 8. Board: ME
 9. Requestor's Full Name: Gwendolyn Swatts/ 10. Requestor Phone Number: 850-245-4640
 11. Issuing Authority: Noriza Noor Signature: [Signature] Date Signed: 1/29/2013

SECTION TWO - EXPERT'S INVOICE FOR SERVICES AND EXPENSES

- **DO NOT EXCEED** the Maximum Authorized Funds.
- **DO NOT** include Travel Expenses on this form. They require a separate travel voucher.
- Enter services and incidental expenses separately (use designated boxes).
- Hourly rate is set as per the terms of the DOH expert Witness Agreement
- Be Sure to sign and return this original form. Attach any receipts for incidental expenses.
- Contact the Requestor if your expert services require additional funding or if you have any other questions.

2013 FEB 10 11
PRACTITIONER REGISTRATION

SERVICES ONLY

| (12) Date of Service | (13) Description of Service | (14) Hourly Fee | (15) Hours | (16) Total Fee |
|----------------------|-----------------------------|-----------------|------------|----------------|
| 10/10/12 | Depo | \$500.00 | 2 | 1,000.00 |
| | | | | |
| | | | | |

INCIDENTAL EXPENSES ONLY (i.e. copying, phone calls, film developing costs, etc.) Please attach receipts.

| (17) Date Incurred | (18) Description of Expenses | (19) Amount \$ |
|--------------------|------------------------------|----------------|
| | | |
| | | |

GRAND TOTAL FEES EXPENSES: \$ 1,000.00

I have performed the services and incurred the expenses referenced above in accordance with the DOH Expert Witness Agreement.

20. Expert's Signature: [Signature] 21. Date Signed: 2/6/13

SECTION THREE - REQUESTOR'S ACKNOWLEDGEMENT OF SERVICES

The above referenced services have been satisfactorily received.

22. Requestor's Signature: [Signature] 23. Date Signed: 2/8/13

SECTION FOUR - ORIGINATING OFFICE INFORMATION

Date Invoiced Rec'd: 2/8/13 Date Goods/Svcs. Rec'd: 10/10/12 EXPANSION OPTION: PA
 Object Code: 131900 131830 CM Approval: [Signature] OCA: MQAPS
 Organizational Code: 64220501015 CMS Approval: [Signature] Date: 2/8/13
 Date: 2/19/13

Address: Dr Ambinder, MD
c/o Abbason Associates, Inc
127 W. Fairbanks Avenue, #452
Winter Park, FL 32789

PROCESS IN 5 WORKING DAYS AND RETURN TO FINANCE AND ACCOUNTING

22383

PRACTITIONER REGULATION
OPERATIONAL UNIT

2011 MAR 21 AM 10: 23

FLORIDA DEPARTMENT OF STATE
Kurt S. Browning, Secretary of State
Division of Library and Information Services
Administrative Code Unit

The Gray Building - 500 S. Bronough Street, Suite 101 - Tallahassee, FL 32399-0250 - (850)245-6270

Billed to
DEPARTMENT OF HEALTH
PROSECUTION SERVICES UNIT
4052 BALD CYPRESS WAY
BIN-C65
TALLAHASSEE, FL 32399-3265
Attn: ALYSON NOTES

11 MAR 21 PM 11
PRACTITIONER REGUL
LEGAL

| | | |
|---|--|---|
| Account: 10147 | Invoice Date: 3/18/2011 | Invoice Number: 122038 |
| P.O. # | Publication in Florida Administrative Weekly | # units Search Extension |
| 1. A2787B | Volume: 37/10 Pages: 655-656 | 112 1.24 \$138.88 |
| 2. A2787B | Volume: 37/11 Pages: 745-746 | 33 1.24 \$40.92 |
| Invoice # must appear on all checks and correspondence. Please pay balance due: \$179.80 | | |
| F.E.I.D. number: 59-3466865 | | *** Net Due - 15 days - No Discount *** |

OFFICE SECTION PSU

DATE INVOICE RECEIVED 3/21/11

DATE BOOK ORDER RECEIVED 3/21/11

DATE ORDER RECEIVED 3/22/11

PAYMENT MADE BY Dana S. Brown

PROCESSING BY DONNA BROWN

RETURN FINANCE ACCOUNTING

OBJECT CODE 133100

ORGANIZATION CODE

EO: PA 64-22-03-01-017 = 81.84

OC: mgaps 64-22-03-01-044 = 40.92

DO: A2787B 64-22-05-01-015 = 16.12

64-22-12-01-044 = 13.64

64-22-11-01-057 = 13.64

64-22-13-01-066 = 13.64

TO INSURE PROPER CREDIT, PLEASE RETURN THIS PORTION.

Department of State - Division of Administrative Services - Bureau of Planning, Budget and Financial Services
R.A. Gray Bldg - 500 S. Bronough St. 4th Fl - Tallahassee, FL 32399-0250

Account: 10147 Invoice Date: 3/18/2011 Number: 122038 Amount Due: **\$179.80**

State Agencies - Journal Transfer to Account Code: 45-60-2-572001-45400100-00 BF Obj 019000 BF Cat 001903
Org Code / EO 45400120200 7X Object: 019032 Category: 001903

For Accounting Use Only: Object Code: 019032 Cat: 001903 ARGL: 15300 GL: 67100
Samas Account Code/Vendor: 64-50-2-552001-64400100-00

22384

Proposed Project Cost: \$2,450,000.00

Certificate of Need

GRACE PERIOD LETTER OF INTENT

The Agency for Health Care Administration received and accepted the following letter of intent for the March 9, 2011 application filing date for Hospital Beds and Facilities batching cycle:

County: Martin District: 9
 Date Filed: 2/22/2011 LOI #: H1102009
 Facility/Project: HealthSouth Rehabilitation Hospital of Martin County, LLC
 Applicant: HealthSouth Rehabilitation Hospital of Martin County, LLC

Project Description: Establish a comprehensive medical rehabilitation hospital of up to 60 beds

If requested within 14 days after notice that an application has been filed, a public hearing may be held at the local level within 21 days after April 13, 2011, the date the application is scheduled to be deemed complete. Tentative hearing dates will be published on March 26, 2011.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Florida State Clearinghouse

The state is coordinating reviews of federal activities and federally funded projects as required by Section 403.061(40), F.S. A list of projects, comments deadlines and the address for providing comments are available at http://www.dep.state.fl.us/secretary/oip/state_clearinghouse/. For information, call (850)245-2161. This public notice fulfills the requirements of 15 CFR 930.

DEPARTMENT OF HEALTH

Notice of Emergency Action

On February 25, 2011, State Surgeon General issued an Order of Emergency Suspension Order with regard to the license of Stephen Paul Granger, C.I., License #TN 10361. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State

Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

Notice of Emergency Action

On February 23, 2011, State Surgeon General issued an Order of Emergency Suspension Order with regard to the license of Dayron Escobar, L.M.T. License #LMT 51397. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

Notice of Emergency Action

On February 23, 2011, State Surgeon General issued an Order of Emergency Restriction Order with regard to the license of Zannos G. Grekos, M.D. License #ME 61912. This Emergency Restriction Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public. For additional information, contact the Department of Health, Agency Clerk's Office.

Notice of Emergency Action

On February 22, 2011, State Surgeon General issued an Order of Emergency Suspension Order with regard to the license of Gennaro Abagnale, R.N. License #RN 2245132. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

Notice of Emergency Action

On February 25, 2011, State Surgeon General issued an Order of Emergency Suspension Order with regard to the license of Crystall Abbott, L.P.N. License #PN 5166327. This Emergency Suspension Order was predicated upon the State

Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

Notice of Emergency Action

* On February 25, 2011, State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Tabatha Ann Baker, C.N.A. License #CNA 188764. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

Notice of Emergency Action

* On February 25, 2011, State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Vicki L. Elliott, C.R.T., License #TT 3241. This Emergency Suspension Order, was predicated upon the State Surgeon General's findings, of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

Notice of Emergency Action

* On February 25, 2011, State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Bonnie Faye Ray Webb, L.P.N. License # PN 897491. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF FINANCIAL SERVICES

NOTICE TO ALL POLICYHOLDERS, CREDITORS, AND CLAIMANTS HAVING BUSINESS WITH COMMERCIAL INSURANCE ALLIANCE. IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT, IN AND FOR LEON COUNTY, FLORIDA CASE NO.: 2011-191 In Re: The Receivership of COMMERCIAL INSURANCE ALLIANCE, a Florida Reciprocal Insurance Company. NOTICE TO ALL POLICYHOLDERS, CREDITORS, AND CLAIMANTS HAVING BUSINESS WITH COMMERCIAL INSURANCE ALLIANCE.

Notice of Emergency Action

* On February 25, 2011, State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Avoince Bryce, C.N.A. License #CNA 135074. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

You are hereby notified that by order of the Circuit Court of the Second Judicial Circuit, in and for Leon County, Florida, entered the 26th day of January, 2011, the Department of Financial Services of the State of Florida was appointed as Receiver of COMMERCIAL INSURANCE ALLIANCE and was ordered to liquidate the assets of said company.

Notice of Emergency Action

* On February 25, 2011, State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Betty A. Pruitt, C.N.A. License #CNA 145699. This

Policyholders, claimants, creditors, and other persons having claims against the assets of COMMERCIAL INSURANCE ALLIANCE, shall present such claims to the Receiver on or before 11:59:59 p.m. on Thursday, January 26, 2012, or such claims shall be forever barred.

Requests for forms for the presentation of such claims and inquiries concerning this Receivership should be addressed to: The Division of Rehabilitation and Liquidation of the Florida



Additional information may be obtained by writing to: Agency for Health Care Administration, Attention: Jessica Munn, 2727 Mahan Drive, MS #31, Tallahassee, Florida 32308, by phone at (850)412-4549 or by e-mail at: Jessica.Munn@ahca.myflorida.com.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

NOTICE OF INTENT TO ISSUE PROPOSED

MODIFICATION OF POWER PLANT CERTIFICATION

The Florida Department of Environmental Protection (Department) hereby provides notice of an intent to modify the Power Plant Conditions of Certification issued pursuant to the Florida Electrical Power Plant Siting Act, Chapter 403.501 et seq., Florida Statutes, concerning: Cane Island Power Park, Power Plant Siting Application No. PA 98-38F, OGC Case No. 10-2588. On September 13, 2010 the Department received a petition from Florida Municipal Power Authority (FMPA) to construct and operate revised groundwater wells previously certified with Unit 4 at the Cane Island site, and correct the Units 1-3 well diameters to as-built conditions. The Department proposes to modify the Conditions of Certification for the Cane Island Power Park site to reflect the revised groundwater conditions as well as to incorporate Department initiated updates.

A copy of the proposed modification may be obtained by contacting Michael P. Halpin, P.E., Administrator, Siting Coordination Office, Department of Environmental Protection, 3900 Commonwealth Blvd., M.S. 48, Tallahassee, Florida 32399-3000, (850)245-2002. Pursuant to Section 403.516(1)(c)2., F.S., parties to the certification hearing have 45 days from issuance of notice to such party's last address of record in which to object to the proposed modification. Failure of any of the parties to file a response will constitute a waiver of objection to the requested modification. Pursuant to Section 403.516(1)(c)2., F.S., any person who is not already a party to the certification hearing and whose substantial interest is affected by the proposed modification has 30 days from the date of publication of this public notice to object in writing. Any written objection must be filed (received) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, M.S. 35, Tallahassee, Florida 32399-3000. If no objections are received, then a Final Order approving the

modification shall be issued by the Department. If objections are raised and agreement cannot be subsequently reached, then pursuant to Section 403.516(1)(c)3., F.S., and Rule 62-17.211, Florida Administrative Code (F.A.C.), PEF or the Department may file a request for a hearing with the Department and the Division of Administrative Hearings on those portions of the proposed modification to which written objections were timely filed. The request for hearing will be handled pursuant to Chapter 120, F.S., and in accordance with Section 403.516(1)(c)4., F.S., and subparagraph 62-17.211(1)(b)7., F.A.C. Mediation is not available in this proceeding.

Florida State Clearinghouse

The state is coordinating reviews of federal activities and federally funded projects as required by Section 403.061(40), F.S. A list of projects, comments deadlines and the address for providing comments are available at http://www.dep.state.fl.us/secretary/oip/state_clearinghouse/. For information, call (850)245-2161. This public notice fulfills the requirements of 15 CFR 930.

DEPARTMENT OF HEALTH

Notice of Emergency Action

On March 4, 2011, State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Douglas William Cooper, R.N. License #RN 9179873. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

Notice of Emergency Action - Pain Clinic

On March 4, 2011, State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Gisele Ashley Rakes, L.P.N. License #PN 5176113. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious

danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

Notice of Emergency Action

On March 4, 2011, State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Wesley Glen Pearce, R.N. License #RN 3224862. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF FINANCIAL SERVICES

NOTICE TO ALL POLICYHOLDERS, CREDITORS, AND CLAIMANTS HAVING BUSINESS WITH COMMERCIAL INSURANCE ALLIANCE.

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT, IN AND FOR LEON COUNTY, FLORIDA
CASE NO.: 2011-191

In Re: The Receivership of COMMERCIAL INSURANCE ALLIANCE, a Florida Reciprocal Insurance Company.

NOTICE TO ALL POLICYHOLDERS, CREDITORS, AND CLAIMANTS HAVING BUSINESS WITH COMMERCIAL INSURANCE ALLIANCE.

You are hereby notified that by order of the Circuit Court of the Second Judicial Circuit, in and for Leon County, Florida, entered the 26th day of January, 2011, the Department of Financial Services of the State of Florida was appointed as Receiver of COMMERCIAL INSURANCE ALLIANCE and was ordered to liquidate the assets of said company.

Policyholders, claimants, creditors, and other persons having claims against the assets of COMMERCIAL INSURANCE ALLIANCE, shall present such claims to the Receiver on or before 11:59:59 p.m. on Thursday, January 26, 2012, or such claims shall be forever barred.

Requests for forms for the presentation of such claims and inquiries concerning this Receivership should be addressed to: The Division of Rehabilitation and Liquidation of the Florida Department of Financial Services, Receiver for COMMERCIAL INSURANCE ALLIANCE, Post Office Box 110, Tallahassee, Florida 32302-0110. Additional information may be found at: www.floridainsurancereceiver.org.

FLORIDA DEPARTMENT OF STATE
Ken Detzner, Secretary of State
 Administrative Code

The Gray Building - 500 S. Bronough Street, Suite 101 - Tallahassee, FL 32399-0250 - (850)245-6270

Billed to:
 Department of Health
 Department of Health, Board of Medicine
 4052 Bald Cypress Way, Bin C65
 Tallahassee, FL 32399-3265
 Attn: Alyson Motes

| Account: 1509 | | Invoice Date: 04/06/2012 | Invoice Number: 226714 | | |
|---------------|--|--------------------------|------------------------|-----------|--|
| P.O # | Publication in Florida Administrative Weekly | #units | Seach | Extension | |
| 1 | Blanket Purchase Order Volume: 38/12 Notice ID:11251532 Pages: 1299 | 11 | 1.24 | \$13.64 | |
| 2 | Blanket Purchase Order Volume: 38/12 Notice ID:11269186 Pages: 1299 | 11 | 1.24 | \$13.64 | |
| 3 | Blanket Purchase Order Volume: 38/12 Notice ID:11284027 Pages: 1299 | 11 | 1.24 | \$13.64 | |
| 4 | Blanket Purchase Order Volume: 38/13 Notice ID:11311284 Pages: 1367 | 6 | 1.24 | \$7.44 | |

Invoice # must appear on all checks and correspondence Please pay balance due: \$48.36
 F E.I.D. number: F 59-3466865 ***Net Due - 15 days - No Discount***

2012 APR 10 PM 2:22
 RECEIVED
 OFFICE OF THE SECRETARY OF STATE

P50
 4/10/12
 4/10/12
 4/11/12
 Donna Brown
 DONNA BROWN

133100
 64-22-05-01-015
 DO: A44801
 RECEIPT: 2108631

EO: PA
 CCA: MQAPS

TO INSURE PROPER CREDIT, PLEASE RETURN THIS PORTION.

Department of State - Division of Administrative Services - Bureau of Planning, Budget and Financial Services
 R.A. Gray Bldg - 500 S. Bronough St. 4th Fl. - Tallahassee, FL 32399-0250
 Account: 1509 Invoice Date: 04/06/2012 Number: 226714 Amount Due: \$48.36
 State Agencies - Journal Transfer to Account Code. 45-60-2-572001-45400100-00 BF Obj 019000 BF Cat 001903
 Org Code / EO . 45400120200 7X Object.019032 Category 001903
 For Accounting Use Only Object Code 019032 Cat: 001903 ARGL 16300 GL 67100
 FLAIR Account Code: 64-50-2-352001-64400100-00 Vendor FEID

22389

The Florida Agency for Health Care Administration (the Agency), Bureau of Medicaid Program Finance, provides the following public notice regarding the Centers for Medicare and Medicaid Services Rule Number 2400-F, Medicaid Program; Payment Adjustment for Provider Preventable Conditions Including Health Care - Acquired Conditions. Federal Rule CMS 2400-F prohibits Federal payments to states for health care acquired conditions. This rule requires states to submit a State Plan Amendment to implement the final regulations of CMS 2400-F.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Florida State Clearinghouse

The state is coordinating reviews of federal activities and federally funded projects as required by Section 403.0611(4), F.S. A list of projects, comments deadlines and the address for providing comments are available at: <http://appprod.dep.state.fl.us/clearinghouse/>. For information, call: (850)245-2161. This public notice fulfills the requirements of 15 CFR 930.

DEPARTMENT OF HEALTH

Notice of Emergency Action

* On March 7, 2012, State Surgeon General issued an Order of Emergency Suspension Order with regard to the license of Zannos Crekas, M.D., License #ME 61912. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes (2010). The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

Notice of Emergency Action

* On March 9, 2012, State Surgeon General issued an Order of Emergency Suspension Order with regard to the license of Aimee Joy Martin, M.D., License #ME 98437. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes (2010). The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

Notice of Emergency Action

* On March 12, 2012, State Surgeon General, issued an Order of Emergency Restriction Order with regard to the license of Gilbert Shapiro, M.D., License #ME 51339. This Emergency Restriction Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections

456.073(8), and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

Notice of Emergency Action

On March 9, State Surgeon General issued an Order of Emergency Suspension Order with regard to the license of Aundria C. Crayton, R.N., License #RN 9332682. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes (2011). The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

Notice of Emergency Action

On March 12, 2012, State Surgeon General issued an Order of Emergency Suspension Order with regard to the license of Lissette Cruz, C.N.A., License #CNA140832. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes (2010). The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

Notice of Emergency Action

On March 12, 2012, State Surgeon General issued an Order of Emergency Suspension Order with regard to the license of Jericka L. Jackson, C.N.A., License #CNA162119. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes (2010). The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

Notice of Emergency Action

On March 7, 2012, State Surgeon General issued an Order of Emergency Suspension Order with regard to the license of Dawn Marie Sullivan, L.P.N., License #PN5178830. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes (2010).

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition for an administrative hearing within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, F.S.

A petition that disputes the material facts on which the Department's action is based must contain the following information: (a) The name and address of each agency affected and each agency's file or identification number, if known; (b) The name, address, and telephone number of the petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests are or will be affected by the agency determination; (c) A statement of when and how the petitioner received notice of the agency decision; (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate; (e) A concise statement of the ultimate facts alleged, including the specific facts that the petitioner contends warrant reversal or modification of the agency's proposed action; and (f) A statement of the specific rules or statutes that the petitioner contends require reversal or modification of the agency's proposed action; (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wishes the agency to take with respect to the agency's proposed action.

A petition that does not dispute the material facts on which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by Rule 28-106.301, F.A.C. Under Sections 120.569(2)(c) and (d), F.S., a petition for administrative hearing must be dismissed by the agency if the petition does not substantially comply with the above requirements or is untimely filed.

This action is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above. Upon the timely filing of a petition this order will not be effective until further order of the Department.

This variance constitutes an order of the Department. The applicant has the right to seek judicial review of the order under Section 120.68, Florida Statutes, by the filing of a notice of appeal under Rule 9.110, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station #35, Tallahassee, Florida 32399-3000, and by filing a copy of the notice of appeal accompanied by the applicable

filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when the final order is filed with the Clerk of the Department.

Florida State Clearinghouse

The state is coordinating reviews of federal activities and federally funded projects as required by Section 403.061(40), F.S. A list of projects, comments deadlines and the address for providing comments are available at: <http://approd.dep.state.fl.us/clearinghouse/>. For information, call: (850)245-2161. This public notice fulfills the requirements of 15 CFR 930.

DEPARTMENT OF HEALTH

Order Vacating Emergency Action

On March 15, 2012, State Surgeon General, issued an Order Vacating Order of Emergency Suspension of License with regard to the license of Christina B. Paylan, M.D., Permit #MF 82839. The Department orders that the Emergency Suspension of License be vacated.

Notice of Emergency Restriction Action

On March 19, 2012, Interim State Surgeon General, issued an Order of Emergency Restriction Order with regard to the license of Konstantine K. Yankopolus, M.D., License #MF 22595. This Emergency Restriction Order was predicated upon the Interim State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The Interim State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

Notice of Emergency Action

On March 16, 2012, State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of James Chalker Saunders, RRT, License #RT 9232. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes (2010). The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF ECONOMIC OPPORTUNITY

Final Order No.: DEO-12-026

In re: LAKE COUNTY LAND DEVELOPMENT
REGULATIONS APPROVED BY
LAKE COUNTY ORDINANCE NO. 2012-2

PRACTITIONER REGULATION

Secretary of State

2012 NOV -7 PM 4:55

Administrative Code
Tallahassee, FL 32399-0250



To: Department of Health
Prosecution Services
4052 Bald Cypress Way Bin C-65
Tallahassee, Florida 32399-3265

Invoice Number: 30-1511

This Invoice Number must appear on all checks or correspondence regarding this invoice.

Invoice Date: 08/21/12

| Qty. | Description | Cost per Unit | Amount |
|---|---|---------------|---------|
| 2 | Certified copy for Section 458.311 and 458.331, F.S. (2009) | 8.75 | \$17.50 |
| 7 | Pages copied | 1.00 | \$7.00 |
| Requested by: Saudre Wilson, (850)4640, ext. 8147 | | | |
| <i>PSU</i> <i>11/7/12</i> <i>8/21/12</i> <i>11/1/12</i> <i>June State</i> <i>FRENE WATKINS</i> | | | |
| FEID # 59-3466865 <i>230012</i> Total Amount Due: | | | \$24.50 |

DO: A5C5E5 LIVE ITEM 2 *64-22-05-0-015* FD: PA OCA: MOA:RS

Please pay this invoice within 15 days and return the remittance copy with your payment.
If you have questions concerning this invoice, please call 850-245-6270.

Remittance Address:

Department of State, R.A.Gray Bldg, 500 S. Bronough Street, Tallahassee, FL 32399-0250

State of Florida Agencies please pay by Journal Transfer to SAMAS Account Code
45-60-2-572001-45400100-00
BF Category 001903




DOS Accounting Use Only:

| | | | | |
|-----------------|----|--------------|-------|-------|
| Org Code: | EO | Object Code: | AR GL | GL |
| 45-40-01-20-200 | 7X | 019035 | 16300 | 57100 |

64 50 2 35 2001 644001 0000

Fiscal Copy

22392

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|--|---------------------|---|----------------------|---|-----------------------|-------------------------------|---|---------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|--|
| STATE OF FLORIDA | | NAME | John Brown | | OFFICIAL HEADQUARTERS | Tallahassee | DATE | 4/20/11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AUTHORIZATION TO INCUR TRAVEL EXPENSE | | DEPARTMENT | Department of Health | | DIVISION | MOA Prosecution Services Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DEPARTURE DATE & TIME | 4/20/11, 10:00 a.m. | ESTIMATED COST | TRAVEL PERIOD: | Month: | April | 2011 | <table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>X</td><td>X</td><td></td></tr> </table> | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | X | X | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | X | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RETURN DATE & TIME: | 4/29/11, 10:30 p.m. | TRAVEL PER DIEM OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DESTINATION AND PURPOSE OF TRIP: | | To Naples to interview witnesses in DOH vs Respondent Zannos Grekos, Case 2010-14317. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Registration Fee | | \$80.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Per Diem | | | \$19.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Meals | | | \$709.10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Fare | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Car Rental | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mileage | | | \$109.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hotel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ground Transportation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miscellaneous | | \$24.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parking | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tolls | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Portage | | | \$5.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Copies/Faxes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Internet use | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Baggage Fees | | | \$40.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ESTIMATED TOTAL: | | \$986.10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONFERENCE OR CONVENTION TRAVEL: | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TELECONFERENCE POSSIBLE: | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FUNDING SOURCE: | 64220501015 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HEREBY CERTIFY THAT TRAVEL AS SHOWN ABOVE IS TO BE INCURRED IN CONNECTION WITH OFFICIAL BUSINESS OF THE STATE. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRAVELER SIGNATURE | DATE | APPROVED BY SUPERVISOR | DATE | APPROVED AGENCY HEAD | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | 4/20/11 |  | 4/20/11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | PRINT NAME: Veronica Donnelly | | PRINT NAME: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Form C-676C Updated 10/7/2010

Authorization_To_Incur_Travel

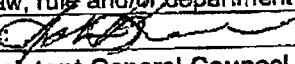
**DOH Approved Public Health, Emergency Management
or Administrative Critical Mission Activities**

To ensure compliance in accordance with Chapter 2011-153, Section 62, Laws of Florida, please use discretion to guarantee state travel is absolutely critical to the agency's mission.

Agency heads are expected to report, on a monthly basis, to the assigned Deputy Chief of Staff within the Executive Office of the Governor all completed travel and its benefit to the taxpayers of Florida.

All alternatives to travel (such as videoconferencing, teleconferencing, webinars and other uses of technology) should be exhausted before travel is approved.

Regardless of authorized approver, all travel must be routed through the normal chain of command.

| | | |
|---|---|---|
| 1 | <input type="checkbox"/> Health inspections, surveillances and investigations. | |
| 2 | <input type="checkbox"/> Client visits or client services. | |
| 3 | <input type="checkbox"/> Clinic and Program oversight. | |
| 4 | <input type="checkbox"/> Response to a disaster in Florida. | |
| 5 | <input type="checkbox"/> Response to a disaster in another state through the Emergency Management Assistant Compact. | |
| 6 | <input type="checkbox"/> In-county and intra-regional travel that provides direct operational support to field office, which in turn supports public health activities and routine local travel. | |
| 7 | <input type="checkbox"/> Provider/Contract monitoring. | |
| 8 | <input type="checkbox"/> CHD, CMS and AG Holley clinical and administrative monitoring. | |
| 9 | <input type="checkbox"/> Statutory board and council meetings (State FL Statute chapter and section or FL Administrative Code/Rule chapter and section) | FL Statute chapter and section: FL Administrative Code chapter and section: |
| 10 | <input type="checkbox"/> Local Community Board/Committee, Institutional Review Board and Advisory Councils | |
| 11 | <input type="checkbox"/> Educational, consultation and outreach activities and events with clients/consumers | |
| 12 | <input type="checkbox"/> Travel to comply with grant award requirement as a condition of receiving grant funds. (State the name of the grant and the grant requirement. Note: copy of the travel requirement from the grant guidance or grant application may be requested by Dept of Financial Services) | Grant name: Explain grant requirement: |
| 13 | <input type="checkbox"/> Travel to meet with federal authorities for the purpose of receiving continuation, supplemental, or new funding. | |
| 14 | <input checked="" type="checkbox"/> Travel to perform functions mandated by Florida Statute and/or Administrative Code that cannot be performed via telephone or teleconference. (State FL Statutory chapter or section or FL Administrative Code/Rule chapter and section). | FL Statute chapter and section: 120, 456, 458 FL Administrative Code chapter and section: 64B8 |
| 15 | <input type="checkbox"/> Staff training that supports the delivery and/or quality assurance of direct client services or client contacts that are critical for the health and safety of public health. | |
| 16 | <input type="checkbox"/> Staff training that is critical for maximizing revenues and/or reducing expenditures associated with clinical, program operations or administrative functions. | |
| 17 | <input type="checkbox"/> Staff training is required in order to provide basic supervisory training to department supervisory and management personnel. | |
| 18 | <input type="checkbox"/> Staff training is required to maintain mandatory certification or qualification requirements established by law, rule and/or department policy. | |
| Traveler's Signature:  | | Signature Date: |
| Traveler's Title: Assistant General Counsel | | |
| Travel Start Date: 4/28/11 | | Travel End Date: 4/29/11 |

2630 NORTHBROOKE PLAZA DR
 NAPLES FL 34119
 TELEPHONE 239-596-1299 FAX 239-596-0800

Hampton

NAME: MILNER, ROBERT
 ADDRESS: [REDACTED]
 CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]
 COUNTRY: US
 ACCOUNT NUMBER: 2021 KXT
 ARRIVAL DATE: 4/28/2011 3:15 AM
 DEPARTURE DATE: 4/29/2011
 RATE PLAN: 29695866 BURE
 SIGNATURE: [Signature]

| date | reference | description | amount |
|-----------|-----------|-----------------------------|----------|
| 4/28/2011 | 657659 | GUEST ROOM EXEMPT | \$109.00 |
| | | WILL BE SETTLED TO VS *7925 | \$109.00 |
| | | EFFECTIVE BALANCE OF | \$0.00 |

p-card charged to John Brown's card

Robert Milner
4/29/11

You have earned approximately 1000 Hilton Rewards points for this stay. To track your earnings for this stay or any other stay at any of more than 3000 Hilton Family Hotels worldwide visit HiltonHHonors.com

STAY IN TOUCH WITH US IN BETWEEN STAYS! FOLLOW US ON TWITTER (@HAMPTONFYI) AND LIKE US ON FACEBOOK (FACEBOOK.COM/HAMPTON)

for reservations call 1.800.hampton or visit us online at hampton.com thanks.

| | | |
|--|----------------------|------------------|
| account no. | date of charge | folio/check no. |
| card member name | authorization | 208735 A initial |
| establishment no. and location <small>establishment agrees to transmit to card holder for payment</small> | purchases & services | |
| | taxes | |
| | tips & misc. | |
| signature of card member X | total amount | 0.00 |

2638 NORTHBROOKE PLAZA DR

NAPLES, FL 34110

TELEPHONE 239-596-1299

FAX 239-596-0808

239-596-1299
 239-596-0808
 239-596-1299



BROWN, JOHN
 2204 DUNBAR LANE
 PALM HARBOR, FL 32909
 US

name
 address

room number
 check-in date
 departure date
 room type
 rate

208736
 4/28/11
 4/29/11
 109.00

We warrant that the information contained herein is true and correct to the best of our knowledge and belief. We warrant that the information contained herein is true and correct to the best of our knowledge and belief. We warrant that the information contained herein is true and correct to the best of our knowledge and belief.

DATE
 TIME
 SIGNATURE

Confirmation # 83399210
 4/28/2011 PAGE 1

Signature

| date | reference # | description | amount |
|--|-------------|-----------------------------|----------|
| 4/28/2011 | 657660 | GUEST ROOM EXEMPT | \$109.00 |
| | | WILL BE SETTLED TO VS *7925 | \$109.00 |
| | | EFFECTIVE BALANCE OF | \$0.00 |
| <p>John Brown 4/28/11 </p> | | | |
| ESTIMATED CURRENCY TOTAL | | | |

for reservations call 1.800.hampton or visit us online at hampton.com thanks.

| | | |
|---|----------------------|-----------------|
| account no. | date of charge | folio/check no. |
| card member name | authorization | initial |
| establishment no. and location <small>establishment agrees to transmit to card holder for payment</small> | purchases & services | |
| | taxes | |
| | tips & misc. | |
| signature of card member X | total amount | 0.00 |



22397

FAKED
4-12-11
1135AM

2323786
2323789

SUN WORLD TRAVEL
1120 EAST TENNESSEE ST
TALLAHASSEE FL 32308

itincap

ITIN

01 4/12/2011
JOHN BROWN
57225

850 681-9074

BROWN/JOHN

DATE: APR 12 2011
28 APR 11 - THURSDAY
CONTINENTAL 9142 ECONOMY
LV: TALLAHASSEE 1155A
AR: TAMPA 1255P

EQUIP-BEECHCRFT TURBO
NONSTOP MILES- 200 CONFIRMED
ELAPSED TIME- 1:00
SEAT- 7A
OPERATED BY-GULFSTREAM DBA CON

HAMPTON INNS
HAMPTON INN NAPLES
2630 NORTHBROOKE PLAZA DR
NAPLES FL 34119
FAX-1-239-596-0808

01 NT/S - OUT 29APR
1 ROOM/S
RATE- 109.00
PHONE-1-239-596-1299

CONFIRMED
GUARANTEE-CREDIT CARD
GUARANTEED

NAME-BROWN JOHN
CONFIRMATION-83390210

CANCEL POLICY BY NOON DAY OF ARRIVAL

SURFACE TRANSPORTATION

29 APR 11 - FRIDAY
DELTA 1136 ECONOMY
LV: FORT MYERS/RSW 405P
AR: ATLANTA 554P

EQUIP-BOEING 757 JET
NONSTOP MILES- 515 CONFIRMED
ELAPSED TIME- 1:49
SEAT-29B

DELTA 2178 ECONOMY
LV: ATLANTA 735P
AR: TALLAHASSEE 848P
SEATING ARRANGED AIRPORT ONLY

EQUIP-M88
NONSTOP MILES- 223 CONFIRMED
ELAPSED TIME- 1:13

NON REFUNDABLE PENALTIES APPLY
YOU MUST NOTIFY OUR OFFICE WITHIN 24 HOURS
REGARDING ANY CHANGES TO THIS ITINERARY. AFTER
THAT TIME THE TRAVELER IS RESPONSIBLE FOR ANY
PENALTIES ASSOCIATED WITH THIS TICKET
THANK YOU FOR CHOOSING SUN WORLD TRAVEL
TRAVEL ARRANGED BY GLORIA LAMANTIA-WALLACE
NON REF FEES \$25-\$30 DOMESTIC/\$50 INTERNATIONAL
BAGGAGE FEES APPLY ON ALL AIRLINES
PLEASE CHECK WITH OUR AGENTS FOR DETAILS
HAVE A GREAT TRIP

AIR TRANSPORTATION 606.52 TAX 77.58 TTL 684.10
TRT 890 0533150 311 SERVICE FEE 25.00
TRT 005 7981272 991 SUB TOTAL 709.10
CREDIT CARD PAYMENT 709.10-
AMOUNT DUE 0.00

STATE OF FLORIDA

NAME: John Brown

OFFICIAL HEADQUARTERS

Tallahassee

DATE: 10/19/11

AUTHORIZATION TO INCUR TRAVEL EXPENSE

DEPARTMENT: Department of Health

DIVISION: November

2011

MCA/Prosecution Services Unit

DEPARTURE DATE & TIME: 11/2/11, 9:00 a.m.

ESTIMATED COST:

TRAVEL PERIOD: Month: 1 2 3 4 5 6 7 8 9 10 11 12

2011

RETURN DATE & TIME: 11/4/11, 1:00 p.m.

DESTINATION AND PURPOSE OF TRIP:

Tallahassee to Ft. Myers for deposition of Respondent for DOH vs. Zannos Grekos, M.D., DOAH Case No. 11-4240P, DOH Case No. 2010-14317.


| Registration Fee | Per Diem | Meals | Air Fare | Car Rental | Mileage | Hotel | Ground Transportation | Miscellaneous | Parking | Gas | Tolls | Portage | Copies/Faxes | Agent Fee |
|---|----------|----------|----------|------------|----------|-------|-----------------------|---------------|---------|---------|---------|---------|--------------|-----------|
| \$80.00 | \$66.00 | \$402.70 | \$75.00 | | \$170.00 | | | \$40.00 | \$60.00 | \$20.00 | \$10.00 | \$20.00 | \$25.00 | |
| <p>ESTIMATED TOTAL: \$948.70</p> <p>EXPLANATION OF BENEFITS ACCRUING TO THE STATE OF FLORIDA:</p> <p>Critical to the mission of the Department. To attend deposition of Respondent Zannos Grekos, M.D. Mr. Milne will be a passenger in a car driven by John Brown.</p> | | | | | | | | | | | | | | |

CONFERENCE OR CONVENTION TRAVEL: No


TELECONFERENCE POSSIBLE: No

FUNDING SOURCE: 64220601015


I HEREBY CERTIFY THAT TRAVEL AS SHOWN ABOVE IS TO BE INCURRED IN CONNECTION WITH OFFICIAL BUSINESS OF THE STATE.

TRAVELER SIGNATURE: 

DATE: 10/19/11

APPROVED BY - SUPERVISOR: 

DATE: 10/19/11

APPROVED - AGENCY HEAD: 

DATE: 10/19/11

PRINT NAME: John Brown

Diane Klasingdor, Veronica Donnelly, Section Manager

DOH Approved Mission Critical Travel

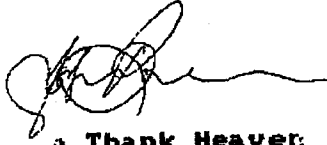
If the purpose of the travel meets one of the following it may be approved by the appropriate: Division Director, CHD Director/Administrator, CMS Medical Director, Chief of Statewide Pharmaceutical Services, Chief of Laboratory Services, Nursing Services Director, Statewide Research Administrator, Inspector General, General Counsel, and Communications Director

| | |
|---|--|
| 1 | <input type="checkbox"/> Health inspections, surveillance and investigations. |
| 2 | <input type="checkbox"/> Client visits or client services. (Clients are individuals or a targeted population in Florida) |
| 3 | <input type="checkbox"/> In-county or region educational, consultation, operational support and outreach activities with clients, health facilities, health partners, and local government. |
| 4 | <input type="checkbox"/> Clinic and Program oversight. (DOH sites) |
| 5 | <input type="checkbox"/> In-county or region direct operational support of DOH offices. |
| 6 | <input type="checkbox"/> CHD, CMS, AG Holley and other DOH field office clinical and administrative monitoring |
| 7 | <input type="checkbox"/> Provider/Contract monitoring. |
| 8 | <input type="checkbox"/> Medical Quality Assurance Board Meetings (at the approved staffing level per meeting). |
| 9 | <input checked="" type="checkbox"/> Legal office travel (except events) |
| 10 | <input type="checkbox"/> Division of Disabilities Determination travel for Disability Hearing Officers to perform routine face-to-face hearings. |
| 11 | <input type="checkbox"/> Emergency situations under circumstances in which there is an immediate danger to public health, safety, welfare, or of other substantial loss to the state requiring emergency action. |
| Traveler's Name/Title: <u>John Brown, Assistant General Counsel</u> | |
| Traveler's Signature: Signature Date: <u>10/19/2011</u> | |
| Travel Start Date: <u>11/2/11</u> Travel End Date: <u>11/4/11</u> | |

If the purpose of the travel meets one of the following criteria, it must be approved by the appropriate: Deputy Secretary or delegate, the DOH Chief of Staff, or State Surgeon General or delegate:

| | |
|--|--|
| 1 | <input type="checkbox"/> Response to an in-state disaster |
| 2 | <input type="checkbox"/> Response to an out-of-state disaster in another state through the Emergency Management Assistant Compact. |
| 3 | <input type="checkbox"/> Travel to meet with state authorities as directed by the Executive Office of the Governor, agency executive, or senior managers. |
| 4 | <input type="checkbox"/> Statutory board and council meetings (identify statute and administrative code rule as applicable) FL Statute: FL Administrative Code rule: |
| 5 | <input type="checkbox"/> Local Community Board/Committee, state level committees and advisory groups with partners and/or other state agencies, consortiums/coalitions, Institutional Review Board and Advisory Councils |
| 6 | <input type="checkbox"/> Travel to comply with grant award requirement. (Identify the grant name and the travel requirement. Attach a copy of the travel requirement from the grant guidance, application or other documentation from the grantor) Grant name: Travel requirement: |
| 7 | <input type="checkbox"/> Travel to meet with federal authorities for the purpose of receiving continuation, supplemental, or new funding, to solicit federal assignees for the state, to provide state-specific technical assistance or content expertise. |
| 8 | <input checked="" type="checkbox"/> Travel to perform functions mandated by Florida statute and/or administrative code that cannot be performed via telephone or teleconference. (Identify statute and administrative code rule) FL Statute chapter and section: 120, 456, 458 FL Administrative Code chapter and section: 64B8 |
| 9 | <input type="checkbox"/> Staff training that supports the delivery and/or quality assurance of direct client services or client contacts critical for the health and safety of the public. |
| 10 | <input type="checkbox"/> Staff training that is critical for maximizing revenues and/or reducing expenditures associated with clinical, program operations or administrative functions. |
| 11 | <input type="checkbox"/> Staff training that allows staff to enhance their knowledge base critical to job performance and expectations (i.e. Microsoft Office training, preconception health conference, etc.) |
| 12 | <input type="checkbox"/> Staff training required to provide basic supervisory skills to appropriate personnel. |
| 13 | <input type="checkbox"/> Staff training required to maintain mandatory certification or qualifications established by law, rule and/or department policy. |
| Traveler's Name/Title: | |
| Traveler's Signature: Signature Date: | |
| Travel Start Date: Travel End Date | |

2442143



Thank Heaven
for 7-Eleven.

7-ELEVEN
INTERSTATE
T MYERS FL
NE #2394371200
RE #33973
: 00073397301
A
*****7925
92000 03 005 A
04/2011 04:23:49

AP 1
ODE RUL
LONS 1.828
CE/GAL # 3.419
L SALE # 6.25

ROVED 00560

Thanks for
your business

John Brown
11/4/11

Thank you for renting with Avis
 Avis Car Rental E-Receipt

John Brown 2442144
AVIS No try harder

Rental Agreement Number: 396273161

| Customer Information: | | Vehicle Information | |
|---------------------------------|-------------------|---------------------|-------------------|
| Customer Name: | JOHN BROWN | Car Group Rented: | INTERMEDIATE |
| Wizard Number: | | Car Group Charged: | INTERMEDIATE |
| Avis Worldwide Discount Number: | | Car Make Model: | SIL DODG AVEN 4DR |
| Customer Status: | | Plate Number: | FLR682LI |
| Method of Payment: | VISA | Car Number: | 56962942 |
| Credit Card #: | CXXXXXXXXXXXX7925 | Mileage Out: 1429 | Fuel Out: 8/8 |
| | | Mileage In: 1520 | Fuel In: 8/8 |
| Freq Traveler: | | Mileage Driven: 91 | |

| Rental Information | | Return Information | |
|--------------------|--|--------------------|--|
| Pickup Date/Time: | 02NOV11/1543 | Return Date/Time: | 04NOV11/0600 |
| Pickup Location: | S.W. REGIONAL AIRPORT 11005 TERMINAL ACCESS ROAD SOUTHWEST REGIONAL AIRPORT FORT MYERS, FL 33913 US 239-225-2700 | Return Location: | S.W. REGIONAL AIRPORT 11005 TERMINAL ACCESS ROAD SOUTHWEST REGIONAL AIRPORT FORT MYERS, FL 33913 US 239-225-2700 |

| Vehicle Charges | | | | |
|-----------------|-------------------|--------------|-------------------|--------------|
| Time: | 0 miles @ .07 | 0.00 | TAX 6.000% | 3.66 |
| | 0 hours @ 9.16 | 0.00 | Fuel Service | 0.00 |
| | 2 days @ 27.50 | 55.00 | LDW | 0.00 |
| | 0 weeks @ 192.50 | 0.00 | Total Charges | 64.66 |
| | 0 months @ 715.00 | 0.00 | | |
| Time & Mileage | | 55.00 | | |
| \$ 1.00 /DY CFC | | 2.00 | | |
| \$ 2.00 /DY SSU | | 4.00 | | |
| SUBTOTAL | | 61.00 | Amount Due | 64.66 |

CUST. FAC. FEE
 STATE SURCHARGE

Avis Car Rental E-Receipt

Please do not reply to this message.
 If you have questions regarding this rental or if you wish to unsubscribe from e-Receipt, please e-mail e.receipts@avis.com.
 Avis maintains a 100% smoke-free fleet.
 Avis, 6 Sylvan Way, Parsippany, NJ 07054.
 © 2010 Avis Rent A Car System, LLC. Avis features GM vehicles.

John Brown
 11/2/11



2442145

16450 Corporate Commerce Way • Fort Myers, FL 33913
 Phone (239) 210-7300 • Fax (239) 210-7301
 Reservations
 www.homewoodsuites.com or 1-800-CALL-HOME ©

Name & Address

BROWN, JOHN
 3202 DINBAR LANE
 TALAHASSEE, FL 32311
 US

Suite 204/KSTN
 Arrival Date 11/2/2011 4:10:00PM
 Departure Date 11/4/2011

Adult/Child 1/0
 Room Rate 85.00

RATE PLAN S-GVT
 HH# 733059631 BLUE
 AL:
 BONUS AL: CAR:

CONFIRMATION NUMBER : 80439698

11/4/2011 PAGE 1

John Brown
11/2/11

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| DATE | REFERENCE | DESCRIPTION | AMOUNT |
|--|-----------|-----------------------------------|--------------------|
| 11/2/2011 | 185511 | GUEST ROOM EXEMPT | \$85.00 |
| 11/3/2011 | 185663 | GUEST ROOM EXEMPT | \$85.00 |
| WILL BE SETTLED TO VS *7925 EFFECTIVE BALANCE OF | | | \$170.00 \$0.00 |
| EXPENSE REPORT SUMMARY | | | |
| | | 1) 00:00:00 12:00:00AM STAY TOTAL | |
| ROOM & TAX | | \$85.00 \$85.00 \$170.00 | |
| DAILY TOTAL | | \$85.00 \$85.00 \$170.00 | |
| | | | |
| <p><i>You have earned approximately 3400 Hilton HHonors points for this stay. Visit HHonors.com to check your point balance from stays at any of the 3,700 hotels within the Hilton Worldwide portfolio.</i></p> | | | |

EXPRESS CHECK-OUT

Good Morning ! We hope you enjoyed your stay. With Express Check-Out there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
 - For any charges after your account was prepared, you may:
 - + pay at the time of purchase.
 - + charge purchases to your account, then stop by the Front Desk for an updated statement.
 - + or request an updated statement be mailed to you within two business days.
- Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.
 Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

| | | |
|----------------------|---------------------|---------|
| DATE OF CHARGE | FOLIO NO./CHECK NO. | |
| AUTHORIZATION | 58200 | INITIAL |
| PURCHASES & SERVICES | | |
| TAXES | | |
| TIPS & MISC. | | |
| TOTAL AMOUNT | 0.00 | |

PAYMENT DUE UPON RECEIPT - 1.5% PER MONTH INTEREST CHARGE WILL BE APPLIED TO ALL PAST DUE INVOICES.

22404

2439571 *Walter*
243 7430 *AF*

SUN WORLD TRAVEL
1120 EAST TENNESSEE ST
TALLAHASSEE FL 32308

01
58376

BROWN/JOHN

850 681-9074

DEPT OF HEALTH

DATE: OCT 19 2011
02 NOV 11 - WEDNESDAY

DELTA 2100 COACH CLASS EQUIP-M88
LV: TALLAHASSEE 1131A NONSTOP MILES- 223 CONFIRMED
AR: ATLANTA 1245P ELAPSED TIME- 1:14
SEAT-36B

FREQ FLYER DL 2102104698
THIS IS A CENTER SEAT BULKHEAD PLZ CK AIRPORT FOR AISLE OR WDW

DELTA 1136 COACH CLASS EQUIP-BOEING 757 JET
LV: ATLANTA 152P NONSTOP MILES- 515 CONFIRMED
AR: FORT MYERS/RSW 339P ELAPSED TIME- 1:47
SEAT-22C

FREQ FLYER DL 2102104698

AVIS 1 INTERMED 2/4 DR DROP-04NOV CONFIRMED
PICKUP-FORT MYERS/RSW SOUTHWEST INTL AIRPORT
RATE- 27.50 DAILY GUARANTEED EXTRA HR 9.16
MILEAGE-UNL/FM CODE-FS
CONFIRMATION-23002583US2

HOMEWOOD SUITES 02 NT/S - OUT 04NOV CONFIRMED
HMWD STE FMY ARPT 1 ROOM/S GUARANTEE-CREDIT CARD
16450 CORPORATE COMMERCE RATE- 85.00 GUARANTEED
FORT MYERS FL 33913 PHONE-1-239-210-7300
FAX-1-239-210-7301

NAME-BROWN JOHN
CONFIRMATION-80439698
HOMEWOOD SUITES MUST CANCEL 24 HOURS PRIOR

John Brown
John Brown
10/19/11

04 NOV 11 - FRIDAY

DELTA 720 COACH CLASS EQUIP-BOEING 757 JET
LV: FORT MYERS/RSW 600A NONSTOP MILES- 515 CONFIRMED
AR: ATLANTA 744A ELAPSED TIME- 1:44
SEAT-22D

FREQ FLYER DL 2102104698

DELTA 5205 COACH CLASS EQUIP-CANADAIR JET
LV: ATLANTA 932A NONSTOP MILES- 223 CONFIRMED
AR: TALLAHASSEE 1047A ELAPSED TIME- 1:15
SEAT- 5C

FREQ FLYER DL 2102104698 OPERATED BY-ASA DBA DELTA CONN

22405

03/21/2006 01:58 8505390720 TRAVELPLAMERS
YOU MUST NOTIFY OUR OFFICE WITHIN 24 HOURS
REGARDING ANY CHANGES TO THIS ITINERARY. AFTER
THAT TIME THE TRAVELER IS RESPONSIBLE FOR ANY

PAGE 03/07

2439571 *Debra*
2437430 *AF*

PENALTIES ASSOCIATED WITH THIS TICKET
THANK YOU FOR CHOOSING SUN WORLD TRAVEL
TRAVEL ARRANGED BY SUE JOHNSON

Service FEE 890-0554213232

SUN WORLD TRAVEL
1120 EAST TENNESSEE ST
TALLAHASSEE FL 32308

John Seow
John BROWN
10/19/11
BROWN/JOHN

02
58376

850 681-9074

DEPT OF HEALTH

DATE: OCT 19 2011
NON REF SERVICE FEES \$25 TO \$50 PER TICKET
BAGGAGE FEES APPLY ON ALL AIRLINES
PLEASE CHECK WITH OUR AGENTS FOR DETAILS
HAVE A GREAT TRIP

TICKET NUMBER/S:
BROWN/JOHN

7997194073 VI CARD 886.80
ELECTRONIC

EXCHANGED FOR TICKET NUMBER/S:

7989460289 VI CARD 484.10

| | | | | | |
|--------------------|--------|---------------------|-------|-----|---------|
| AIR TRANSPORTATION | 645.58 | TAX | 91.22 | TTL | 736.80 |
| | | SERVICE FEE | | | 25.00 |
| | | SUB TOTAL | | | 427.70 |
| | | CREDIT CARD PAYMENT | | | 427.70- |
| | | AMOUNT DUE | | | 0.00 |

Additional Collection

\$402.70 - sg

22406

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

PASSENGER RECEIPT 1 OF 1

DELTA AIR LINES
CONCORD TRAVEL INC / TALLAHASSEE FL

AFI DL 2100 H 02NOV07A0ND
RSN DL 0336 H 02NOV07A0ND
ATL DL 720 H 04NOV07A0ND
TLH DL 5205 H 04NOV07A0ND

INDIVIDUAL VALID FOR TRANSPORTATION THROUGHOUT YOUR JOURNEY

FARES YTD/RT/APPLIES

0067904480289
2NOV TLH DL X/ATL DL FNY 322.79H07A0ND DL X/ATL DL TLH 322.79H07A0ND USD645.58END
PILNATRESNATL X14.80ZP 10.00AY 18.00NFTLH.5ATL4.5SRSH.5ATL4.5 A/C 402.70

USD645.58
US48.42
XT42.80

88940885543193 | 0 006 7997194073 4

CLASS/FARE/CLASS/FARE/TIME
DATE BOARD TIME SEAT CARRIER
ADDITIONAL SEAT INFORMATION
FOR CHANGING TICKETS, RECORDS, ETC. CONTACT
0067997194073 4
VALID FOR TRAVEL

Walter AF 2439571
2437430

John Brown
John Brown
10/19/11

STATE OF FLORIDA

NAME: John Brown

OFFICIAL HEADQUARTERS: Tallahassee

DATE: 11/29/11

AUTHORIZATION TO INCUR TRAVEL EXPENSE

DEPARTMENT: Department of Health

DIVISION: MQA/Prosecution Services Unit

DEPARTURE DATE & TIME: 12/5/11, 4:30 a.m.

ESTIMATED COST

TRAVEL PERIOD: Month: December

2011

RETURN DATE & TIME: 12/8/11, 2:30 p.m.

Tallahassee to Tampa to Ft. Myers. To attend depositions of witnesses in DOH vs. Zannos Giakos, M.D., DOAH Case No. 11-4240PL, DOH Case No. 2010-14317.

Registration Fee

Per Diem

Meals

Air Fare

Car Rental

Mileage

Hotel

Ground Transportation

Miscellaneous

Parking

Gas

Tolls

Portage

Copies/Faxes

Agent Fee

Baggage

ESTIMATED TOTAL:

CONFERENCE OR CONVENTION TRAVEL:

TELECONFERENCE POSSIBLE:

FUNDING SOURCE:

TRAVELER SIGNATURE:

DATE:

APPROVED BY - SUPERVISOR:

DATE:

APPROVED - AGENCY HEAD:

DATE:

PRINT NAME:

DATE:

John Brown

11/29/11

11/29/11

John Brown

11/29/11

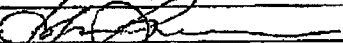
Diana Kesting, Director of Administration, Section Manager

Form C-78C Updated 10/7/2010

Authorization_To_Incur_Travel

DOH Approved Mission Critical Travel

If the purpose of the travel meets one of the following it may be approved by the appropriate: Division Director, CHD Director/Administrator, CMS Medical Director, Chief of Statewide Pharmaceutical Services, Chief of Laboratory Services, Nursing Services Director, Statewide Research Administrator, Inspector General, General Counsel, and Communications Director

| | |
|--|--|
| 1 | <input type="checkbox"/> Health inspections, surveillance and investigations. |
| 2 | <input type="checkbox"/> Client visits or client services. (Clients are individuals or a targeted population in Florida) |
| 3 | <input type="checkbox"/> In-county or region educational, consultation, operational support and outreach activities with clients, health facilities, health partners, and local government. |
| 4 | <input type="checkbox"/> Clinic and Program oversight. (DOH sites) |
| 5 | <input type="checkbox"/> In-county or region direct operational support of DOH offices. |
| 6 | <input type="checkbox"/> CHD, CMS, AG Holley and other DOH field office clinical and administrative monitoring |
| 7 | <input type="checkbox"/> Provider/Contract monitoring. |
| 8 | <input type="checkbox"/> Medical Quality Assurance Board Meetings (at the approved staffing level per meeting). |
| 9 | <input checked="" type="checkbox"/> Legal office travel (except events) |
| 10 | <input type="checkbox"/> Division of Disabilities Determination travel for Disability Hearing Officers to perform routine face-to-face hearings. |
| 11 | <input type="checkbox"/> Emergency situations under circumstances in which there is an immediate danger to public health, safety, welfare, or of other substantial loss to the state requiring emergency action. |
| Traveler's Name/Title: John Brown, Assistant General Counsel | |
| Traveler's Signature:  | Signature Date: 11/29/11 |
| Travel Start Date: 12/5/11 Travel End Date: 12/8/11 | |

If the purpose of the travel meets one of the following criteria, it must be approved by the appropriate: Deputy Secretary or delegate, the DOH Chief of Staff, or State Surgeon General or delegate:

| | | |
|--|--|---|
| 1 | <input type="checkbox"/> Response to an in-state disaster | |
| 2 | <input type="checkbox"/> Response to an out-of-state disaster in another state through the Emergency Management Assistant Compact. | |
| 3 | <input type="checkbox"/> Travel to meet with state authorities as directed by the Executive Office of the Governor, agency executive, or senior managers. | |
| 4 | <input type="checkbox"/> Statutory board and council meetings (Identify statute and administrative code rule as applicable) | FL Statute: FL Administrative Code rule: |
| 5 | <input type="checkbox"/> Local Community Board/Committee, state level committees and advisory groups with partners and/or other state agencies, consortiums/coalitions, Institutional Review Board and Advisory Councils | |
| 6 | <input type="checkbox"/> Travel to comply with grant award requirement. (Identify the grant name and the travel requirement. Attach a copy of the travel requirement from the grant guidance, application or other documentation from the grantor) | Grant name: Travel requirement: |
| 7 | <input type="checkbox"/> Travel to meet with federal authorities for the purpose of receiving continuation, supplemental, or new funding, to solicit federal assignees for the state, to provide state-specific technical assistance or content expertise. | |
| 8 | <input checked="" type="checkbox"/> Travel to perform functions mandated by Florida statute and/or administrative code that cannot be performed via telephone or teleconference. (Identify statute and administrative code rule) | FL Statute chapter and section: 120, 456, 458 FL Administrative Code chapter and section: 64B8 |
| 9 | <input type="checkbox"/> Staff training that supports the delivery and/or quality assurance of direct client services or client contacts critical for the health and safety of the public. | |
| 10 | <input type="checkbox"/> Staff training that is critical for maximizing revenues and/or reducing expenditures associated with clinical, program operations or administrative functions. | |
| 11 | <input type="checkbox"/> Staff training that allows staff to enhance their knowledge base critical to job performance and expectations (i.e. Microsoft Office training, preconception health conference, etc.) | |
| 12 | <input type="checkbox"/> Staff training required to provide basic supervisory skills to appropriate personnel. | |
| 13 | <input type="checkbox"/> Staff training required to maintain mandatory certification or qualifications established by law, rule and/or department policy. | |
| Traveler's Name/Title: | | |
| Traveler's Signature: | | Signature Date: |
| Travel Start Date: Travel End Date | | |

Judd, Barbara

From: Alsobrook, Renee
Sent: Monday, November 28, 2011 11:10 AM
To: DL MQA Prosecution Services All (MQApsuAll)
Cc: Kiesling, Diane; Bates, Shirley; Romanello, Nicholas; Gee, Lucy; Love, Susan; Tootle, Joy
Subject: Delegations for medical this week

Folks: welcome back....I hope you enjoyed your Thanksgiving.

Many of you know that Mrs. Donnelly's son passed away and we have recommended that Veronica take a little time off. In her absence:

Diane Kiesling is delegated as acting section leader for medical until close of business Tuesday.
Shirley Bates will serve as acting section leader Wednesday through close of business Friday.



RENTAL RECEIPT (e-Receipt)

Rental Agreement Number: 276345591

Total Charges 110.00 USD

Visa *****7925

Rate Information

4 DY @ 27.50

110.00

Taxable Extras

Taxable Subtotal

TAX .000%

110.00
.00

Non Taxable Extras

TOTAL

110.00

AMOUNT CHARGED

110.00

YOUR INFORMATION

Name: JOHN BROWN
Username / Wizard: ***27A
AWD Number: A1134000
Miles / Points Partner: N/A
Membership Number: N/A

YOUR CAR

Car Group Rented: Group E - Chevrolet Impala or similar
Car Group Charged: Group C - Chevrolet Cruze or similar
Car Make Model: WHI CHEV IMPA 4DR
Mileage Out: 20475 Fuel Out: 8/8
Mileage In: 21080 Fuel In: 8/8

YOUR RENTAL

Pick-up Information

Location: Avis - Tallahassee, 1414 S Monroe Street, Tallahassee, FL 32301 US

Date & Time: Sunday, December 04, 2011 @ 01:29 PM

Return Information

Location: Southwest Florida Intl Airport, 11005 Terminal Access Road, Ft Myers, FL 33913 US

Date & Time: Thursday, December 08, 2011 @ 06:11 AM

John BROWN
12/4/11

SHERATON TAMPA RIVERWALK HOTEL
 200 N. Ashley Drive
 Tampa, FL 33602 US
 t - 813 223 2222
 f - 813 273 0839

2450565



12/06/11
 John Brown

GUEST / CLIENT

TRAVEL AGENT / CHARGE TO

John Brown

4052 Bald Cypress Way
 Tallahassee, FL 32339

ROOM 314
 RATE 92.00
 # PERS. 1
 FOLIO 333454 EX-A
 PAGE 1
 ARRIVE 05-DEC-11 14:48
 DEPART 06-DEC-11
 PAYMENT VI

| DATE | REFERENCE | DESCRIPTION | CHARGES / CREDITS |
|-------------|-----------|-------------------|-------------------|
| 05-DEC-11 | RT314 | Room Charge | 92.00 |
| 05-DEC-11 | RT314 | Parking Overnight | 19.26 |
| 06-DEC-11 | VI | Visa | 111.26- |
| Balance Due | | | 0.00 |

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

EXPENSE REPORT SUMMARY

| Date | Room & Tax | Food & Bev | Telecom | Other | Total | Payment |
|-----------|------------|------------|---------|-------|--------|---------|
| 05-DEC-11 | 92.00 | 0.00 | 0.00 | 19.26 | 111.26 | 0.00 |
| Total | 92.00 | 0.00 | 0.00 | 19.26 | 111.26 | 0.00 |

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

Get 3 free weeks of personalized training Sheraton has partnered with world-renowned training and nutrition experts Core Performance, to keep you fit while traveling or at home. To get 3 free weeks of personalized training, go to www.sheratonfitness.com

John Brown 12/5/11

SIGNATURE I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

As a Starwood Preferred Guest, you could have earned 184 Starpoints for this visit. Please provide your member number or enroll today.

John Brown ROOM 314 DEPART AGENT
 FOLIO 333454 05-DEC-11 314

22413

2453893

HILTON
**HOMewood
SUITES**
Hilton

16450 Corporate Commerce Way • Fort Myers, FL 33913
Phone (239) 210-7300 • Fax (239) 210-7301
Reservations
www.homewoodsuites.com or 1-800-CALL-HOME ®

Name & Address

BROWN, JOHN
4052 BALD CYPRESS WAY

TALAHASSEE, FL 32329
US

Suite 203/KSTN
Arrival Date 12/6/2011 7:42:00PM
Departure Date 12/8/2011

Adult/Child 1/0
Room Rate 85.00

RATE PLAN S-GVT
HH# 733059631 BLUE
AL:
BONUS AL: CAR:

12/08/11
John Brown
[Signature]

CONFIRMATION NUMBER: 87703749

12/8/2011 PAGE 1

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U

| DATE | REFERENCE | DESCRIPTION | AMOUNT |
|--|-----------|---|--------------------|
| 12/6/2011 | 190282 | GUEST ROOM EXEMPT | \$85.00 |
| 12/7/2011 | 190428 | GUEST ROOM EXEMPT | \$85.00 |
| | | WILL BE SETTLED TO VS *7925 EFFECTIVE BALANCE OF | \$170.00 \$0.00 |
| | | EXPENSE REPORT SUMMARY | |
| | | 1 00:00:00 12:00:00AM STAY TOTAL | |
| ROOM & TAX | | \$85.00 \$85.00 \$170.00 | |
| DAILY TOTAL | | \$85.00 \$85.00 \$170.00 | |
| <p>You have earned approximately 3400 Hilton HHonors points for this stay. Visit HHonors.com to check your point balance from stays at any of the 3,700 hotels within the Hilton Worldwide portfolio.</p> | | | |

EXPRESS CHECK-OUT

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 - For any charges after your account was prepared, you may:
 - + pay at the time of purchase.
 - + charge purchases to your account, then stop by the Front Desk for an updated statement.
 - + or request an updated statement be mailed to you within two business days.
- Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.
Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

| | | |
|----------------------|---------------------|---------|
| DATE OF CHARGE | FOLIO NO./CHECK NO. | |
| AUTHORIZATION | 59657 | INITIAL |
| PURCHASES & SERVICES | | |
| TAXES | | |
| TIPS & MISC. | | |
| TOTAL AMOUNT | 0.00 | |

PAYMENT DUE UPON RECEIPT - 1.5% PER MONTH INTEREST CHARGE WILL BE APPLIED TO ALL PAST DUE INVOICES.

22414

2448302 Delta
2448303 AF

01
58483

JN WORLD TRAVEL
120 EAST TENNESSEE ST
ALLAHASSEE FL 32308

BROWN/JOHN

850 681-9074

DEPT OF HEALTH

DATE: NOV 29 2011
08 DEC 11 - THURSDAY

DELTA 2230 COACH CLASS EQUIP-BOEING 757 JET
LV: FORT MYERS/RSW 800A NONSTOP MILES- 515 CONFIRMED
AR: ATLANTA 1002A ELAPSED TIME- 2:02
SEAT-41A

FREQ FLYER DL 2102104698
WDW SEAT IS CONFIRMED NO AISLE SEAT
DELTA RECORD LOCATOR GBDYD8

DELTA 5047 COACH CLASS EQUIP-CANADAIR JET
LV: ATLANTA 1127A NONSTOP MILES- 223 CONFIRMED
AR: TALLAHASSEE 1235P ELAPSED TIME- 1:08
SEAT- 7D

FREQ FLYER DL 2102104698 OPERATED BY-ASA DBA DELTA CONN
WDW SEAT IS CONFIRMED NO AISLE SEAT
DELTA RECORD LOCATOR GBDYD8

NON REFUNDABLE PENALTIES APPLY
YOU MUST NOTIFY OUR OFFICE WITHIN 24 HOURS
REGARDING ANY CHANGES TO THIS ITINERARY. AFTER
THAT TIME THE TRAVELER IS RESPONSIBLE FOR ANY
PENALTIES ASSOCIATED WITH THIS TICKET
THANK YOU FOR CHOOSING SUN WORLD TRAVEL
TRAVEL ARRANGED BY SUE JOHNSON
NON REF SERVICE FEES \$25 TO \$50 PER TICKET
BAGGAGE FEES APPLY ON ALL AIRLINES
PLEASE CHECK WITH OUR AGENTS FOR DETAILS
HAVE A GREAT TRIP
SERVICE FEE 890 055017814

John Brown
11/29/11

TICKET NUMBER/S: 7997194180 VI CARD 368.40
BROWN/JOHN ELECTRONIC

AIR TRANSPORTATION 322.79 TAX 45.61 TTL 368.40
SERVICE FEE 25.00
SUB TOTAL 393.40
CREDIT CARD PAYMENT 393.40-
AMOUNT DUE 0.00

22415

11/29/2011 04:01

8506819076

SUNWORLD TRAVEL

PAGE 05/05

10 0212 3786
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

PASSENGER RECEIPT 1 OF 1

DELTA AIR LINES
SUNWORLD TRAVEL INC - TALLAHASSEE
BROWN JOHN

5880/UNRES /UNRESJ

ATL DL 2230 H 08DECHA07A0M0
ATL DL 5047 H 08DECHA07A0M0

NOT VALID FOR TRANSPORTATION THROUGHOUT YOUR JOURNEY

ISSUED IN EXCHANGE FOR
DL 322 79 HAD 7 A 0 M 0 US 3 2 2 7 9 E N D Z P R S H A T L X T 7 4 0 Z P 5 0 0 A Y 9 0 0 A

USD322.79
USD24.21
XT21.40

88940885544232 | 0 006 7997194180 6

VALID FOR TRAVE
006 7997194180 6

2448302 Delta
2448303 AF

John Brown
11/29/11

22416

2450566

12/6/11
John Brown
John Brown

Hess 05305
6332 N Dale Mabry Hwy
Tampa, FL 33614

12/6/2011 11:50 AM
Term: JD12237093001
Appr: 053308
Seq#: 027091

PUMP# 01 CREDIT/
Unl Regular @ \$3.159/G
VOLUME 13.010 GAL

GAS TOTAL \$41.10
Visa
XXXXXXXXXXXX7925

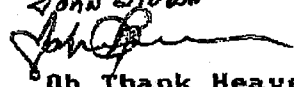
12/06/2011 11:48:27

I agree to pay the
above Total Amount
according to Card
Issuer Agreement.

THANK YOU FOR
SHOPPING AT HESS

22417

2451021

12/07/11
John Brown


Oh Thank Heaven
for 7-Eleven.

7-ELEVEN
9998 INTERSTATE COMM
FORT MYERS FL 33903
PHONE #2394371206
STORE #33973
TID: 00073397301 00
VISA
*****7925
REF# 92000 62 070 6
12/07/2011 19:04:56

| | | |
|-----------|-----|-------|
| PUMP | | 16 |
| GRADE | RUL | |
| GALLONS | | 4.488 |
| PRICE/GAL | \$ | 3.359 |
| FUEL SALE | \$ | 15.05 |

APPROVED 037527

Thanks for
your business.

2451820

12/07/11
John Brown
[Signature]

Oh Thank Heaven
for 7-Eleven.

7-ELEVEN
9998 INTERSTATE COMM
FORT MYERS FL
PHONE #2394371206
STORE #33973
TID: 00073397301 08
VISA
*****7925
REF# 92000 56 002 5
12/07/2011 22:07:38

| | | |
|-----------|-----|-------|
| PUMP | | 11 |
| GRADE | RUL | |
| GALLONS | | 8.789 |
| PRICE/GAL | * | 3.359 |
| FUEL SALE | * | 29.25 |

APPROVED 019739

Thanks for
your business.

22419

* Channelside SFC Lot *
* (813)-905-5072 *
* *

MON 12-05-11 01:32 P

FEE[BASE] \$ 5.00
Cash \$ 10.00

Change \$ 5.00

12/5/11 John Brown
John Brown

STATE OF FLORIDA

NAME: Robert Milne

DEPARTMENT: Department of Health

DIVISION: MOA/Prosecution Services Unit

DATE: 9/26/2011

AUTHORIZATION TO INCUR TRAVEL EXPENSE

DEPARTURE DATE & TIME: 10/3/11, 9:00 a.m.

ESTIMATED COST

TRAVEL PERIOD: Month: October

2011

RETURN DATE & TIME: 10/15/11, 2:00 p.m.

DESTINATION AND PURPOSE OF TRIP: Tallahassee to Ft. Myers for depositions of witnesses and Respondent for DOH vs. Zannos Grekos, M.D. DOAH Case No. 11-4240F.L. DOH Case No. 2010-14317.

| Registration Fee | Per Diem | Meals | Air Fare | Car Rental | Mileage | Hotel | Ground Transportation | Miscellaneous | Parking | Gas | Tolls | Portage | Copies/Faxes | Agent Fee |
|------------------------------------|----------|----------|----------|------------|----------|-------|-----------------------|---------------|---------|-----|-------|---------|--------------|-----------|
| \$80.00 | \$96.00 | \$722.30 | | | \$178.00 | | | | | | | \$10.00 | \$20.00 | \$25.00 |
| ESTIMATED TOTAL: \$1,101.30 | | | | | | | | | | | | | | |

CONFERENCE OR CONVENTION TRAVEL: No
 TELECONFERENCE POSSIBLE: No
 EXPLANATION OF BENEFITS ACCRUING TO THE STATE OF FLORIDA: Critical to the mission of the Department. To attend depositions of witnesses and Respondent Zannos Grekos, M.D. Mr. Milne will be a passenger in a car driven by John Brown.

FUNDING SOURCE: 64220501015

APPROVED BY SUPERVISOR: *[Signature]* DATE: *[Date]*

APPROVED BY AGENCY HEAD: *[Signature]* DATE: *[Date]*

PRINT NAME: *[Name]*

Veronica Donnelly, Section Manager
 Form C-676C Updated 10/7/2010

Authorization_To_Incur_Travel

DOH Approved Mission Critical Travel

If the purpose of the travel meets one of the following it may be approved by the appropriate: Division Director, CHD Director/Administrator, CMS Medical Director, Chief of Statewide Pharmaceutical Services, Chief of Laboratory Services, Nursing Services Director, Statewide Research Administrator, Inspector General, General Counsel, and Communications Director

| | |
|---|--|
| 1 | <input type="checkbox"/> Health inspections, surveillance and investigations. |
| 2 | <input type="checkbox"/> Client visits or client services. (Clients are individuals or a targeted population in Florida) |
| 3 | <input type="checkbox"/> In-county or region educational, consultation, operational support and outreach activities with clients, health facilities, health partners, and local government. |
| 4 | <input type="checkbox"/> Clinic and Program oversight. (DOH sites) |
| 5 | <input type="checkbox"/> In-county or region direct operational support of DOH offices. |
| 6 | <input type="checkbox"/> CHD, CMS, AG Holley and other DOH field office clinical and administrative monitoring |
| 7 | <input type="checkbox"/> Provider/Contract monitoring. |
| 8 | <input type="checkbox"/> Medical Quality Assurance Board Meetings (at the approved staffing level per meeting). |
| 9 | <input checked="" type="checkbox"/> Legal office travel (except events) |
| 10 | <input type="checkbox"/> Division of Disabilities Determination travel for Disability Hearing Officers to perform routine face-to-face hearings. |
| 11 | <input type="checkbox"/> Emergency situations under circumstances in which there is an immediate danger to public health, safety, welfare, or of other substantial loss to the state requiring emergency action. |
| Traveler's Name/Title: Robert Milne, Assistant General Counsel | |
| Traveler's Signature: | Signature Date: <i>10/13/11</i> |
| Travel Start Date: 10/13/11 | Travel End Date: 10/15/11 |

If the purpose of the travel meets one of the following criteria, it must be approved by the appropriate: Deputy Secretary or delegate, the DOH Chief of Staff, or State Surgeon General or delegate:

| | |
|------------------------|--|
| 1 | <input type="checkbox"/> Response to an in-state disaster |
| 2 | <input type="checkbox"/> Response to an out-of-state disaster in another state through the Emergency Management Assistant Compact. |
| 3 | <input type="checkbox"/> Travel to meet with state authorities as directed by the Executive Office of the Governor, agency executive, or senior managers. |
| 4 | <input type="checkbox"/> Statutory board and council meetings (identify statute and administrative code rule as applicable) FL Statute: 120, 456, 458 FL Administrative Code rule: 64B8 |
| 5 | <input type="checkbox"/> Local Community Board/Committee, state level committees and advisory groups with partners and/or other state agencies, consortiums/coalitions, Institutional Review Board and Advisory Councils |
| 6 | <input type="checkbox"/> Travel to comply with grant award requirement. (Identify the grant name and the travel requirement. Attach a copy of the travel requirement from the grant guidance, application or other documentation from the grantor) Grant name: Travel requirement: |
| 7 | <input type="checkbox"/> Travel to meet with federal authorities for the purpose of receiving continuation, supplemental, or new funding, to solicit federal assignees for the state, to provide state-specific technical assistance or content expertise. |
| 8 | <input type="checkbox"/> Travel to perform functions mandated by Florida statute and/or administrative code that cannot be performed via telephone or teleconference. (Identify statute and administrative code rule) FL Statute chapter and section: FL Administrative Code chapter and section: |
| 9 | <input type="checkbox"/> Staff training that supports the delivery and/or quality assurance of direct client services or client contacts critical for the health and safety of the public. |
| 10 | <input type="checkbox"/> Staff training that is critical for maximizing revenues and/or reducing expenditures associated with clinical, program operations or administrative functions. |
| 11 | <input type="checkbox"/> Staff training that allows staff to enhance their knowledge base critical to job performance and expectations (i.e. Microsoft Office training, preconception health conference, etc.) |
| 12 | <input type="checkbox"/> Staff training required to provide basic supervisory skills to appropriate personnel. |
| 13 | <input type="checkbox"/> Staff training required to maintain mandatory certification or qualifications established by law, rule and/or department policy. |
| Traveler's Name/Title: | |
| Traveler's Signature: | Signature Date: |
| Travel Start Date: | Travel End Date: |



Residence Inn by Marriott
Naples

4075 Tamiami Trail North : Naples FL 34103
P 239.659.1300

R. Milne

Room: 204
Room Type: ONBR
Number of Guests: 1
Rate: \$109.00 Clerk:

Arrive: 13Oct11 Time: 04:23PM Depart: 15Oct11 Time: Foto Number: 74535
Date Description Charges Credits

| Date | Description | Charges | Credits |
|---------|-------------|---------|---------|
| 13Oct11 | Room Charge | 109.00 | |
| 14Oct11 | Room Charge | 109.00 | |
| 15Oct11 | Visa | | 218.00 |

Card #: VXXXXXXXXXXXXXXXXX86691XXXX
Amount: 218.00 Auth: 099070 Signature on File
This card was electronically swiped on 13Oct11

Balance: 0.00

Rewards Account # XXXX5212. Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

Get all your hotel bills by email by updating your Rewards Preferences. Or, ask the Front Desk to email your bill for this stay. See "Internet Privacy Statement" on Marriott.com.

ROBERT MILNE

10/17/11

2436134

REPUBLIC PARKING
3300 CAPITAL CIR SW
TALLAHASSEE FL 32310
BSO 576 6023
Rcpt#151347
10/15/11 12:55 L# 1 AM 9 Trn#477101
10/13/11 06:44 In 10/15/11 12:55 Out
VISA \$ 33.00-
XXXXXXXXXXXX9669
Approval No.:061898
Reference No.:222604359836
THANK YOU FOR VISITING
TALLAHASSEE REGIONAL AIRPORT

Robert Milne
Robert Milne

DOH Approved Mission Critical Travel

If the purpose of the travel meets one of the following it may be approved by the appropriate: Division Director, CHD Director/Administrator, CMS Medical Director, Chief of Statewide Pharmaceutical Services, Chief of Laboratory Services, Nursing Services Director, Statewide Research Administrator, Inspector General, General Counsel, and Communications Director

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| 6 | <input type="checkbox"/> CHD, CMS, AG Holley and other DOH field office clinical and administrative monitoring |
| 7 | <input type="checkbox"/> Provider/Contract monitoring. |
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| 10 | <input type="checkbox"/> Division of Disabilities Determination travel for Disability Hearing Officers to perform routine face-to-face hearings. |
| 11 | <input type="checkbox"/> Emergency situations under circumstances in which there is an immediate danger to public health, safety, welfare, or of other substantial loss to the state requiring emergency action. |
| Traveler's Name/Title: Robert Milne, Assistant General Counsel | |
| Traveler's Signature: Signature Date: 10/24/11 | |
| Travel Start Date: 11/2/11 Travel End Date: 11/4/11 | |

If the purpose of the travel meets one of the following criteria, it must be approved by the appropriate: Deputy Secretary or delegate, the DOH Chief of Staff, or State Surgeon General or delegate:

| | |
|--|--|
| 1 | <input type="checkbox"/> Response to an in-state disaster |
| 2 | <input type="checkbox"/> Response to an out-of-state disaster in another state through the Emergency Management Assistant Compact. |
| 3 | <input type="checkbox"/> Travel to meet with state authorities as directed by the Executive Office of the Governor, agency executive, or senior managers. |
| 4 | <input type="checkbox"/> Statutory board and council meetings (Identify statute and administrative code rule as applicable) FL Statute: FL Administrative Code rule: |
| 5 | <input type="checkbox"/> Local Community Board/Committee, state level committees and advisory groups with partners and/or other state agencies, consortiums/coalitions, Institutional Review Board and Advisory Councils |
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| 12 | <input type="checkbox"/> Staff training required to provide basic supervisory skills to appropriate personnel. |
| 13 | <input type="checkbox"/> Staff training required to maintain mandatory certification or qualifications established by law, rule and/or department policy. |
| Traveler's Name/Title: | |
| Traveler's Signature: Signature Date: | |
| Travel Start Date: Travel End Date: | |



2442424
 16450 Corporate Commerce Way • Fort Myers, FL 33913
 Phone (239) 210-7300 • Fax (239) 210-7301
 Reservations
 www.homewoodsuites.com or 1-800-CALL-HOME®

Name & Address

MILNE, ROBERT
 4050 ESPLANADE WAY
 TALLASSEE, FL 32399
 US

Suite 304/KSTN
 Arrival Date 11/2/2011 4:08:00PM
 Departure Date 11/4/2011

Adult/Child 1/0
 Room Rate 85.00

RATE PLAN S-GVT
 HH# 223695866 BLUE
 AL:
 BONUS AL: CAR:

Robert Milne
 Robert Milne

11/5/11

CONFIRMATION NUMBER: 86476658

11/4/2011 PAGE 1

T
H
A
N
K
Y
O
U

| DATE | REFERENCE | DESCRIPTION | AMOUNT |
|---|-----------|-----------------------------------|----------|
| 11/2/2011 | 185523 | GUEST ROOM EXEMPT | \$85.00 |
| 11/3/2011 | 185681 | GUEST ROOM EXEMPT | \$85.00 |
| | | WILL BE SETTLED TO VS *8669 | \$170.00 |
| | | EFFECTIVE BALANCE OF | \$0.00 |
| EXPENSE REPORT SUMMARY | | | |
| | | 11 00:00:00 12:00:00AM STAY TOTAL | |
| ROOM & TAX | | \$85.00 \$85.00 \$170.00 | |
| DAILY TOTAL | | \$85.00 \$85.00 \$170.00 | |
| | | | |
| <p>You have earned approximately 1700 Hilton HHonors points for this stay. Visit HHonors.com to check your point balance from stays at any of the 3,700 hotels within the Hilton Worldwide portfolio.</p> | | | |

EXPRESS CHECK-OUT

Good Morning! We hope you enjoyed your stay. With Express Check-Out there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
 - + pay at the time of purchase.
 - + charge purchases to your account, then stop by the Front Desk for an updated statement.
 - + or request an updated statement be mailed to you within two business days.

Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room. Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

| | | |
|----------------------|---------------------|---------|
| DATE OF CHARGE | FOLIO NO./CHECK NO. | |
| AUTHORIZATION | 58202 | INITIAL |
| PURCHASES & SERVICES | | |
| TAXES | | |
| TIPS & MISC. | | |
| TOTAL AMOUNT | 0.00 | |

PAYMENT DUE UPON RECEIPT - 1.5% PER MONTH INTEREST CHARGE WILL BE APPLIED TO ALL PAST DUE INVOICES.

22429

2437570 *Atlanta*
2437571 *AF*

SUN WORLD TRAVEL
1120 EAST TENNESSEE ST
TALLAHASSEE FL 32308

MILNE/ROBERT A

01
58375

850 681-9074

DEPT OF HEALTH
4052 BALD CYPRESS WAY
TALLAHASSEE FL

Robert A. Milne
10/19/11

DATE: OCT 19 2011
02 NOV 11 - WEDNESDAY

DELTA 2100 COACH CLASS EQUIP-M88
LV: TALLAHASSEE 1131A NONSTOP MILES- 223 CONFIRMED
AR: ATLANTA 1245P ELAPSED TIME- 1:14
SEAT-16A

FREQ FLYER DL 9351633947
-WDW SEAT IS CONFIRMED PLZ CK AR AIRPORT FOR AISLE

DELTA 1136 COACH CLASS EQUIP-BOEING 757 JET
LV: ATLANTA 152P NONSTOP MILES- 515 CONFIRMED
AR: FORT MYERS/RSW 339P ELAPSED TIME- 1:47
SEAT-19F

FREQ FLYER DL 9351633947
-WDW SEAT IS CONFIRMED PLZ CK AR AIRPORT FOR AISLE

HOMWOOD SUITES 02 NT/S - OUT 04NOV CONFIRMED
HMWD STE EMY ARPT 1 ROOM/S GUARANTEE-CREDIT CARD
16450 CORPORATE COMMERCE RATE- 85.00 GUARANTEED
FORT MYERS FL 33913 PHONE-1-239-210-7300
FAX-1-239-210-7301

NAME-MILNE ROBERT
CONFIRMATION-86476658

04 NOV 11 - FRIDAY

DELTA 720 COACH CLASS EQUIP-BOEING 757 JET
LV: FORT MYERS/RSW 600A NONSTOP MILES- 515 CONFIRMED
AR: ATLANTA 744A ELAPSED TIME- 1:44
SEAT-22C

FREQ FLYER DL 9351633947

DELTA 5205 COACH CLASS EQUIP-CANADAIR JET
LV: ATLANTA 932A NONSTOP MILES- 223 CONFIRMED
AR: TALLAHASSEE 1047A ELAPSED TIME- 1:15
SEAT- 1B

FREQ FLYER DL 9351633947 OPERATED BY-ASA DBA DELTA CONN

NON REFUNDABLE PENALTIES APPLY
YOU MUST NOTIFY OUR OFFICE WITHIN 24 HOURS
REGARDING ANY CHANGES TO THIS ITINERARY. AFTER
THAT TIME THE TRAVELER IS RESPONSIBLE FOR ANY
PENALTIES ASSOCIATED WITH THIS TICKET
THANK YOU FOR CHOOSING SUN WORLD TRAVEL

22430

09/21/2006 01:00 8503590/20
BAGGAGE FEES APPLY ON ALL AIRLINES
PLEASE CHECK WITH OUR AGENTS FOR DETAILS

2437570 Airlines
2437571 AIR

HAVE A GREAT TRIP
SERVICE FEE 890 0554213231

SUN WORLD TRAVEL
1120 EAST TENNESSEE ST
TALLAHASSEE FL 32308

02
58375

MILNE/ROBERT A

850 681-9074

DEPT OF HEALTH
4052 BALD CYPRESS WAY
TALLAHASSEE FL

Robert Milne
10/19/11

DATE: OCT 19 2011

TICKET NUMBER/S:
MILNE/ROBERT A

7997194072
ELECTRONIC

VI CARD

736.80

AIR TRANSPORTATION

645.58 TAX 91.22 TTL
SERVICE FEE
SUB TOTAL
CREDIT CARD PAYMENT
AMOUNT DUE

736.80
25.00
761.80
761.80-
0.00

Robert Milne
10/19/11

PASSENGER TICKET AND BAGGAGE CHECK

58375

313 64991

DELTA AIR LINES PASSENGER RECEIPT 1 OF 3

DELTA AIR LINES TALLAHASSEE FL

ATL DL 2100 H 02NOVH07A0NO
ATL DL 720 H 04NOVH07A0NO
TLH DL 5205 H 04NOVH07A0NO

DO NOT DESTROY FOR RETAIN THIS RECEIPT FOR TRANSPORTATION THROUGHOUT YOUR JOURNEY

USD645.58
USD481.42
XTV2180
USD736.80

88940885543182 0 006 7997194072 3

NOT VALID FOR TRAVEL
008 7997194072 3

2437570 *Aulise*
2437571 *AF*

Robert Minne
10/20/11
10/19/11

STATE OF FLORIDA
 NAME: John Brown
 DEPARTMENT: Department of Health
 DIVISION: December
 OFFICIAL HEADQUARTERS: Tallahassee
 MOA/Prosecution Services Unit
 DATE: 12/13/11

AUTHORIZATION TO INCUR TRAVEL EXPENSE

DEPARTURE DATE & TIME: 12/19/11, 4:00 a.m.
 ESTIMATED COST: \$198.00
 TRAVEL PERIOD: 12/19/11

RETURN DATE & TIME: 12/20/11, 6:30 p.m.
 TRAVEL PERIOD: 12/19/11 - 12/20/11
 OTHER: 12/19/11 - 12/20/11

Tallahassee to Orlando. To have a conference with medical experts Dr. Ambinder and Dr. Mathias re DOH vs. Zannos Gekkos, M.D., DOAH Case No. 2010-14317. Interview with Dr. Amunre re Richard W. Hays, DOH Case No. 2007-31556 and 2007-37427.

| Registration Fee | Per Diem | Meals | Air Fare | Car Rental | Mileage | Hotel | Ground Transportation | Miscellaneous | Parking | Gas | Tolls | Portage | Copies/Faxes | Agent Fee | Baggage | ESTIMATED TOTAL: |
|------------------|----------|---------|----------|------------|---------|---------|-----------------------|---------------|---------|-----|--------|---------|--------------|-----------|---------|------------------|
| | \$80.00 | \$36.00 | | | | \$77.00 | | | | | \$5.00 | | | | | \$198.00 |

EXPLANATION OF BENEFITS ACCRUING TO THE STATE OF FLORIDA:
 Critical to the mission of the Department: o have a conference with medical experts Dr. Ambinder and Dr. Mathias re DOH vs. Zannos Gekkos, M.D., DOAH Case No. 11-4240PL, DOH Case No. 2010-14317. Interview with Dr. Amunre re Richard W. Hays, DOH Case No. 2007-31556 and 2007-37427. Mr. Brown will be a passenger in a car driven by Robert Milne.

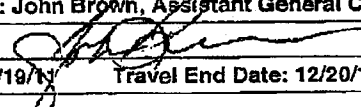
FUNDING SOURCE: 4420501015
 TELECONFERENCE POSSIBLE: No

TRAVELER SIGNATURE: [Signature]
 DATE: 12/11/11
 APPROVED BY - SUPERVISOR: [Signature]
 DATE: [Signature]
 APPROVED AGENCY HEAD: [Signature]
 DATE: 12/11/11

Veronica Donnelly, Section Manager
 Form C-676C Updated 10/7/2010

DOH Approved Mission Critical Travel

If the purpose of the travel meets one of the following it may be approved by the appropriate: Division Director, CHD Director/Administrator, CMS Medical Director, Chief of Statewide Pharmaceutical Services, Chief of Laboratory Services, Nursing Services Director, Statewide Research Administrator, Inspector General, General Counsel, and Communications Director

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| Traveler's Name/Title: John Brown, Assistant General Counsel | |
| Traveler's Signature:  | Signature Date: 12/14/11 |
| Travel Start Date: 12/19/11 | Travel End Date: 12/20/11 |

If the purpose of the travel meets one of the following criteria, it must be approved by the appropriate: Deputy Secretary or delegate, the DOH Chief of Staff, or State Surgeon General or delegate:

| | |
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| Traveler's Name/Title: | |
| Traveler's Signature: | Signature Date: |
| Travel Start Date: Travel End Date | |

2454851



SpringHill Suites by Marriott
Orlando Altamonte Springs

205 W Hwy 436
Altamonte Springs Fl 32714
(407) 865 6400

| Date | Description | Charge | Credits |
|---------|-------------|--------|---------|
| 19Dec11 | Room Charge | 77.00 | |
| 20Dec11 | Visa | | 77.00 |

Card #: VXXXXXXXXXXXXXXXXX7925XXXX
Amount: 77.00 Auth: 047258 Signature on File

Balance: 0.00

Rewards Account # XXXXX4988. Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

As requested, a final copy of your bill will be emailed to you at: IANBROWNLAWFIRM@COMCAST.NET. See "Internet Privacy Statement" on Marriott.com.

JOHN BROWN
[Signature]
12/20/11

DOH Approved Mission Critical Travel

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| Traveler's Name/Title: <u>Robert Milne, Assistant General Counsel</u> | |
| Traveler's Signature: <u><i>Robert Milne</i></u> Signature Date: <u>12/14/11</u> | |
| Travel Start Date: <u>12/19/11</u> Travel End Date: <u>12/20/11</u> | |

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| | |
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| 9 | <input type="checkbox"/> Staff training that supports the delivery and/or quality assurance of direct client services or client contacts critical for the health and safety of the public. |
| 10 | <input type="checkbox"/> Staff training that is critical for maximizing revenues and/or reducing expenditures associated with clinical, program operations or administrative functions. |
| 11 | <input type="checkbox"/> Staff training that allows staff to enhance their knowledge base critical to job performance and expectations (i.e. Microsoft Office training, preconception health conference, etc.) |
| 12 | <input type="checkbox"/> Staff training required to provide basic supervisory skills to appropriate personnel. |
| 13 | <input type="checkbox"/> Staff training required to maintain mandatory certification or qualifications established by law, rule and/or department policy. |
| Traveler's Name/Title: _____ | |
| Traveler's Signature: _____ Signature Date: _____ | |
| Travel Start Date: _____ Travel End Date: _____ | |

2404619



RENTAL RECEIPT (e-Receipt)

Rental Agreement Number: 276351902

Total Charges 73.97 USD

Visa *****8669

Rate Information

271 MI @ .07
2 DY @ 27.50

18.97
55.00

Taxable Extras

73.97
.00

Taxable Subtotal
TAX .000%

Non Taxable Extras

TOTAL

73.97

AMOUNT CHARGED

73.97

YOUR INFORMATION

Name: ROBERT MILNE
Username / Wizard: ***85B
AWD Number: A1134000
Miles / Points Partner: N/A
Membership Number: N/A

YOUR CAR

Car Group Rented: Group C - Chevrolet Cruze or similar
Car Group Charged: Group C - Chevrolet Cruze or similar
Car Make Model: SIL CHEV CRUZ 4DR
Mileage Out: 6923 Fuel Out: 8/8
Mileage In: 7594 Fuel In: 8/8

Robert Milne
12/22/11

YOUR RENTAL

Pick-up Information

Location: Avis - Tallahassee, 1414 S Monroe Street, Tallahassee, FL 32301 US

Date & Time: Sunday, December 18, 2011 @ 02:35 PM

Return Information

Location: SOUTHWOOD, STATE OF FLORIDA EMP ONLY, TALLAHASSEE, FL 32399 US

Date & Time: Tuesday, December 20, 2011 @ 03:00 PM

Robert Milne
12/18/11

2454617

RAM

BP am/pm
277 EAST MAIN STREET
APOPKA
FL 32703
Tel: 4078142433
Fax: 4078840675

12/26/11

Site Number 11900332

Trans# 238029
12/20/11 09:40

| Pump | Gallons | Price |
|------|---------|----------|
| G3 | 5.959 | \$ 3.199 |

| Product | Amount |
|--------------|----------|
| UNLEADED REG | \$ 19.06 |

Total Sale \$ 19.06

VISA *Robert M. King*
XXXXXXXXXXXXXXXX8669 *12/20/11*
Auth # : 030698
Ref: 98825047
Resp Code: 000
Stan: 06511482460

SITE ID: 9217886

Earn rebates
with BP Visa
Take application
and Apply Today

22441

2454618

Robert Milne

Welcome to Gate
Store # 1210
(850) 877-5321
3571 Blairstone Rd.
Tallahassee FL 32301

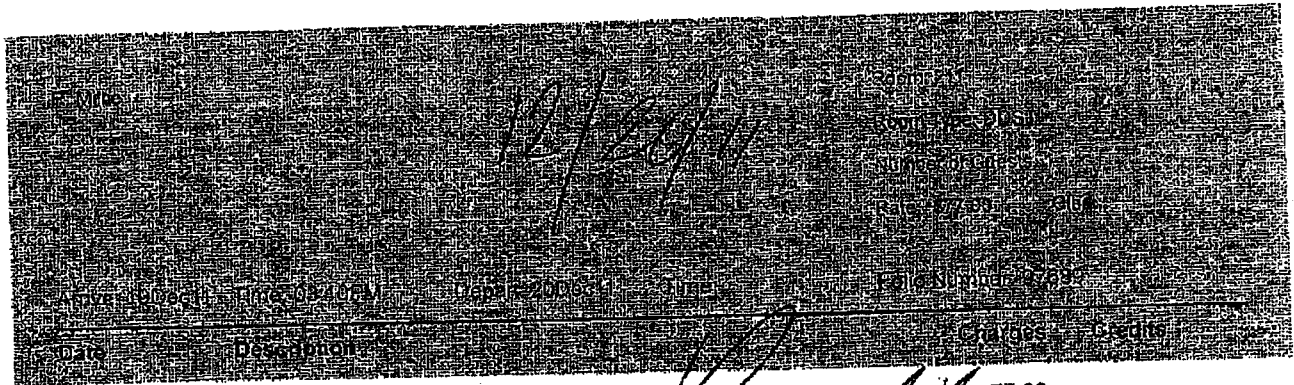
Receipt #36215
12/20/2011
11:11

MP Gallons Price
38 9.598 \$ 3.19
Product: Reg Unleaded
TOTAL FUEL \$ 30.68

ALE - Card Swiped
TOTAL SALE \$ 30.68
/IAcct#
*****8669
Refer #0000619
Batch #999
Sequence #3930
Approval #001172

Thank you for
your business.
Please come again!

Robert Milne
12/20/11



| Date | Description | Charges | Credits |
|---------|-------------|---------|---------|
| 19Dec11 | Room Charge | 77.00 | |
| 20Dec11 | Visa | | 77.00 |

Card #: VXXXXXXXXXXXXXXXXX8669XXXXX
Amount: 77.00 Auth: 085868 Signature on File
This card was electronically swiped on 19Dec11

Balance: 0.00

Rewards Account # XXXXX4988. Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

As requested, a final copy of your Bill will be emailed to you at: IANBROWNLAWFIRM@COMCAST.NET. See "Internet Privacy Statement" on Marriott.com

Robert Milne
12/19/11

STATE OF FLORIDA

NAME: John Brown

OFFICIAL HEADQUARTERS

Tallahassee

DATE: 2/13/12

AUTHORIZATION TO INCUR TRAVEL EXPENSE

DEPARTMENT: Department of Health

DIVISION: February

MOA/P: Prosecution Services Unit

DEPARTURE DATE & TIME: 2/14/12, 5:30 a.m.

ESTIMATED COST

TRAVEL PERIOD: Month: February

2012

RETURN DATE & TIME: 2/17/12, 7:30 p.m.

TRAVEL PER DIEM OTHER

Tallahassee to Naples to Tampa. To have a conference with witnesses re DOH vs. Zarnoe Grekos, M.D., DOAH Case No. 11-4240PL, DOH Case No. 2010-14317.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Registration Fee

\$80.00

Per Diem

\$108.00

Meals

Air Fare

\$152.50

Car Rental

\$342.00

Mileage

Hotel

Ground Transportation

Miscellaneous

Parking

Gas

Tolls

Portage

Copies/Faxes

Agent Fee

Baggage

ESTIMATED TOTAL: \$907.50

CONFERENCE OR CONVENTION TRAVEL: No

TELECONFERENCE POSSIBLE: No

FUNDING SOURCE: 64220501015

EXPLANATION OF BENEFIT ACCRUING TO THE STATE OF FLORIDA: Critical to the mission of the Department, Florida Statutes Chapters 456, 458, 120, 395 and 400. See explanation of purpose of trip as described above. Robert Milne will be a passenger in a car driven by John Brown.

TRAVELER SIGNATURE: [Signature]

DATE: 2/13/12

APPROVED BY - SUPERVISOR: [Signature]

DATE: [Blank]

APPROVED - AGENCY HEAD: [Signature]

DATE: 2/13/12

Vanessa Donnelly, Section Manager

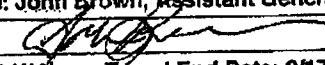
Form C-676C Updated 10/7/2010

Authorization_To_Incur_Travel

22445

DOH Approved Mission Critical Travel

If the purpose of the travel meets one of the following it may be approved by the appropriate: Division Director, CHD Director/Administrator, CMS Medical Director, Chief of Statewide Pharmaceutical Services, Chief of Laboratory Services, Nursing Services Director, Statewide Research Administrator, Inspector General, General Counsel, and Communications Director

| | |
|---|--|
| 1 | <input type="checkbox"/> Health inspections, surveillance and investigations. |
| 2 | <input type="checkbox"/> Client visits or client services. (Clients are individuals or a targeted population in Florida) |
| 3 | <input type="checkbox"/> In-county or region educational, consultation, operational support and outreach activities with clients, health facilities, health partners, and local government. |
| 4 | <input type="checkbox"/> Clinic and Program oversight. (DOH sites) |
| 5 | <input type="checkbox"/> In-county or region direct operational support of DOH offices. |
| 6 | <input type="checkbox"/> CHD, CMS, AG Holley and other DOH field office clinical and administrative monitoring |
| 7 | <input type="checkbox"/> Provider/Contract monitoring. |
| 8 | <input type="checkbox"/> Medical Quality Assurance Board Meetings (at the approved staffing level per meeting). |
| 9 | <input checked="" type="checkbox"/> Legal office travel (except events) |
| 10 | <input type="checkbox"/> Division of Disabilities Determination travel for Disability Hearing Officers to perform routine face-to-face hearings. |
| 11 | <input type="checkbox"/> Emergency situations under circumstances in which there is an immediate danger to public health, safety, welfare, or of other substantial loss to the state requiring emergency action. |
| Traveler's Name/Title: John Brown, Assistant General Counsel | |
| Traveler's Signature:  | Signature Date: 02/13/12 |
| Travel Start Date: 2/14/12 | Travel End Date: 2/17/12 |

If the purpose of the travel meets one of the following criteria, it must be approved by the appropriate: Deputy Secretary or delegate, the DOH Chief of Staff, or State Surgeon General or delegate:

| | | |
|------------------------------------|--|---|
| 1 | <input type="checkbox"/> Response to an In-state disaster | |
| 2 | <input type="checkbox"/> Response to an out-of-state disaster in another state through the Emergency Management Assistant Compact. | |
| 3 | <input type="checkbox"/> Travel to meet with state authorities as directed by the Executive Office of the Governor, agency executive, or senior managers. | |
| 4 | <input type="checkbox"/> Statutory board and council meetings (identify statute and administrative code rule as applicable) | FL Statute: FL Administrative Code rule: |
| 5 | <input type="checkbox"/> Local Community Board/Committee, state level committees and advisory groups with partners and/or other state agencies, consortiums/coalitions, Institutional Review Board and Advisory Councils | |
| 6 | <input type="checkbox"/> Travel to comply with grant award requirement. (Identify the grant name and the travel requirement. Attach a copy of the travel requirement from the grant guidance, application or other documentation from the grantor) | Grant name: Travel requirement: |
| 7 | <input type="checkbox"/> Travel to meet with federal authorities for the purpose of receiving continuation, supplemental, or new funding, to solicit federal assignees for the state, to provide state-specific technical assistance or content expertise. | |
| 8 | <input checked="" type="checkbox"/> Travel to perform functions mandated by Florida statute and/or administrative code that cannot be performed via telephone or teleconference. (Identify statute and administrative code rule) | FL Statute chapter and section: 120, 456, 458 FL Administrative Code chapter and section: 64B8 |
| 9 | <input type="checkbox"/> Staff training that supports the delivery and/or quality assurance of direct client services or client contacts critical for the health and safety of the public. | |
| 10 | <input type="checkbox"/> Staff training that is critical for maximizing revenues and/or reducing expenditures associated with clinical, program operations or administrative functions. | |
| 11 | <input type="checkbox"/> Staff training that allows staff to enhance their knowledge base critical to job performance and expectations (i.e. Microsoft Office training, preconception health conference, etc.) | |
| 12 | <input type="checkbox"/> Staff training required to provide basic supervisory skills to appropriate personnel. | |
| 13 | <input type="checkbox"/> Staff training required to maintain mandatory certification or qualifications established by law, rule and/or department policy. | |
| Traveler's Name/Title: | | |
| Traveler's Signature: | Signature Date: | |
| Travel Start Date: Travel End Date | | |



Hilton Garden Inn
Fort Myers Airport/FGCU

2470988

16410 Corporate Commerce Way
Fort Myers, FL 33913
Phone (239) 210-7200 • Fax (239) 210-7201
Reservations
www.HGI.com or 1 877 STAY HGI

Name & Address

BROWN, JOHN
3202 DUNBAR LN.

TALLAHASSEE, FL 32311
US

Room 514/K1RZ
Arrival Date 2/14/2012 6:30:00PM
Departure Date 2/16/2012

Adult/Child 1/0
Room Rate 115.00

RATE PLAN L-GV
HH# 733059631 BLUE
AL
BONUS AL CAR

Confirmation Number : 3456044282

2/16/2012 PAGE 1

| DATE | DESCRIPTION | ID | REF NO | CHARGES | CREDITS | BALANCE |
|---|-----------------------------|---------|--------|----------|---------|----------|
| 2/14/2012 | GUEST ROOM EXEMPT | PJBERRY | 224531 | \$115.00 | | |
| 2/15/2012 | GUEST ROOM EXEMPT | PJBERRY | 224915 | \$115.00 | | |
| | WILL BE SETTLED TO VS *7925 | | | | | \$230.00 |
| | EFFECTIVE BALANCE OF | | | | | \$0.00 |
| <p>You have earned approximately 2300 Hilton HHonors points for this stay. Visit HHonors.com to check your point balance from stays at any of the 3,700 hotels within the Hilton Worldwide portfolio.</p> <p>Hilton Garden Inn is opening locations all over the world. Look for us in: Canada, Costa Rica, Germany, India, Italy, Mexico, Saudi Arabia, Turkey, United Kingdom and throughout the USA. www.hgi.com</p> | | | | | | |
| <p>John Brown John Brown 2/16/12</p> | | | | | | |

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Zip-Out Check-Out®

Good Morning! We hope you enjoyed your stay. With Zip-Out Check-Out® there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
 - For any charges after your account was prepared, you may:
 - + pay at the time of purchase.
 - + charge purchases to your account, then stop by the Front Desk for an updated statement.
 - + or request an updated statement be mailed to you within two business days.
- If the statement meets with your approval, simply press the Zip-Out Check-Out button on your guest room telephone. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room. Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

| | |
|----------------------|--------------------------------|
| DATE OF CHARGE | FOLIO NO./CHECK NO. 77502 A |
| AUTHORIZATION | INITIAL |
| PURCHASES & SERVICES | |
| TAXES | |
| TIPS & MISC. | |
| TOTAL AMOUNT | |

PAYMENT DUE UPON RECEIPT

22447



RENTAL RECEIPT (e-Receipt)

Rental Agreement Number: 300568785

Total Charges 114.36 USD

Visa *****7925

Rate Information

3 HR @ 7.62
3 DY @ 30.50

22.86
91.50

Taxable Extras

Taxable Subtotal
TAX .000%

114.36
.00

Non Taxable Extras

114.36

TOTAL

114.36

AMOUNT CHARGED

YOUR INFORMATION

Name: JOHN BROWN
Username / Wizard: ***20P
AWD Number: A1134000
Miles / Points Partner: N/A
Membership Number: N/A

YOUR CAR

Car Group Rented: Group E - Chevrolet Impala or similar
Car Group Charged: Group E - Chevrolet Impala or similar
Car Make Model: GRV NISS ALTI 4DR
Mileage Out: 11253
Mileage In: 12092
Fuel Out: 8/8
Fuel In: 8/8

YOUR RENTAL

Pick-up Information


Location: SOUTHWOOD, STATE OF FLORIDA EMP ONLY, TALLAHASSEE, FL 32399 US

Date & Time: Monday, February 13, 2012 @ 04:02 PM

Return Information

Location: SOUTHWOOD, STATE OF FLORIDA EMP ONLY, TALLAHASSEE, FL 32399 US

Date & Time: Thursday, February 16, 2012 @ 07:40 PM


John Brown
2/13/12

2470056

CIRCLE K #7497
(352) 628-6655

57 542 514104
SHELL
6775 S SUNCOAST BLVD
HOMOSASSA
FL 34446

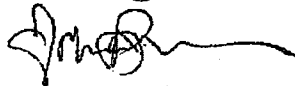
Invoice # 616003
Date 02-14-12
Time 10:36AM
Auth # 094174

VISA Acct #
XXXX XXXX XXXX 7925

| Pump | Gallons | Price |
|------|---------|---------|
| 05 | 6.739 | \$3.599 |

| Product | Amount |
|------------|---------|
| UNL REG 87 | \$24.25 |
| Total Sale | \$24.25 |

THANKS FOR SHOPPING
AT CIRCLE K!
PLEASE COME AGAIN!

John Brown

2/16/12

22449

2470420

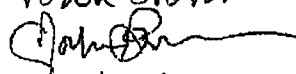
Oh Thank Heaven
for 7-Eleven.

7-ELEVEN
9998 INTERSTATE COMM
FORT MYERS FL
PHONE #2394371206
STORE #33973
TID: 00073397301 08
VISA
*****7925
REF# 92000 29 034 3
02/16/2012 08:43:34

| | | |
|-----------|-----|--------|
| PUMP | | 16 |
| GRADE | RUL | |
| GALLONS | | 11.489 |
| PRICE/GAL | \$ | 3.699 |
| FUEL SALE | \$ | 42.58 |

APPROVED 000858

Thanks for
your business.

John Brown

2/16/12

22450

2470781

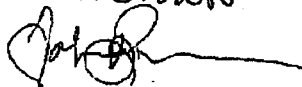
Welcome to Gate
Store # 1210
(850) 877-5321
3571 Blairstone Rd.
Tallahassee FL 32301

Receipt #68794
02/16/2012
19:30

| Pump | Gallons | Price |
|---------------------|---------|----------|
| 09 | 13.416 | \$ 3.589 |
| Product: Reg Unlead | | |
| TOTAL FUEL | | \$ 48.15 |

SALE - Card Swiped
TOTAL SALE \$ 48.15
VIAcct#
*****7925
Refer #00000131
Batch #1055
Sequence #2982
Approval #050879

Thank you for
your business.
Please come again!!

John Brown


2/16/12

John Brown 2/16/12
[Signature]

TGH
P.O. Box 1289
Tampa FL 33601

| | |
|----------------------|----------------|
| Fee Computer Number: | 5 |
| Cashier: | Scott ID #200 |
| Transaction Number: | 174 |
| Entered: | 02/16/12 12:31 |
| Exited: | 02/16/12 15:05 |
| Ticket #31101 | Dispenser #4 |
| Rate: | Area 1 |
| Total Fee: | \$3.00 |
| Cash: | \$3.00 |

Thank you for parking
with us
Tampa, FL 33601

STATE OF FLORIDA

NAME

Robert Milne

OFFICIAL HEADQUARTERS

Tallahassee

DATE:

2/13/12

AUTHORIZATION TO INCUR TRAVEL EXPENSE

DEPARTMENT

Department of Health

DIVISION

MOAP/Prosecution Services Unit

DEPARTURE DATE & TIME

2/14/12, 5:30 a.m.

ESTIMATED COST

TRAVEL PERIOD: Month: February

2012

Indicate the date of travel in the following table

RETURN DATE & TIME:

2/17/12, 7:30 p.m.

TRAVEL PER DIEM OTHER

Tallahassee to Naples to Tampa. To have a conference with witnesses re DOH vs. Zannos Giekos, M.D., DOAH Case No. 11-4240PL, DOH Case No. 2010-14317.

Registration Fee

\$80.00

Per Diem

\$108.00

Meals

Air Fare

Car Rental

Mileage

\$342.00

Hotel

Ground Transportation

Miscellaneous

Parking

Gas

Tolls

Portage

\$5.00

Copier/Faxes

Agent Fee

Baggage

ESTIMATED TOTAL:

\$535.00

CONFERENCE OR CONVENTION TRAVEL:

No

TELECONFERENCE POSSIBLE:

No

FUNDING SOURCE:

64220301015

EXPLANATION OF BENEFITS ACCRUING TO THE STATE OF FLORIDA:

Critical to the mission of the Department, Florida Statutes Chapters 456, 458, 120, 395 and 400. See explanation of purpose of trip as described above. Robert Milne will be a passenger in a car driven by John Brown.

HEREBY CERTIFY THAT TRAVEL AS SHOWN

TRAVELER SIGNATURE

DATE

APPROVED BY - SUPERVISOR

DATE

APPROVED AGENCY HEAD

DATE

Varotter-Ronnelly, Section Manager

Form C-676C

Updated 10/7/2010

2/13/12

Authorization To Incur Travel

22454

DOH Approved Mission Critical Travel

If the purpose of the travel meets one of the following it may be approved by the appropriate: Division Director, CHD Director/Administrator, CMS Medical Director, Chief of Statewide Pharmaceutical Services, Chief of Laboratory Services, Nursing Services Director, Statewide Research Administrator, Inspector General, General Counsel, and Communications Director

| | |
|---|--|
| 1 | <input type="checkbox"/> Health inspections, surveillance and investigations. |
| 2 | <input type="checkbox"/> Client visits or client services. (Clients are individuals or a targeted population in Florida) |
| 3 | <input type="checkbox"/> In-county or region educational, consultation, operational support and outreach activities with clients, health facilities, health partners, and local government. |
| 4 | <input type="checkbox"/> Clinic and Program oversight. (DOH sites) |
| 5 | <input type="checkbox"/> In-county or region direct operational support of DOH offices. |
| 6 | <input type="checkbox"/> CHD, CMS, AG Holley and other DOH field office clinical and administrative monitoring |
| 7 | <input type="checkbox"/> Provider/Contract monitoring. |
| 8 | <input type="checkbox"/> Medical Quality Assurance Board Meetings (at the approved staffing level per meeting). |
| 9 | <input checked="" type="checkbox"/> Legal office travel (except events) |
| 10 | <input type="checkbox"/> Division of Disabilities Determination travel for Disability Hearing Officers to perform routine face-to-face hearings. |
| 11 | <input type="checkbox"/> Emergency situations under circumstances in which there is an immediate danger to public health, safety, welfare, or of other substantial loss to the state requiring emergency action. |
| Traveler's Name/Title: Robert Milne, Assistant General Counsel | |
| Traveler's Signature: <i>Robert Milne</i> Signature Date: | |
| Travel Start Date: 2/14/12 Travel End Date: 2/17/12 | |

If the purpose of the travel meets one of the following criteria, it must be approved by the appropriate: Deputy Secretary or delegate, the DOH Chief of Staff, or State Surgeon General or delegate:

| | | |
|---|--|--|
| 1 | <input type="checkbox"/> Response to an In-state disaster | |
| 2 | <input type="checkbox"/> Response to an out-of-state disaster in another state through the Emergency Management Assistant Compact. | |
| 3 | <input type="checkbox"/> Travel to meet with state authorities as directed by the Executive Office of the Governor, agency executive, or senior managers. | |
| 4 | <input type="checkbox"/> Statutory board and council meetings (Identify statute and administrative code rule as applicable) | FL Statute: 120, 456, 458 FL Administrative Code rule: 64B8 |
| 5 | <input type="checkbox"/> Local Community Board/Committee, state level committees and advisory groups with partners and/or other state agencies, consortiums/coalitions, Institutional Review Board and Advisory Councils | |
| 6 | <input type="checkbox"/> Travel to comply with grant award requirement. (Identify the grant name and the travel requirement. Attach a copy of the travel requirement from the grant guidance, application or other documentation from the grantor) | Grant name: Travel requirement: |
| 7 | <input type="checkbox"/> Travel to meet with federal authorities for the purpose of receiving continuation, supplemental, or new funding, to solicit federal assignees for the state, to provide state-specific technical assistance or content expertise. | |
| 8 | <input type="checkbox"/> Travel to perform functions mandated by Florida statute and/or administrative code that cannot be performed via telephone or teleconference. (Identify statute and administrative code rule) | FL Statute chapter and section: FL Administrative Code chapter and section: |
| 9 | <input type="checkbox"/> Staff training that supports the delivery and/or quality assurance of direct client services or client contacts critical for the health and safety of the public. | |
| 10 | <input type="checkbox"/> Staff training that is critical for maximizing revenues and/or reducing expenditures associated with clinical, program operations or administrative functions. | |
| 11 | <input type="checkbox"/> Staff training that allows staff to enhance their knowledge base critical to job performance and expectations (i.e. Microsoft Office training, preconception health conference, etc.) | |
| 12 | <input type="checkbox"/> Staff training required to provide basic supervisory skills to appropriate personnel. | |
| 13 | <input type="checkbox"/> Staff training required to maintain mandatory certification or qualifications established by law, rule and/or department policy. | |
| Traveler's Name/Title: | | |
| Traveler's Signature: _____ Signature Date: | | |
| Travel Start Date: _____ Travel End Date: _____ | | |



Hilton 2471247
Garden Inn
 Fort Myers Airport/FGCU

16410 Corporate Commerce Way
 Fort Myers, FL 33913
 Phone (239) 210-7200 • Fax (239) 210-7201
 Reservations
 www.HGI.com or 1 877 STAY HGI

Name & Address

MILNE, ROBERT
 4050 ESPLANADE WAY

TALLASSEE, FL 32399
 US

Room 328/K1RZ
 Arrival Date 2/14/2012
 Departure Date 2/16/2012
 Adult/Child 1/0
 Room Rate 115.00

6:28:00PM

RATE PLAN L-GV
 HH# 223695866 BLUE
 AL
 BONUS AL CAR

Confirmation Number : 3459587257

2/16/2012 PAGE 1

02/17/12
 Robert Milne
 M.L.N.E

| DATE | DESCRIPTION | ID | REF. NO | CHARGES | CREDITS | BALANCE |
|-----------|-----------------------------|---------|---------|----------|---------|----------|
| 2/14/2012 | GUEST ROOM EXEMPT | PJBERRY | 224483 | \$115.00 | | |
| 2/15/2012 | GUEST ROOM EXEMPT | PJBERRY | 224864 | \$115.00 | | |
| | WILL BE SETTLED TO VS *8669 | | | | | \$230.00 |
| | EFFECTIVE BALANCE OF | | | | | \$0.00 |

You have earned approximately 2300 Hilton HHonors points for this stay. Visit HHonors.com to check your point balance from stays at any of the 3,700 hotels within the Hilton Worldwide portfolio.

Hilton Garden Inn is opening locations all over the world. Look for us in Canada, Costa Rica, Germany, India, Italy, Mexico, Saudi Arabia, Turkey, United Kingdom and throughout the USA. www.hgi.com

T
H
A
N
K

Y
O
U

Zip-Out Check-Out®

Good Morning ! We hope you enjoyed your stay. With Zip-Out Check-Out® there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
 - For any charges after your account was prepared, you may:
 - + pay at the time of purchase.
 - + charge purchases to your account, then stop by the Front Desk for an updated statement.
 - + or request an updated statement be mailed to you within two business days.
- If the statement meets with your approval, simply press the Zip-Out Check-Out button on your guest room telephone. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room. Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

| | |
|----------------------|---------|
| DATE OF CHARGE | 77503 A |
| AUTHORIZATION | INITIAL |
| PURCHASES & SERVICES | |
| TAXES | |
| TIPS & MISC. | |
| TOTAL AMOUNT | |

PAYMENT DUE UPON RECEIPT

22456

STATE OF FLORIDA

NAME: John Brown

OFFICIAL HEADQUARTERS: Tallahassee

DATE: 9/24/12

AUTHORIZATION TO INCUR TRAVEL EXPENSE

DEPARTMENT: Department of Health

DIVISION: MOA/Prosecution Services Unit

DEPARTURE DATE & TIME: 9/27/12, 12:00 p.m.

ESTIMATED COST

TRAVEL PERIOD: Month: September 2012

Indicate the day(s) of the month on which the travel is to be performed by placing an X in the proper block on the respective lines below.

RETURN DATE & TIME: 9/28/12, 6:30 p.m.

Tallahassee to Tampa. To attend deposition of Dr. Freeman re DOH vs. Zanos Gracos, M.D. DOH Case No. 2010-14317, DOAH case number 11-4240P.L.

Registration Fee

Per Diem

Meals

Air Fare

Car Rental

Mileage

Hotel

Ground Transportation

Miscellaneous

Parking

Gas

Tolls

Portage

Copies/Faxes

Agent Fee

Internet

ESTIMATED TOTAL: \$407.45

CONFERENCE OR CONVENTION TRAVEL: No

TELECONFERENCE POSSIBLE: No

EXPLANATION OF BENEFIT ACCRUING TO THE STATE OF FLORIDA: Critical to the mission of the Department, Florida Statutes Chapters 456, 458, 120, 395 and 400. See explanation of purpose of trip as described above.

FUNDING SOURCE: 64220501015

HEREBY CERTIFY THAT TRAVEL AS SHOWN

TRAVELER SIGNATURE

DATE

APPROVED BY - SUPERVISOR

DATE

APPROVED - AGENCY HEAD

DATE

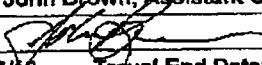
Veronica Donnelly, Section Manager

Form C-679C Updated 10/7/2010

Authorization_To_Incur_Travel

DOH Approved Mission Critical Travel

If the purpose of the in-state travel meets one of the following it may be approved by the appropriate: Division Director, CHD Director/Administrator, CMS Medical Director, Chief of Statewide Pharmaceutical Services, Chief of Laboratory Services, Nursing Services Director, Statewide Research Administrator, Inspector General, General Counsel, and Communications Director, Deputy Secretary or delegate, the DOH Chief of Staff, or State Surgeon General or delegate

| | | |
|---|--|---|
| 1 | <input type="checkbox"/> Health inspections, surveillance, and investigations. | |
| 2 | <input type="checkbox"/> Client visits or client services. (Clients are individuals or a targeted population in Florida) | |
| 3 | <input type="checkbox"/> In-county or regional educational, consultation and outreach activities with clients, health facilities, health partners, or local government. | |
| 4 | <input type="checkbox"/> Clinic and Program oversight. | |
| 5 | <input type="checkbox"/> In-county or regional direct operational support of DOH offices. | |
| 6 | <input type="checkbox"/> CHD, CMS, AG Holley, and field office clinical and administrative monitoring. | |
| 7 | <input type="checkbox"/> Provider/contract monitoring. | |
| 8 | <input checked="" type="checkbox"/> Legal Office travel | |
| 9 | <input type="checkbox"/> Division of Disability Determinations travel for Disability Hearing Officers to perform face-to-face hearings. | |
| 10 | <input type="checkbox"/> Emergency situations under circumstances in which there is an immediate danger to public health, safety, welfare, or of other substantial loss to the state requiring emergency action. | |
| 11 | <input type="checkbox"/> Response to an in-state disaster | |
| 12 | <input type="checkbox"/> Travel to meet with state authorities as directed by the Executive Office of the Governor, agency executive or senior managers. | |
| 13 | <input type="checkbox"/> Statutory board and council meetings (identify statute and/or administrative code rule as applicable) | FL Statute: FL Administrative Code rule: |
| 14 | <input type="checkbox"/> Local, regional or state level Community Board/Committees, and advisory groups with partners and/or other state agencies, consortiums/coalitions, Institutional Review Board and Advisory Councils. | |
| 15 | <input type="checkbox"/> Travel to comply with grant award requirement. (Identify the grant name and the travel requirement. Attach a copy of the travel requirement from the grant guidance, application or other documentation from the grantor) | Grant name: Travel requirement: |
| 16 | <input type="checkbox"/> Travel to meet with federal authorities for the purpose of receiving continuation, supplemental, or new funding, to solicit federal assignees for the state, to provide state-specific technical assistance or content expertise. | |
| 17 | <input type="checkbox"/> Travel to perform functions mandated by Florida statute and/or administrative code that cannot be performed via telephone or teleconference. (Identify statute and administrative code rule) | FL Statute: FL Administrative Code rule: |
| 18 | <input type="checkbox"/> Staff training that allows staff to enhance their knowledge base critical to job performance and expectations, such as technical training, clinical, operational, management, etc. | |
| 19 | <input type="checkbox"/> Staff training required to maintain mandatory certification or qualifications established by law, rule and/or department policy. | |
| Traveler's Name/Title: John Brown, Assistant General Counsel | | |
| Traveler's Signature:  | | Signature Date: 9/24/12 |
| Travel Start Date: 9/27/12 | | Travel End Date: 9/28/12 |

Revised 2/2012

22459

AVIS

We are proud to feature a 100% smoke-free fleet!

RENTAL AGREEMENT NUMBER: 016455593

RECEIPT

Your Information

Customer Name: JOHN BROWN
Wizard Number: ---20P
Avis Worldwide Discount: STATE OF FLORIDA DEPT MGMT SV
Method of Payment: VISA XX7928

Your Vehicle Information

Vehicle Number: 57239134
Vehicle Group Rented: Compact
Vehicle Group Charged: Compact
Vehicle Description: SIL FOCUS
4DR/5PSGR
License Plate Number: FLQ2282Y
Odometer Out: 21474
Odometer In: 21970
Total Driver: 498
Fuel Gauge Reading: Full

Your Rental

Pickup Date/Time: SEP 27 2012 @ 11:55AM
Pickup Location: STATE OF FLORIDA EMP ONLY
4030 ESPLANADE WAY SUITE 101
TALLAHASSEE, FL, 32399, US
850-676-1980

Return Date/Time: SEP 28 2012 @ 8:23PM
Return Location: 3300 CAPITAL CIRCLE SW, STE 18
TALLAHASSEE REGIONAL AIRPORT
TALLAHASSEE, FL, 32310, US
888-648-0276

Additional fees may apply if changes are made to your return date, time and/or location.

Your Vehicle Charges (MIN 1 DAY)

| Rate Chart: | Free Miles: | Time and Mileage: |
|------------------|-------------|-------------------|
| Miles: UNLIMITED | | Your Discount: |
| Hourly: 8.25 | | 2 DY @ 27.75 = |
| Daily: 27.75 | | 55.50 |
| Adj Day: 0.00 | | |
| Weekly: 194.25 | | Time and Mileage: |
| Monthly: 721.50 | | 55.50 |

Your Optional Products/Services

*RATE INCLUDES LDW

Optional Services Total: 0.00

Your Taxable Fees

Sub-total Charges: 55.50

John Brown
John Brown
9/27/12

Your Non-Taxable Products/Services

Your Total Charges paid: 55.50
Prepayment: 0.00

Net Charges: USD 55.50
Your Total Due: 0.00

Thank you for renting with Avis. If you have any questions regarding a Toll, please contact our eToll provider, HTA at 1-888-285-8050 or visit their web site at www.htalic.com. For all other inquiries, please contact us at 1-800-352-7900 or www.Avis.com. At Avis, we are committed to providing you with the best rental experience in the industry. We are in the business of treating people like people.

Your vehicle was rented to you by GRAYCE. Your vehicle was checked in by GRAYCE.

22460

2538278
MARRIOTT

For questions regarding this folio, please call
Marriott Business Services toll-free 1-866-435-7627.

GUEST FOLIO



700 South Florida Avenue, Tampa FL 33602 • 813.221.4900 • Marriott.com/TPAMC

1131 ZZ/BROWN/IAN 93.00 09/28/12 12:00 10371
NKGV Name Rate Depart 09/27/12 17:41 ACCT#
149 Type Arrive Time

RWD#:

| Room Clerk | Address | Payment | CHARGES | CREDITS | BALANCE DUE |
|------------|----------|---------|---------|---------|-------------|
| 09/27 | ROOM KEY | 1131, 1 | 93.00 | | |
| 09/27 | ROOM TAX | 1131, 1 | 6.51 | | |
| 09/27 | OCC TAX | 1131, 1 | 4.65 | | |
| 09/27 | RMTXEMP | TAXADJ | | 11.16 | AD |
| 09/28 | VS CARD | | | \$93.00 | |

TO BE SETTLED TO: VISA CURRENT BALANCE .00

THANK YOU FOR CHOOSING MARRIOTT! TO EXPEDITE YOUR CHECK-OUT,
PLEASE CALL THE FRONT DESK, OR PRESS "MENU" ON YOUR
TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

----- EXP. REPORT SUMMARY -----

| | | |
|-------|----------|--------|
| 09/27 | ROOM REV | 93.00 |
| | ROOM TAX | 6.51 |
| | OCC TAX | 4.65 |
| | RMTXEMP | -11.16 |

WANT YOUR FINAL HOTEL BILL BY EMAIL? JUST ASK THE FRONT DESK!
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

9/28/12
John Brown
[Signature]

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after checkout, you will owe us interest from the checkout date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the minimum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature x

To secure your next stay, go to Marriott.com

22461

contains 30% post consumer fibers

2538279
WACO

9/28/12
John Brown
John Brown

STOP AND GO #2
8731 NW 174TH ST
FANNING SPGS FL
32693
1-352-463-3511

00037381001-04
WACO #6
8731 NW 174th ST
FANNING SPRINGS FL

VISA
*****7925
REF # 980042018 6

DATE 09/28/12 17:12
PUMP # 01
PRODUCT: UNLD
APPROVAL # 000903
GALLONS: 18.518
PRICE/G: \$ 3.779
FUEL SALE \$ 39.75

THANK YOU
HAVE A NICE DAY

22462

2538277
BP

9/28/12
John Brown
John Brown
WELCOME
03168002

DATE 09/28/12 20:08
PUMP # 06
PRODUCT: UNLD1
GALLONS: 3.243
PRICE/G: \$ 3.699
FUEL SALE \$ 12.00

VISA
XXXXXXXXXXXX7925
Auth #: 023732
Ref: 32891031
Resp Code: 000
Stan: 0108131347

SITE ID: 3168002

Earn rebates
with BP Visa
Take application
and Apply Today

THANK YOU
HAVE A NICE DAY

22463



For questions regarding this folio, please call
Marriott Business Services toll-free 1-866-435-7627.

GUEST FOLIO

700 South Florida Avenue, Tampa FL 33602 • 813.221.4900 • Marriott.com/TPAMC

1131 BROWN/IAN .00 09/28/12 12:00 8261
Room Name Rate Depart Time ACCT#
NKGV 09/27/12 17:41
Type Arrive Time
149

RWD#: XXXXX4988

| Room Clerk | Address | Payment | DATE | REFERENCE | CHARGES | CREDITS | BALANCE DUE |
|------------|---------|---------|-------|-----------|---------|---------|-------------|
| | | | 09/27 | PARKING | 20.00 | | |
| | | | 09/27 | TAX | 1.40 | | |
| | | | 09/28 | AX CARD | | \$21.40 | |

TO BE SETTLED TO: AMERICAN EXPRESS CURRENT BALANCE .00

THANK YOU FOR CHOOSING MARRIOTT! TO EXPEDITE YOUR CHECK-OUT,
PLEASE CALL THE FRONT DESK, OR PRESS "MENU" ON YOUR
TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

----- EXP. REPORT SUMMARY -----

| | | |
|-------|---------|-------|
| 09/27 | PARKING | 20.00 |
| | TAX | 1.40 |

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:
BARBARA JUDD@DOH.STATE.FL.US
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

9/28/12
John Brown
[Signature]

Your Rewards points/miles earned on your eligible earnings
will be credited to your account. Check your
Rewards Account Statement for updated activity.

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after checkout, you will owe us interest from the checkout date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X _____

TGH
P.O. Box 1289
Tampa FL 33601

Fee Computer Number: 6
Cashier: BRITTANY ID #111
Transaction Number: 251
Entered: 09/28/12 07:33
Exited: 09/28/12 15:52
Ticket #9092 Dispenser #3
Rate: 9/28/12 Area 1
Total Fee: \$3.00
Cash: *John S. Brown* \$3.00

John S. Brown
Thank you for parking
with us

22465

STATE OF FLORIDA
 NAME: John Brown
 DEPARTMENT: Department of Health
 DIVISION: Tallahassee
 DATE: 9/17/12
 MOA/Prosecution Services Unit

AUTHORIZATION TO INCUR TRAVEL EXPENSE

DEPARTURE DATE & TIME: 10/14/12, 5:30 a.m.
 ESTIMATED COST: TRAVEL PER DIEM OTHER

| TRAVEL PERIOD: | Month: | 2012 | Indicate the day(s) of the month on which the travel will be incurred by placing an 'x' in the check block on the respective days below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------|--------|------|--|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | |
| | | | | | | | | | | | | | X | X | X | X | X | X | | | | | | | | | | | | | | | |

RETURN DATE & TIME: 10/20/12, 6:30 p.m.
 Tallahassee to Naples Co-counsel for hearing re DOH vs. Zamos Gaskos, M.D., DOH Case No. 2010-14317, DOAH case 11-4240PL.

Registration Fee: \$80.00
 Per Diem: \$216.00
 Meals: \$491.60
 Air Fare: \$297.06
 Car Rental: \$594.00
 Mileage: \$594.00
 Hotel: \$594.00
 Ground Transportation: \$594.00
 Miscellaneous: \$594.00
 Parking: \$60.00
 Gas: \$200.00
 Tolls: \$5.00
 Portage: \$60.00
 Baggage: \$25.00
 Agent Fee: \$25.00
 Internet: Free

| ESTIMATED TOTAL: | ESTIMATED COST | TRAVEL PERIOD | Month | 2012 | Indicate the day(s) of the month on which the travel will be incurred by placing an 'x' in the check block on the respective days below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------|----------------|---------------|-------|------|--|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|
| \$2,016.66 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CONFERENCE OR CONVENTION TRAVEL: No
 TELECONFERENCE POSSIBLE: No
 EXPLANATION OF BENEFITS ACCRUING TO THE STATE OF FLORIDA:
 Critical to the mission of the Department, Florida Statutes Chapters 456, 458, 120, 395 and 400. See explanation of purpose of trip as described above.

FUNDING SOURCE: 94220501015

I HEREBY CERTIFY THAT TRAVEL AS SHOWN ABOVE IS TO BE INCURRED IN CONNECTION WITH OFFICIAL BUSINESS OF THE STATE.

TRAVELER SIGNATURE: [Signature]
 DATE: 9/18/12

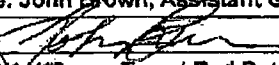
APPROVED BY - SUPERVISOR: [Signature]
 DATE: 9/18/12

APPROVED AGENCY HEAD: [Signature]
 DATE: 9/18/12

Veronica Donnelly, Section Manager

DOH Approved Mission Critical Travel

If the purpose of the in-state travel meets one of the following it may be approved by the appropriate: Division Director, CHD Director/Administrator, CMS Medical Director, Chief of Statewide Pharmaceutical Services, Chief of Laboratory Services, Nursing Services Director, Statewide Research Administrator, Inspector General, General Counsel, and Communications Director, Deputy Secretary or delegate, the DOH Chief of Staff, or State Surgeon General or delegate

| | | |
|---|--|---|
| 1 | <input type="checkbox"/> Health inspections, surveillance, and investigations. | |
| 2 | <input type="checkbox"/> Client visits or client services. (Clients are individuals or a targeted population in Florida) | |
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| 4 | <input type="checkbox"/> Clinic and Program oversight. | |
| 5 | <input type="checkbox"/> In-county or regional direct operational support of DOH offices. | |
| 6 | <input type="checkbox"/> CHD, CMS, AG Holley, and field office clinical and administrative monitoring. | |
| 7 | <input type="checkbox"/> Provider/contract monitoring. | |
| 8 | <input checked="" type="checkbox"/> Legal Office travel | |
| 9 | <input type="checkbox"/> Division of Disability Determinations travel for Disability Hearing Officers to perform face-to-face hearings. | |
| 10 | <input type="checkbox"/> Emergency situations under circumstances in which there is an immediate danger to public health, safety, welfare, or of other substantial loss to the state requiring emergency action. | |
| 11 | <input type="checkbox"/> Response to an in-state disaster | |
| 12 | <input type="checkbox"/> Travel to meet with state authorities as directed by the Executive Office of the Governor, agency executive or senior managers. | |
| 13 | <input type="checkbox"/> Statutory board and council meetings (Identify statute and/or administrative code rule as applicable) | FL Statute: FL Administrative Code rule: |
| 14 | <input type="checkbox"/> Local, regional or state level Community Board/Committees, and advisory groups with partners and/or other state agencies, consortiums/coalitions, Institutional Review Board and Advisory Councils. | |
| 15 | <input type="checkbox"/> Travel to comply with grant award requirement. (Identify the grant name and the travel requirement. Attach a copy of the travel requirement from the grant guidance, application or other documentation from the grantor) | Grant name: Travel requirement: |
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| 17 | <input type="checkbox"/> Travel to perform functions mandated by Florida statute and/or administrative code that cannot be performed via telephone or teleconference. (Identify statute and administrative code rule) | FL Statute: FL Administrative Code rule: |
| 18 | <input type="checkbox"/> Staff training that allows staff to enhance their knowledge base critical to job performance and expectations, such as technical training, clinical, operational, management, etc. | |
| 19 | <input type="checkbox"/> Staff training required to maintain mandatory certification or qualifications established by law, rule and/or department policy. | |
| Traveler's Name/Title: John Brown, Assistant General Counsel | | |
| Traveler's Signature:  | | Signature Date: 09-17-2012 |
| Travel Start Date: 10/14/12 | | Travel End Date: 10/20/12 |

Revised 2/2012

22468



2544535

DOUBLE TREE SUITES
BY HILTON
NAPLES

12200 Tamiami Trail North • Naples, FL 34110
Phone (239) 593-8733 • Fax (239) 593-8734
For reservations
www.doubletreenaples.com or 1-800-222-TREE (8733)

Name & Address

BROWN, JOHN
3202 DUNBAR LN.
TALLAHASSEE, FL 32311
US

Room 239/NK1S
Arrival Date 10/14/2012 1:00:00PM
Departure Date 10/20/2012

Adult/Child 1/0
Room Rate \$99.00

RATE PLAN S-GVT
HH# 733059631 SILVER
AL
BONUS AL CAR

Confirmation: 82517382

10/20/12
John Brown
[Signature]

10/20/2012 PAGE 1

| DATE | DESCRIPTION | ID | REF. NO | CHARGES | CREDITS | BALANCE |
|--|-------------|----|---------|-------------------|----------|---------|
| 10/14/2012 | 1056254 | | | GUEST ROOM EXEMPT | \$99.00 | |
| 10/15/2012 | 1056383 | | | GUEST ROOM EXEMPT | \$99.00 | |
| 10/16/2012 | 1056551 | | | GUEST ROOM EXEMPT | \$99.00 | |
| 10/17/2012 | 1056719 | | | GUEST ROOM EXEMPT | \$99.00 | |
| 10/18/2012 | 1056921 | | | GUEST ROOM EXEMPT | \$99.00 | |
| 10/19/2012 | 1057170 | | | GUEST ROOM EXEMPT | \$99.00 | |
| WILL BE SETTLED TO VS *7925 EFFECTIVE BALANCE OF | | | | | \$594.00 | \$0.00 |
| ESTIMATED CURRENCY TOTAL | | | | | | |
| <p>You have earned approximately 6831 Hilton HHonors points for this stay. Visit HHonors.com to check your point balance from stays at any of the 3,700 hotels within the Hilton Worldwide portfolio.</p> <p>Thank you for choosing Doubletree! Come back soon to enjoy our warm chocolate chip cookies and relaxed hospitality. For your next trip visit us at doubletree.com for our best available rates!</p> | | | | | | |

T
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K

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U

EXPRESS CHECK-OUT

Good Morning ! We hope you enjoyed your stay. With Express Check-Out there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
 - For any charges after your account was prepared, you may:
 - + pay at the time of purchase.
 - + charge purchases to your account, then stop by the Front Desk for an updated statement.
 - + or request an updated statement be mailed to you within two business days.
- Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.
Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

| | | |
|--------------------------|------|---------------------|
| DATE OF CHARGE 218042 | A | FOLIO NO./CHECK NO. |
| AUTHORIZATION | | INITIAL |
| PURCHASES & SERVICES | | |
| TAXES | | |
| TIPS & MISC. | | |
| TOTAL AMOUNT | 6.00 | |

PAYMENT DUE UPON RECEIPT

PAYMENT DUE UPON RECEIPT - 1.5% PER MONTH INTEREST CHARGE WILL BE APPLIED TO ALL PAST DUE INVOICES.

22469

SUN WORLD TRAVEL
1120 EAST TENNESSEE ST
TALLAHASSEE FL 32308

2535453 *Delta*
2533863 *AF*
BROWN/JOHN

01
59399

850 681-9074

DEPT OF HEALTH

DATE: SEP 13 2012
14 OCT 12 - SUNDAY

DELTA 2222 ECONOMY EQUIP-M88
LV: TALLAHASSEE 700A NONSTOP MILES- 223 CONFIRMED
AR: ATLANTA 805A ELAPSED TIME- 1:05
SEAT-34C

FREQ FLYER DL 2102104698

DELTA 2073 ECONOMY EQUIP-AIRBUS A320 JET
LV: ATLANTA 852A NONSTOP MILES- 595 CONFIRMED
AR: MIAMI 1049A ELAPSED TIME- 1:57
SEAT-12E

FREQ FLYER DL 2102104698
THIS IS A CENTER SEAT PLZ CK AT AIRPORT

AVIS 1 COMPACT 2/4 DR DROP-20OCT CONFIRMED
PICKUP-MIAMI MIAMI INTERNATIONAL APO
RATE- 27.75 DAILY GUARANTEED EXTRA HR 9.25
MILEAGE-UNL/FM CODE-FS
PHONE-305-876-1800 FAX:305-871-6412
CONFIRMATION-11665698US2

20 OCT 12 - SATURDAY

DELTA 2173 COACH CLASS EQUIP-M90
LV: MIAMI 130P NONSTOP MILES- 595 CONFIRMED
AR: ATLANTA 324P ELAPSED TIME- 1:54
SEAT-30B

FREQ FLYER DL 2102104698

DELTA 5150 COACH CLASS EQUIP-CANADAIJ JET
LV: ATLANTA 409P NONSTOP MILES- 223 CONFIRMED
AR: TALLAHASSEE 515P ELAPSED TIME- 1:06
SEAT- 9C

FREQ FLYER DL 2102104698 OPERATED BY-EXPRESSJET DBA DEL

John Brown
9/13/12

NON REFUNDABLE PENALTIES APPLY
YOU MUST NOTIFY OUR OFFICE WITHIN 24 HOURS
REGARDING ANY CHANGES TO THIS ITINERARY. AFTER
THAT TIME THE TRAVELER IS RESPONSIBLE FOR ANY
PENALTIES ASSOCIATED WITH THIS TICKET
THANK YOU FOR CHOOSING SUN WORLD TRAVEL
TRAVEL ARRANGED BY SUE JOHNSON
NON REF SERVICE FEES \$25 TO \$50 PER TICKET
BAGGAGE FEES APPLY ON ALL AIRLINES
PLEASE CHECK WITH OUR AGENTS FOR DETAILS
HAVE A GREAT TRIP
SERVICE FEE 890 0559127926

22470

SUNWORLD TRAVEL
2535453 Delta
2533863 AF

SUN WORLD TRAVEL
1120 EAST TENNESSEE ST
TALLAHASSEE FL 32308

02

59399

BROWN/JOHN

850 681-9074

DEPT OF HEALTH

John Brown
9/13/12

DATE: SEP 13 2012

TICKET NUMBER/S:

BROWN/JOHN

7110276894

VI CARD

860.20

ELECTRONIC

EXCHANGED FOR TICKET NUMBER/S:

7020514552

VI CARD

368.60

AIR TRANSPORTATION

620.47

TAX

89.73

TTL

710.20

Additional Collection

SERVICE FEE

25.00

SUB TOTAL

516.60

CREDIT CARD PAYMENT

516.60-

AMOUNT DUE

0.00

BAGGAGE ALLOWANCE

ADT

DL TLHMIA OPC

BAG 1 - 25.00 USD UPTO50LB/23KG AND UPTO62LI/158LCM

BAG 2 - 35.00 USD UPTO50LB/23KG AND UPTO62LI/158LCM

CARRY ON- CARRY ON DATA NOT AVAILABLE

MYTRIPANDMORE.COM/BAGGAGEDETAILS.DL.BAGG

DL MIATLH OPC

BAG 1 - 25.00 USD UPTO50LB/23KG AND UPTO62LI/158LCM

BAG 2 - 35.00 USD UPTO50LB/23KG AND UPTO62LI/158LCM

CARRY ON- CARRY ON DATA NOT AVAILABLE

MYTRIPANDMORE.COM/BAGGAGEDETAILS.DL.BAGG

BAGGAGE DISCOUNTS MAY APPLY BASED ON FREQUENT FLYER STATUS/
ONLINE CHECKIN/FORM OF PAYMENT/MILITARY/ETC.

22471

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

59399

47100683

ENKI ARE 13SEP12 PASSENGER RECEIPT 1 OF 1
DELTA AIR LINES
SUNWORLD TRAVEL INC TALLAHASSEE FL
BROWN, JOHN

ATL DL 2222 U 14OCTUD07AOND
MIA DL 2073 O 14OCTQA07AOND
ATL DL 2373 K 20OCTKAL4AOMA
TLH DL 5150 K 20OCTKAL4AOMA

NOT VALID FOR TRANSPORTATION THROUGHOUT YOUR JOURNEY

00670205145521A02 JAH 210470257 0067020514552
14OCT TLH DL ATL 226-98UD07AOND DL MIA 204-65QA07AOND DL X/ATL DL TLH 388-84KA14AOND
USD620.47 TENO ZPTLHATLHIAAH XT 15 20ZP-10.00AY 18.00NFLH.5ATL4.5MIA4.5ATL4.5 W/C 4

| DATE | FARE BASIS | FARE | TAXES |
|------|------------|------|-------|
| | | | |

USD620.47
USD461.55
XT 3.20
TOTAL USD710.20
88940885554334 0 006 7110276894 3

NOT VALID FOR TRAVEL
006 7110276894 3

2533453 Delta
2533863 AF

John Brown
John Brown
9/13/12

2342394
Delta/baggage



BROWN/JOHN
NOT VALID FOR
TRANSPORTATION

TLH DLATL DLMIA
PIECE 25.00
EBC 25.00

USD 25.00

USD25.00

PASSENGER RECEIPT
14OCT12 0066
DL/KI TLH FTO

01
US

EXCESS BAGGAGE
TICKET

THIS IS YOUR RECEIPT

PSGR TICKET 0067110276894

John Brown
10/14/12
VIXXXXXX XXXX XXXX 7925-056467

FOR CONDITIONS OF
CONTRACT - SEE
PASSENGER TICKET AND
BAGGAGE CHECK

NOT VALID FOR TRAVEL

1 006 8201493695 3

1 006 8201493695 3

22473

2544534
Delta / baggage



PASSENGER RECEIPT 00
20OCT12 0066 US
DL/PD MIA FTO

EXCESS BAGGAGE
TICKET

BROWN/JOHN
NOT VALID FOR
**TRANSPORTATION*

THIS IS YOUR RECEIPT

PSGR TICKET 0067110276894

MIA DL ATL DL TLH
PIECE 25.00
EBC 25.00

ALLAHOUSSE
DL 4190 TLH D45C1C 20OCT
DL 1746 ATL PHR : GFVQBG
7006DL021754

GFVQBG /DL

NON REFUNDABLE/
NO CHANGES/NON TR
ANSFERABLE/NOT
VALID FOR TRAVEL

USD 25.00



BROWN/JOHN

5/0260

John Brown
[Signature]
10/20/12

NOT VALID FOR TRAVEL

USD25.00

0 006 8201184369 3

0 006 8201184369 3

| | |
|---------------------------------|--|
| Transaction Date: | 10/21/2012 Sun |
| Transaction Description: | DELTA AIR LINES ATLANTA 18002211212 DELTA AIR LINES From : To : Carrier : Class : N/A N/A YY00 N/A YY00 N/A YY00 N/A YY00 Ticket Number : 00601577926081 Date of Departure : Passenger Name : BROWN/I Document Type : MISCELLANEOUS TAX(S)/FEE(S) |
| Cardmember Name: | IAN BROWN |
| Amount \$: | 50.00 |
| Doing Business As: | DELTA AIR LINES |
| Merchant Address: | DEPT 680 1030 DELTA BLVD ATLANTA GA 30354 UNITED STATES |
| Reference Number: | 320122950387680288 |
| Category: | Travel - Airline |

John Brown
[Signature]
10/20/12

STATE OF FLORIDA

VOUCHER FOR REIMBURSEMENT

OF IN-STATE TRAVEL EXPENSES

TRAVELER Robert Milne

Address 4052 Bald Cypress Way, Bin C65, Tallahassee, Florida 32319

CHECK ONE: OFFICER/EMPLOYEE NONEMPLOYEE AND CONTRACTOR

Social Security No. [REDACTED]

HEADQUARTERS Tallahassee

RESIDENCE (CITY) Tallahassee

| DATE | Travel Performed From Point of Origin To Destination | Purpose of Reason (Purchase Card Description) | Hour of Departure And Hour of | Miles for Class A & B Travel | Per Diem or Actual Lodging Expenses | Mileage Claimed | Vehicular Mileage Claimed | Other Expenses Type | PCARD charges |
|------------|--|---|-------------------------------|------------------------------|-------------------------------------|-----------------|---------------------------|---------------------|----------------------|
| 10/14/2012 | Tallahassee to Naples | To attend hearing re co-counsel regarding Department of Health versus Zannos | 07:40A M | 30.00 | | | | | 394.00 - Doubleshire |
| 10/15/2012 | Naples vicinity | Department of Health versus Zannos | M | 36.00 | | | | | 238.59 - Avia |
| 10/16/2012 | Naples vicinity | Health case number 2010-14317, Division of Administrative Hearings case number 11-1240PL | M | 36.00 | | | | | 373.90 - American* |
| 10/17/2012 | Naples vicinity | | M | 36.00 | | | | | 185.50 - American* |
| 10/18/2012 | Naples vicinity | | M | 36.00 | | | | | 57.08 - Chevron |
| 10/19/2012 | Naples vicinity | | M | 36.00 | | | | | 17.75 - BP |
| 10/19/2012 | Naples vicinity | | M | 36.00 | | | | | 25.00 Agent Fee |
| 10/19/2012 | Naples vicinity | | M | 36.00 | | | | | 25.00 Agent Fee |
| 10/20/2012 | Naples to Tallahassee | John Brown was a passenger in a vehicle driven by Robert Milne. | R12:30P M | | 60.00 | | | | |
| | | *9/13 Original Ticket \$473.60 | | | | | | | |
| | | Exchanged Ticket fee +150.00 | | | | | | | |
| | | Total is \$623.60 | | | | | | | |
| | | New Ticket Cost 249.70 | | | | | | | |
| | | Additional Charge \$373.90 (see below) | | | | | | | |
| | | Agent Fee + 25.00 | | | | | | | |
| | | Total owed is \$270.50 | | | | | | | |
| | | The ticket adjustment from \$473.60 to \$373.90 shown on the invoice was due to one-half of the exchanged ticket being previously used. | | | | | | | |
| | | Statement of Benefits to the State (Confidence or Conviction) Critical to Carrying out the Mission of the Department of Health) | | | | | | | |

| TR | ORG | EO PA | VR | CF | MOARS | TRAN DATE | OBJECT | AMOUNT | OBJECT | AMOUNT | NET AMOUNT DUE THE STATE | Summary Total |
|----|-------------|-------|----|----|-------|-----------|-----------------|--------|--------------------|--------|--------------------------|---------------|
| | 64220501015 | | | | | | 261100 Per Diem | 60.00 | 261500 AV | | | (210.50) |
| | | | | | | | 261200 Mileage | 210.00 | 261003 Incidentals | | | |
| | | | | | | | 261300 Meals | | 261008 Rent Car | | | |
| | | | | | | | 261400 Lodging | | 261 | | | 69.50 |

I hereby certify or affirm and declare that this voucher for reimbursement is not for reimbursement of any expense which was actually incurred by me for the performance of official duties. The per diem claim has been properly reduced by the per diem allowance for the period of travel for which reimbursement was obtained by the State. I have not received any other reimbursement for the same travel. I have not received any other reimbursement for the same travel. I have not received any other reimbursement for the same travel.

TRAVELER'S SIGNATURE: *Robert Milne*
 TITLE: Assistant General Counsel

SUPERVISOR'S SIGNATURE: *[Signature]*
 TITLE: Captain Sergio S. [Signature]

FOR AGENCY USE: *[Signature]*
 ADVANCE: _____
 WARRANT NO. _____
 VOUCHER(S) NO. _____
 STATEWIDE DOC. NO. _____
 AGENCY VOUCHER NO. _____

Preparer's Name: Bart Judd
 Preparer's Phone No.: 850-245-4640 ext. 8143
 Date Prepared: 10/23/12

1576.33

PS 4

STATE OF FLORIDA

NAME

Robert Milne

OFFICIAL HEADQUARTERS

Tallahassee

DATE:

9/7/12

AUTHORIZATION TO INCUR TRAVEL EXPENSE

DEPARTMENT

Department of Health

DIVISION

MOA/Prosecution Services Unit

DEPARTURE DATE & TIME: 10/4/12, 7:30 a.m.

ESTIMATED COST

TRAVEL PERIOD: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Month: October

2012

Indicate the dates of travel on which the travel is to be performed by placing an X in the proper boxes on the respective lines below.

RETURN DATE & TIME: 10/20/12, 1:30 p.m.

Tallahassee to Naples Co-course for hearing re DOH vs. Zannos Grekos, M.D., DOH Case No. 2010-14317, DOAH case 11-4240P.

Registration Fee

Per Diem

Meals

Air Fare

Car Rental

Mileage

Hotel

Ground Transportation

Miscellaneous

Parking

Gas

Tolls

Portage

Baggage

Agent Fee

Internet

ESTIMATED TOTAL: \$1,528.40

CONFERENCE OR CONVENTION TRAVEL: No

TELECONFERENCE POSSIBLE: No

FUNDING SOURCE: #4220501015

I HEREBY CERTIFY THAT TRAVEL AS SHOWN ABOVE IS TO BE INCURRED IN CONNECTION WITH OFFICIAL BUSINESS OF THE STATE.

TRAVELER SIGNATURE

DATE

APPROVED BY - SUPERVISOR

DATE

APPROVED - AGENCY HEAD

DATE

Robert Milne

John Brown

Veronica Donnelly

9/18/12

Veronica Donnelly, Section Manager

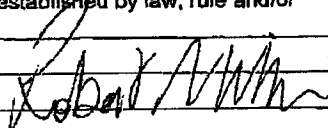
Form C-678C

Updated 10/7/2010

Authorization_To_Incur_Travel

DOH Approved Mission Critical Travel

If the purpose of the in-state travel meets one of the following it may be approved by the appropriate: Division Director, CHD Director/Administrator, CMS Medical Director, Chief of Statewide Pharmaceutical Services, Chief of Laboratory Services, Nursing Services Director, Statewide Research Administrator, Inspector General, General Counsel, and Communications Director, Deputy Secretary or delegate, the DOH Chief of Staff, or State Surgeon General or delegate

| | |
|--|--|
| 1 | <input type="checkbox"/> Health inspections, surveillance, and investigations. |
| 2 | <input type="checkbox"/> Client visits or client services. (Clients are individuals or a targeted population in Florida) |
| 3 | <input type="checkbox"/> In-county or regional educational, consultation and outreach activities with clients, health facilities, health partners, or local government. |
| 4 | <input type="checkbox"/> Clinic and Program oversight. |
| 5 | <input type="checkbox"/> In-county or regional direct operational support of DOH offices. |
| 6 | <input type="checkbox"/> CHD, CMS, AG Holley, and field office clinical and administrative monitoring. |
| 7 | <input type="checkbox"/> Provider/contract monitoring. |
| 8 | <input checked="" type="checkbox"/> Legal Office travel |
| 9 | <input type="checkbox"/> Division of Disability Determinations travel for Disability Hearing Officers to perform face-to-face hearings. |
| 10 | <input type="checkbox"/> Emergency situations under circumstances in which there is an immediate danger to public health, safety, welfare, or of other substantial loss to the state requiring emergency action. |
| 11 | <input type="checkbox"/> Response to an in-state disaster |
| 12 | <input type="checkbox"/> Travel to meet with state authorities as directed by the Executive Office of the Governor, agency executive or senior managers. |
| 13 | <input type="checkbox"/> Statutory board and council meetings (identify statute and/or administrative code rule as applicable) |
| | FL Statute: FL Administrative Code rule: |
| 14 | <input type="checkbox"/> Local, regional or state level Community Board/Committees, and advisory groups with partners and/or other state agencies, consortiums/coalitions, Institutional Review Board and Advisory Councils. |
| 15 | <input type="checkbox"/> Travel to comply with grant award requirement. (Identify the grant name and the travel requirement. Attach a copy of the travel requirement from the grant guidance, application or other documentation from the grantor) |
| | Grant name: Travel requirement: |
| 16 | <input type="checkbox"/> Travel to meet with federal authorities for the purpose of receiving continuation, supplemental, or new funding, to solicit federal assignees for the state, to provide state-specific technical assistance or content expertise. |
| 17 | <input type="checkbox"/> Travel to perform functions mandated by Florida statute and/or administrative code that cannot be performed via telephone or teleconference. (Identify statute and administrative code rule) |
| | FL Statute: FL Administrative Code rule: |
| 18 | <input type="checkbox"/> Staff training that allows staff to enhance their knowledge base critical to job performance and expectations, such as technical training, clinical, operational, management, etc. |
| 19 | <input type="checkbox"/> Staff training required to maintain mandatory certification or qualifications established by law, rule and/or department policy. |
| Traveler's Name/Title: Robert Milne, Assistant General Counsel | |
| Traveler's Signature: | Signature Date:  |
| Travel Start Date: 10/14/12 | Travel End Date: 10/20/12 |

Revised 2/2012

22478



DOUBLETREE SUITES
BY HILTON
NAPLES

254822

12200 Tamiami Trail North • Naples, FL 34110
Phone (239) 593-8733 • Fax (239) 593-8734
For reservations
www.doubletreenaples.com or 1-800-222-TREE (8733)

Name & Address

MILNE, ROBERT
8083 TENNYSON DRIVE
TALLAHASSEE, FL 32309
US

Room 225/NK1S
Arrival Date 10/14/2012 1:00:00PM
Departure Date 10/20/2012

Adult/Child 1/0
Room Rate \$99.00

RATE PLAN S-GVT
HH# 218067795 BLUE
AL
BONUS AL CAR

Robert Milne
10/22/12

Confirmation: 84877766

10/20/2012 PAGE 1

ROBERT MILNE

| DATE | DESCRIPTION | ID | REF. NO | CHARGES | CREDITS | BALANCE |
|--------------------------|-------------|-----------------------------|---------|---------|----------|---------|
| 10/14/2012 | 1056246 | GUEST ROOM EXEMPT | | | \$99.00 | |
| 10/15/2012 | 1056376 | GUEST ROOM EXEMPT | | | \$99.00 | |
| 10/16/2012 | 1056541 | GUEST ROOM EXEMPT | | | \$99.00 | |
| 10/17/2012 | 1056710 | GUEST ROOM EXEMPT | | | \$99.00 | |
| 10/18/2012 | 1056911 | GUEST ROOM EXEMPT | | | \$99.00 | |
| 10/19/2012 | 1057162 | GUEST ROOM EXEMPT | | | \$99.00 | |
| | | WILL BE SETTLED TO VS *8669 | | | \$594.00 | |
| | | EFFECTIVE BALANCE OF | | | \$0.00 | |
| ESTIMATED CURRENCY TOTAL | | | | | | |

You have earned approximately 5940 Hilton HHonors points for this stay. Visit HHonors.com to check your point balance from stays at any of the 3,700 hotels within the Hilton Worldwide portfolio.

Thank you for choosing DoubleTree! Come back soon to enjoy our warm chocolate chip cookies and relaxed hospitality. For your next trip visit us at doubletree.com for our best available rates!

EXPRESS CHECK-OUT

Good Morning! We hope you enjoyed your stay. With Express Check-Out there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
 - + pay at the time of purchase.
 - + charge purchases to your account, then stop by the Front Desk for an updated statement.
 - + or request an updated statement be mailed to you within two business days.

Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.

Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

| | |
|----------------------------|---------------------|
| DATE OF CHARGE 218043 A | FOLIO NO./CHECK NO. |
| AUTHORIZATION | INITIAL |
| PURCHASES & SERVICES | |
| TAXES | |
| TIPS & MISC. | |
| TOTAL AMOUNT | 0.00 |

PAYMENT DUE UPON RECEIPT

PAYMENT DUE UPON RECEIPT - 1.5% PER MONTH INTEREST CHARGE WILL BE APPLIED TO ALL PAST DUE INVOICES.

22479

T
H
A
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K

Y
O
U



27 748-1

We are proud to feature a 100% smoke-free fleet!

RENTAL AGREEMENT NUMBER: 817372834

RECEIPT

Your Information

Customer Name: ROBERT MILNE
Avis Worldwide Discount: STATE OF FLORIDA DEPT MGMT SV
Customer Status: PREFERRED
Method of Payment: VISA XX8588

Your Vehicle Information

Vehicle Number: 58018506
Vehicle Group Rented: Full-Size
Vehicle Group Charged: Full-Size
Vehicle Description: GRV MAZDA 6 SEDAN
TOURING
License Plate Number: FLA13HLY
Odometer Out: 18648
Odometer In: 18296
Total Driven: 450
Fuel Gauge Reading: Full

Your Rental

Pickup Date/Time: OCT 14, 2012 @ 11:08AM
Pickup Location: 3900 NW 25TH STREET, STE 402
MIAMI INTERNATIONAL AIRPORT
MIAMI, FL 33142, US
305-876-1800

Return Date/Time: OCT 20, 2012 @ 7:58AM
Return Location: 3900 NW 25TH STREET, STE 402
MIAMI INTERNATIONAL AIRPORT
MIAMI, FL 33142, US
305-876-1800

Additional fees may apply
if changes are made
to your return date, time
and/or location.

Your Vehicle Charges (MIN 4 DAY)

| Rate Chart: | Free Miles: | Time and Mileage: |
|------------------|-------------|-------------------|
| Miles: UNLIMITED | | Your Discount: |
| Hourly: 8.00 | | 6 DY @ \$2.00 = |
| Daily: 32.00 | | 192.00 |
| Art. day: 0.00 | | |
| Weekly: 205.00 | | Time and Mileage: |
| Monthly: 832.00 | | 192.00 |

Your Optional Products/Services

Optional Services Total: 0.00

Your Taxable Fees

| | |
|-------------------------------|---------------|
| 8.85% Concession Recovery Fee | 18.98 |
| CUSTOMER FACILITY CHG 4.80/D | 27.80 |
| Sub-total Charges: | 238.59 |

Robert Milne
10/14/12
[Signature]

Your Non-Taxable Products/Services

Your Total Charges paid: 238.59
Prepayment: 0.00

Net Charges: USD 238.59
Your Total Due: 0.00

Thank you for renting with Avis.
If you have any questions regarding eToit, please contact our eToit provider, HTA at 1-866-285-6050 or visit their web site at www.hta.com.
For all other inquiries, please contact us at 1-800-352-7900 or www.Avis.com.
At Avis, we are committed to providing you with the best rental experience in the industry. We are in the business of treating people like people.
Your vehicle was rented to you by SONYA. Your vehicle was checked in by RACHEL.

SUN WORLD TRAVEL
1120 EAST TENNESSEE ST
TALLAHASSEE FL 32308

Max TO: FROM: 9-13-12
430 +EM 2534161 AF

MILNE/ROBERT A

01
59398

850 681-9074

DEPT OF HEALTH
4052 BALD CYPRESS WAY
TALLAHASSEE FL

DATE: SEP 13 2012
14 OCT 12 - SUNDAY

AMERICAN 3461 ECONOMY
LV: TALLAHASSEE 855A
AR: MIAMI 1020A
FOOD TO PURCHASE

EQUIP-ER4
NONSTOP MILES- 403 CONFIRMED
ELAPSED TIME- 1:25
SEAT-10A
OPERATED BY-AMERICAN EAGLE

27 OCT 12 - SATURDAY

AMERICAN 3460 ECONOMY
LV: MIAMI 705A
AR: TALLAHASSEE 825A
FOOD TO PURCHASE

EQUIP-ER4
NONSTOP MILES- 403 CONFIRMED
ELAPSED TIME- 1:20
SEAT- 7A
OPERATED BY-AMERICAN EAGLE

NON REFUNDABLE PENALTIES APPLY
YOU MUST NOTIFY OUR OFFICE WITHIN 24 HOURS
REGARDING ANY CHANGES TO THIS ITINERARY. AFTER
THAT TIME THE TRAVELER IS RESPONSIBLE FOR ANY
PENALTIES ASSOCIATED WITH THIS TICKET
THANK YOU FOR CHOOSING SUN WORLD TRAVEL
TRAVEL ARRANGED BY SUE JOHNSON
NON REF SERVICE FEES \$25 TO \$50 PER TICKET
BAGGAGE FEES APPLY ON ALL AIRLINES
PLEASE CHECK WITH OUR AGENTS FOR DETAILS
HAVE A GREAT TRIP
SERVICE FEE 890 0559127925

*See Copy
for Hotel info*

*Robert Milne
9/13/12*

TICKET NUMBER/S:
MILNE/ROBERT A

7110276893 VI CARD
ELECTRONIC

623.60

EXCHANGED FOR TICKET NUMBER/S:

7997194092 VI CARD

~~339.40~~
249.70

AIR TRANSPORTATION 420.46 TAX 53.14 TTL

Additional Collection
~~\$284.00~~ *\$373.90*

SERVICE FEE
SUB TOTAL
CREDIT CARD PAYMENT
AMOUNT DUE

~~473.60~~ 373.90
25.00
~~309.20~~ 398.90
~~309.20~~
0.00

BAGGAGE ALLOWANCE

ADT

AA TLHMIA OPC

BAG 1 - 25.00 USD UPTO50LB/23KG AND UPTO62LI/158LCM
BAG 2 - 35.00 USD UPTO50LB/23KG AND UPTO62LI/158LCM
CARRY ON- CARRY ON DATA NOT AVAILABLE

22481

MYTRIPANDMORE.COM/BAGGAGEDetailsAA.BAGG

milna
pg#2.

AA MIATLH OPC

BAG 1 - 25.00 USD UPTO50LB/23KG AND UPTO62LI/158LCM

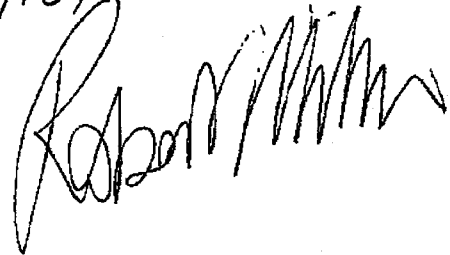
BAG 2 - 35.00 USD UPTO50LB/23KG AND UPTO62LI/158LCM

CARRY ON- CARRY ON DATA NOT AVAILABLE

MYTRIPANDMORE.COM/BAGGAGEDetailsAA.BAGG

BAGGAGE DISCOUNTS MAY APPLY BASED ON FREQUENT FLYER STATUS/
ONLINE CHECKIN/FORM OF PAYMENT/MILITARY/ETC.

Robert Milne
9/13/12



SUN WORLD TRAVEL
1120 EAST TENNESSEE ST
TALLAHASSEE FL 32308

2535673 American
2534162 AF
MILNE/ROBERT A

01
59404

850 681-9074

DEPT OF HEALTH
4052 BALD CYPRESS WAY.
TALLAHASSEE FL

DATE: SEP 14 2012
14 OCT 12 - SUNDAY

AMERICAN 3461 ECONOMY EQUIP-ER4
LV: TALLAHASSEE 855A NONSTOP MILES- 403 CONFIRMED
AR: MIAMI 1020A ELAPSED TIME- 1:25
FOOD TO PURCHASE

OPERATED BY-AMERICAN EAGLE

DOUBLETREE HOTELS 06 NT/S - OUT 20OCT CONFIRMED
DTREE SUITES NAPLES 1 ROOM/S GUARANTEE-CREDIT CARD
12200 TAMiami TRAIL NORTH RATE- 99.00 GUARANTEED
NAPLES FL 34110 PHONE-1-239-593-8733
FAX-1-239-593-8734

NAME-MILNE ROBERT
CONFIRMATION-84877766

DOUBLETREE REQUIRES 24 HOUR NOTICE TO CANCEL

20 OCT 12 - SATURDAY

AMERICAN 3456 ECONOMY EQUIP-ER4
LV: MIAMI 1015A NONSTOP MILES- 403 CONFIRMED
AR: TALLAHASSEE 1140A ELAPSED TIME- 1:25
FOOD TO PURCHASE SEAT- 8A
OPERATED BY-AMERICAN EAGLE

Robert Milne
Robert Milne
9/14/12

NON REFUNDABLE PENALTIES APPLY
YOU MUST NOTIFY OUR OFFICE WITHIN 24 HOURS
REGARDING ANY CHANGES TO THIS ITINERARY. AFTER
THAT TIME THE TRAVELER IS RESPONSIBLE FOR ANY
PENALTIES ASSOCIATED WITH THIS TICKET
THANK YOU FOR CHOOSING SUN WORLD TRAVEL
TRAVEL ARRANGED BY SUE JOHNSON
NON REF SERVICE FEES \$25 TO \$50 PER TICKET
BAGGAGE FEES APPLY ON ALL AIRLINES
PLEASE CHECK WITH OUR AGENTS FOR DETAILS
HAVE A GREAT TRIP
SERVICE FEE 890 055912793/

TICKET NUMBER/S:
MILNE/ROBERT A 7110276899 VI CARD 659.10
ELECTRONIC

EXCHANGED FOR TICKET NUMBER/S:
7110276893 VI CARD 473.60

AIR TRANSPORTATION 453.49 TAX 55.61 TTL 509.10
SERVICE FEE 25.00
SUB TOTAL 210.50

22483

2535673 *America*
2534162 *AF*
CREDIT CARD PAYMENT 210.50-
AMOUNT DUE 0.00

*Additional
Collection #185.50*

SUN WORLD TRAVEL
1120 EAST TENNESSEE ST
TALLAHASSEE FL 32308

850 681-9074

MILNE/ROBERT A

02
59404

DEPT OF HEALTH
4052 BALD CYPRESS WAY
TALLAHASSEE FL

DATE: SEP 14 2012

BAGGAGE ALLOWANCE

ADT

AA TLHMIA OPC

BAG 1 - 25.00 USD UPTO50LB/23KG AND UPTO62LI/158LCM

BAG 2 - 35.00 USD UPTO50LB/23KG AND UPTO62LI/158LCM

CARRY ON- CARRY ON DATA NOT AVAILABLE

MYTRIPANDMORE.COM/BAGGAGEDetailsAA.BAGG

AA MIATLH OPC

BAG 1 - 25.00 USD UPTO50LB/23KG AND UPTO62LI/158LCM

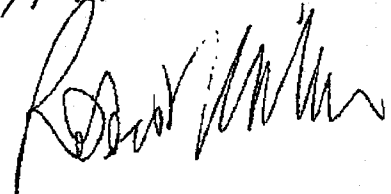
BAG 2 - 35.00 USD UPTO50LB/23KG AND UPTO62LI/158LCM

CARRY ON- CARRY ON DATA NOT AVAILABLE

MYTRIPANDMORE.COM/BAGGAGEDetailsAA.BAGG

BAGGAGE DISCOUNTS MAY APPLY BASED ON FREQUENT FLYER STATUS/
ONLINE CHECKIN/FORM OF PAYMENT/MILITARY/ETC.

*Robert Milne
9/14/12*



2544819

Chevron

PAVILION CHEVRON
8901 IANIAMT TRAIL
NAPLES FL
STN 00308107

Robert Milde
10/19/12 20:04:14

E/VISAPURCH
XXXXXXXXXXXX8669
Invoice# 0719178
Auth# 025818
CC: 32399

Pump#: 13
14.870G @ \$ 3.839/G
REGU/Self \$ 57.09

Total \$ 57.09

Learn how to
EARN REWARDS
with a Chevron
or Texaco
Credit Card
See application
for details

THANK YOU
PLEASE COME AGAIN

10-22-12
Robert Milde

22486

2544820
BP

10-22-12

Robert M. LAR

WELCOME
SUNSHINE BP 43
9357948
SUNSHINE BP 43
2801 NW 42 AVE
MIAMI FL

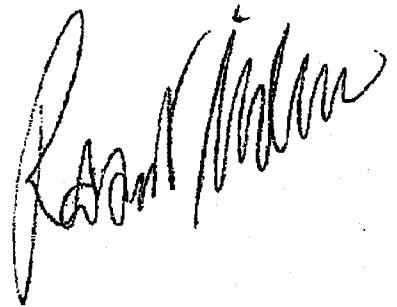
DATE 10/20/12 07:51
PUMP # 01
PRODUCT: REGUNL
GALLONS: 4.673
PRICE/G: \$ 3.799
FUEL SALE \$ 17.75

UISA
XXXXXXXXXXXX8669
Auth #: 077853
Ref: 53878026
Resp Code: 000
Stan: 8394652669

SITE ID: 9357948

Earn rebates
with BP Visa
Take application
and Apply Today

THANK YOU
HAVE A NICE DAY



22487

2431197 Delta
2431198 A12

SUN WORLD TRAVEL
1120 EAST TENNESSEE ST
TALLAHASSEE FL 32308

01
58310

850 681-9074

MILNE/ROBERT A

DEPT OF HEALTH

Robert Milne
ROBERT MILNE
9/29/11

DATE: SEP 29 2011
13 OCT 11 - THURSDAY

DELTA 2222 FIRST CLASS
LV: TALLAHASSEE 725A
AR: ATLANTA 849A

EQUIP-M88
NONSTOP MILES- 223 CONFIRMED
ELAPSED TIME- 1:24
SEAT- 4B

FREQ FLYER DL 9351633947

DELTA 1458 ECONOMY
LV: ATLANTA 1055A
AR: FORT MYERS/RSW 1240P

EQUIP-BOEING 757 JET
NONSTOP MILES- 515 CONFIRMED
ELAPSED TIME- 1:45
SEAT-19A

FREQ FLYER DL 9351633947

15 OCT 11 - SATURDAY

DELTA 2230 COACH CLASS
LV: FORT MYERS/RSW 800A
AR: ATLANTA 958A

EQUIP-BOEING 757 JET
NONSTOP MILES- 515 CONFIRMED
ELAPSED TIME- 1:58
SEAT-20D

FREQ FLYER DL 9351633947

DELTA 5047 COACH CLASS
LV: ATLANTA 1124A
AR: TALLAHASSEE 1238P

EQUIP-CANADAIR JET
NONSTOP MILES- 223 CONFIRMED
ELAPSED TIME- 1:14
SEAT- 5B

FREQ FLYER DL 9351633947 OPERATED BY-ASA DBA DELTA CONN

SERVICE FEE 890 0553846612

TICKET NUMBER/S:
MILNE/ROBERT A

7993446718 VI CARD 838.30
ELECTRONIC

| | | | | | |
|--------------------|--------|---------------------|-------|-----|---------|
| AIR TRANSPORTATION | 740.00 | TAX | 98.30 | TTL | 838.30 |
| | | SERVICE FEE | | | 25.00 |
| | | SUB TOTAL | | | 863.30 |
| | | CREDIT CARD PAYMENT | | | 863.30- |
| | | AMOUNT DUE | | | 0.00 |

22488

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

58310

250-64927

TKT ARC 29SEP11 PASSENGER RECEIPT 1 OF 1
DELTA AIR LINES 3880/0000 / 00000000
SUNWORLD TRAVEL INC /TALLAHASSEE FL
MILNE ROBERT A

TEH
ATL DL 2222 P 13OCTM00A000/HNUP
RSATL 1538 H 13OCTM00A000/HNUP
ATL DL 2230 K 15OCTK014A000
TLATL 5047 K 15OCTK014A000

~~NOT VALID FOR TRANSPORTATION THROUGHOUT YOUR JOURNEY~~

PT352K /AV
ISSUED IN DEMAND FOR
13OCT PEH DL X/ATL DL FNY 474-62M00A000/HNUP DL X/ATL DL TLH 245-58K014A000 1520.00
USD740.00END ZPTLNATLASHATL XT 14:00ZP 10.00AY 10.00XFTLM-SATL4-SRSH4-SATL4-5

USD740.00
USD55.50
XT42.80
TOTAL USD838.30
88940885542552 0 006 7993446718 1

NOT VALID FOR TRAVEL
006 7993446718 1

Robert Milne
Robert Milne
9/29/11

DOCUMENT IS HEAVY SENSITIVE
Do not expose to prolonged periods of sunlight

THIS RECEIPT IS VALID FOR TRAVEL THROUGHOUT YOUR JOURNEY
IF YOU ARE TRAVELING TO A DESTINATION OUTSIDE THE UNITED STATES
YOU MUST OBTAIN A PASSPORT AND VISAS WHERE NECESSARY

DOH Approved Mission Critical Travel

If the purpose of the in-state travel meets one of the following it may be approved by the appropriate: Division Director, CHD Director/Administrator, CMS Medical Director, Chief of Statewide Pharmaceutical Services, Chief of Laboratory Services, Nursing Services Director, Statewide Research Administrator, Inspector General, General Counsel, and Communications Director, Deputy Secretary or delegate, the DOH Chief of Staff, or State Surgeon General or delegate

| | | |
|--|--|---|
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| 2 | <input type="checkbox"/> Client visits or client services. (Clients are individuals or a targeted population in Florida) | |
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| 13 | <input type="checkbox"/> Statutory board and council meetings (identify statute and/or administrative code rule as applicable) | FL Statute: FL Administrative Code rule: |
| 14 | <input type="checkbox"/> Local, regional or state level Community Board/Committees, and advisory groups with partners and/or other state agencies, consortiums/coalitions, Institutional Review Board and Advisory Councils. | |
| 15 | <input type="checkbox"/> Travel to comply with grant award requirement. (Identify the grant name and the travel requirement. Attach a copy of the travel requirement from the grant guidance, application or other documentation from the grantor) | Grant name: Travel requirement: |
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| 18 | <input type="checkbox"/> Staff training that allows staff to enhance their knowledge base critical to job performance and expectations, such as technical training, clinical, operational, management, etc. | |
| 19 | <input type="checkbox"/> Staff training required to maintain mandatory certification or qualifications established by law, rule and/or department policy. | |
| Traveler's Name/Title: Roy Ambinder, Medical Doctor | | |
| Traveler's Signature: <i>Roy Ambinder</i> | | Signature Date: 10/8/12 |
| Travel Start Date: 10/18/12 Travel End Date: 10/19/12 | | |

Revised 2/2012

22492



INTEROFFICE MEMORANDUM

DATE: October 11, 2012

TO: J. Tschetter, General Counsel
C. Gregg, Interim Deputy General Counsel

FROM: Veronica Donnelly
Medical, Section Manager

SUBJECT: Delegation of Authority

This is to advise you that I will be out of the office on October 11-12, 2012 attending the Board of Medicine meeting in Deerfield, FL. In my absence, Diane Kiesling is the delegated authority for the Medical Section. She can be reached at extension 8127.

cc: Wings Benton
Karin Byrne
William Miller
Daniel Hernandez
Irene Lake



12200 TAMiami TRAIL N.
 NAPLES, FL 34110
 TELEPHONE (239) 593-8733 • FAX (239) 593-8734
 RESERVATIONS
 www.doubletree.com or 1-800-222-TREE

NAME & ADDRESS

AMBINDER, DR ROY
 240 TRISMEN TERRACE
 WINTER PARK, FL 32789
 US

ROOM 222/NK1SA
 ARRIVAL DATE 10/18/2012 7:34:00PM
 DEPARTURE DATE 10/19/2012 12:00:00PM
 ADULT/CHILD 1/0
 ROOM RATE \$159.00
 RATE PLAN S-DDL
 Honors #
 AL:

CONFIRMATION NUMBER : 85461628

10/24/2012 PAGE 1

| DATE | DESCRIPTION | ID | REF NO | CHARGES | CREDITS | BALANCE |
|------------|-------------|---------|---------|----------|----------|---------|
| 10/18/2012 | GUEST ROOM | LWYATT2 | 1056909 | \$159.00 | | |
| 10/18/2012 | ROOM TAXES | LWYATT2 | 1056909 | \$15.90 | | |
| 10/19/2012 | AX *2011 | RJK | 1057070 | | \$174.90 | |
| | BALANCE | | | | | \$0.00 |

Dr. Roy Ambinder
10/18/12

| | | | |
|--------------------------------------|--|---|-------------------|
| ACCOUNT NO AX *2011 | | DATE OF CHARGE 10/18/12 7:34:00PM | FOLIO 218941 A |
| CARD MEMBER NAME AMBINDER, DR ROY | | AUTHORIZATION 124496 | INITIAL |
| ESTABLISHMENT NO & LOCATION | | ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR | |
| PURCHASES & SERVICES | | | |
| TAXES | | | |
| TIPS & MISC | | | |
| TOTAL AMOUNT | | | |

F
O
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I
O

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RETURNED FOR A CASH REFUND
 PAYMENT DUE UPON RECEIPT

22494

Rental Car Versus POV Worksheet

Travelers Should Complete All Applicable Yellow Boxes To Perform Cost Analysis


| POV | | Rental Car | | | |
|--|---|---|---|---|--|
| Mileage | Rate | Fuel | Mileage | Parking | Tax |
| Map Mileage <u>382</u> <input checked="" type="checkbox"/> <u>0.445</u> Rate Per Mile = <u>169.99</u> Vicinity Mileage <u>0</u> <input checked="" type="checkbox"/> <u>0.445</u> Rate Per Mile = <u>-</u> | Rental Car Fee <u>2</u> <input checked="" type="checkbox"/> <u>38.99</u> Daily Rate = <u>3.7</u> <u>77.98</u> Compact - \$26.50 Intermediate - \$27.50 Full/Hybrid - \$30.50 Examples of In-State Daily Rates | Estimated Fuel Costs <u>50</u> <input checked="" type="checkbox"/> <u>Estimated Price</u> = <u>-</u> (Hybrid) Average Miles Per Gallon Estimated Fuel Costs <u>30</u> <input checked="" type="checkbox"/> <u>3.50</u> Estimated Price Per Gallon = <u>44.57</u> (Compact) Average Miles Per Gallon | Map Mileage <u>382</u> Vicinity Mileage _____ POB Vicinity Mileage to Rental Car Location <u>0.445</u> <input checked="" type="checkbox"/> Rate Per Mile = <u>-</u> | Parking Fees <u>X</u> <u>Daily Rate</u> = <u>-</u> Tallahassee - \$10.00 Example of Airport Parking Fees Miami - \$15.00 Orlando - \$10.00 | Airport Concession Fee <u>2</u> <input checked="" type="checkbox"/> <u>Percent</u> = <u>-</u> Examples of Airport Concession Fees Tallahassee - 10% Miami - 9.89% Orlando - 10% 6% State Tax on Rental Car <u>2</u> <input checked="" type="checkbox"/> <u>6%</u> = <u>4.92</u> Discretionary Tax on Rental Car <u>2</u> <input checked="" type="checkbox"/> <u>1.0%</u> = <u>0.82</u> Examples of Discretionary Tax Percentages (By County) Tallahassee (Leon) 1.5% Miami (Miami-Dade) 1.0% Orlando (Orange) 0.5% |
| Total POV Cost | | Total Rental Car Cost | | Other | |
| \$ 169.99 | | \$ 132.29 | | Mileage over 200 per day <u>0</u> <input checked="" type="checkbox"/> <u>\$0.07</u> = <u>-</u> Miles _____ Surcharge _____ Justification for fees: _____ Any Other Fees \$ _____ | |
| Total POV Cost | | Savings | | \$ (37.70) | |

Mileage Notes

POB Vicinity Mileage To Rental Car Location - Mileage to and from rental car location placed on your POV to pick up rental car.
 Map Mileage - Mileage from city to city as published by the FDOT Statistics Office located at: <http://www2.dot.state.fl.us/civloc/mileage/viewer.aspx>
 Vicinity Mileage - Mileage going from one work site to another work site for business purposes.
 Zero out columns highlighted in blue if paying with a card.

DOH Approved Mission Critical Travel

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| | | |
|---|--|---|
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| 19 | <input type="checkbox"/> Staff training required to maintain mandatory certification or qualifications established by law, rule and/or department policy. | |
| Traveler's Name/Title: Patrick Mathias, Medical Doctor | | |
| Traveler's Signature:  | | Signature Date: 10/19/12 |
| Travel Start Date: 10/18/12 Travel End Date: 10/19/12 | | |

Revised 2/2012

22498

Transaction Date: 10/19/2012 Fri
Transaction Description: NAPLESFL NAPLES FL
Arrival Date Departure Date
10/17/12 10/18/12
00000000
OPEN EXTENDED PAYMENT OPTION
Cardmember Name: PATRICK F MATHIAS
Amount \$: 136.40
Doing Business As: DOUBLETREE HOTEL
Merchant Address: 12200 TAMiami TrL N
NAPLES
FL
34110-1618
UNITED STATES
Reference Number: 320122930366285688
Category: Travel - Lodging



INTEROFFICE MEMORANDUM

DATE: October 11, 2012

TO: J. Tschetter, General Counsel
C. Gregg, Interim Deputy General Counsel

FROM: Veronica Donnelly
Medical, Section Manager

SUBJECT: Delegation of Authority

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cc: Wings Benton
Karin Byrne
William Miller
Daniel Hernandez
Irene Lake

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| 19 | <input type="checkbox"/> Staff training required to maintain mandatory certification or qualifications established by law, rule and/or department policy. | | | | |
| Traveler's Name/Title: John Brown, Assistant General Counsel | | | | | |
| Traveler's Signature: Signature Date: 10/05/12 | | | | | |
| Travel Start Date: 10/10/12 Travel End Date: 10/11/12 | | | | | |

Revised 2/2012

22504



25415216

We are proud to feature a 100% smoke-free fleet!

RENTAL AGREEMENT NUMBER: 010456780

RECEIPT

Your Information

Customer Name: JOHN BROWN
Wizard Number: **20P
Avis Worldwide Discount: STATE OF FLORIDA DEPT MGMT BV
Method of Payment: VISA J007825

Your Vehicle Information

Vehicle Number: 61048801
Vehicle Group Rented: Intermediate
Vehicle Group Charges: Compact
Vehicle Description: SIL MAZDA 3 SEDAN
License Plate Number: FL5840UV
Odometer Out: 18
Odometer In: 560
Total Driver: 544
Fuel Gauge Reading: Full

Your Rental

Pickup Date/Time: OCT 09, 2012 @ 4:09PM
Pickup Location: STATE OF FLORIDA EMP ONLY
4030 ESPLANADE WAY SUITE 101
TALLAHASSEE, FL 32369, US
850-575-1880

Return Date/Time: OCT 11, 2012 @ 12:00PM
Return Location: STATE OF FLORIDA EMP ONLY
4030 ESPLANADE WAY SUITE 101
TALLAHASSEE, FL 32369, US
850-575-1880

Additional fees may apply if changes are made to your return date, time and/or location.

Your Vehicle Charges (MIN 1 DAY)

| Rate Chart: | Free Miles: | Time and Mileage: | |
|-------------|-------------|-------------------|-------|
| Rate: | UNLIMITED | Your Charges: | |
| Hourly: | 8.25 | 2 DY @ 27.75 = | 55.50 |
| Daily: | 87.75 | | |
| All days: | 0.00 | Time and Mileage: | 55.50 |
| Weekly: | 104.25 | | |
| Monthly: | 721.50 | | |

Your Optional Products/Services

*RATE INCLUDES LDW
Optional Services Total: 0.00

Your Taxable Fees

Sub-total Charges: 55.50

John Brown
JOHN BROWN
10/10/12

Your Non-Taxable Products/Services

Your Total Charges paid: 55.50
Prepayment: 0.00

Net Charges: USD 55.50
Your Total Due: 0.00

Thank you for renting with Avis. If you have any questions regarding eToll, please contact our eToll provider, HTA at 1-866-285-6060 or visit their web site at www.hta.com. For all other inquiries, please contact us at 1-800-352-7900 or www.Avis.com. At Avis, we are committed to providing you with the best rental experience in the industry. We are in the business of treating people like people.

Your vehicle was rented to you by GRAYCE. Your vehicle was checked in by GRAYCE.

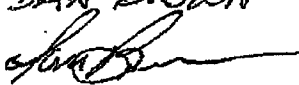
2541803
Petro

John Brown

Petro StoppingCenter
7481 W. HWY 318
Reddiok, FL 32686
Oct 11 08:43:35 2012

Pump 14 Prod U
Gallons 18.962
Price/g \$ 3.699
Fuel Tot \$ 40.55
Total \$ 40.55

UISA
XXXXXXXXXXXX7925
Auth #: 042674
Ref: 74822816
Resp Code: 000
Stan: 0276315810
SITE ID: 9099185
Earn rebates
with BP Visa
Take application
and Apply Today
Tanks for Shopping
Petro Ocala

John Brown


10/11/12

2542393
GATE

John Brown


Welcome to GATE
Store # 1210
3571 Blairstone Rd.
Tallahassee FL 32301
(850) 877-5321

Receipt #56846
10/11/2012
11:24

| Pump | Gallons | Price |
|---------------------|---------|----------|
| 86 | 4.727 | \$ 3.639 |
| Product: Reg Unlead | | |
| TOTAL FUEL | | \$ 17.20 |

SALE - Card Swiped
TOTAL SALE \$ 17.20
VIAcct#
*****7925
Refer #00000394
Batch #1293
Sequence #4278
Approval #805704

Thank you for
choosing GATE!

John Brown

10/11/12

STATE OF FLORIDA

TRAVELER John Brown

Social Security No. [REDACTED]

VOUCHER FOR REIMBURSEMENT

Address 4082 Bald Cypress Way, Bin C05, Tallahassee, Florida 32309

HEADQUARTERS Tallahassee

OF IN-STATE TRAVEL EXPENSES

CHECK ONE OFFICER/EMPLOYEE NONEMPLOYEE AND CONTRACTOR OPS

RESIDENCE (CITY) Tallahassee

| DATE | Travel Performed From Point of Origin To Destination | Purpose of Trip (Name of Conference, (Publishing Card Description)) | Hour of Departure and Hour of Return | Mileage for Class A & B Travel | Per Diem or Actual Lodging Expenses | Mileage Claimed | Voluntary Mileage Claimed | Other Expenses | | PCARD Charge |
|----------|--|---|--------------------------------------|--------------------------------|-------------------------------------|-----------------|---------------------------|----------------|-----------------|------------------------------------|
| | | | | | | | | Amount | Type | |
| 10/19/11 | Tallahassee to Ft. Myers | Depose expert witnesses and Respondent for Department of Health versus Respondent Zarrago Gaitor, Medical Doctor, Department of Health case number 2010-14317, Department of Administrative Hearing case number 11-4240PL | 06:00A M | 30.00 | | | | \$ 23.40 | 7-Eleven - Fuel | 63.00 - Avis 218.75 - Hotel |
| 10/14/11 | | | | 38.00 | | | | | | 838.30 - Delta 25.00 - Agen Fee |
| 10/15/11 | Ft. Myers to Tallahassee | | R3:00A M | | 60.00 | | | | | |

Statement of Benefits to the State (Conferences or Conventions)
 Critical to Carrying out the Mission of the Department of Health.

| TR | SEL | OBJECT | AMOUNT | OBJECT | AMOUNT | LESS MILEAGE CLAIMED | NET AMOUNT DUE TRAVELER | Summary Total |
|----|-----|-----------------|--------|-------------------|--------|----------------------|-------------------------|---------------|
| | | 261100 Per Diem | 60.00 | 261500 Av | 60.00 | 0 M. | 0.00 | 149.40 |
| | | 261200 Meals | 66.00 | 261003 incidental | 23.40 | 0.445 M. | 23.40 | (18.00) |
| | | 261300 Message | | 261006 Rent Car | | | | 131.40 |
| | | 261400 Lodging | | 261 | | | | |

INVOICE # _____ TRAVEL DATE _____

TRAVELER'S SIGNATURE: *[Signature]* TITLE: Assistant General Counsel

SUPERVISOR'S SIGNATURE: *[Signature]* TITLE: Diane Kiebler for Veronica Dorsett, Section Manager

Signature Date: 10/19/11

Invoice No. _____ Advance _____

Warrant No. _____ Preparer's Name: Barb Judd

Preparer's Phone No.: 850-245-4640, ext 8143

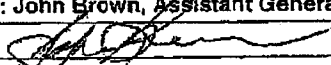
Warrant Date _____ Date Prepared: 10/19/2011

22508


| | | | | | | | | | | | | | |
|---|--|-----------------|--|---|--|-----------------------|--|---|--|-------------------------------|--|-----------|--|
| STATE OF FLORIDA | | NAME | | John Brown | | OFFICIAL HEADQUARTERS | | Tallahassee | | DATE: | | 9/26/2011 | |
| AUTHORIZATION TO INCUR TRAVEL EXPENSE | | | | DEPARTMENT | | Department of Health | | DIVISION | | MOA/Prosecution Services Unit | | | |
| DEPARTURE DATE & TIME | | ESTIMATED COST | | TRAVEL PERIOD: | | Month: | | October | | 2011 | | | |
| 10/13/11, 9:00 a.m. | | | | 1 | | 2 | | 3 | | 4 | | 5 | |
| RETURN DATE & TIME: | | TRAVEL PER DIEM | | OTHER | | 1 | | 2 | | 3 | | 4 | |
| 10/15/11, 2:00 p.m. | | | | | | X | | X | | X | | X | |
| DESTINATION AND PURPOSE OF TRIP: | | | | Tallahassee to Ft. Myers for depositions of witnesses and Respondent for DCH vs. Zannos Grekos, M.D., DOAH Case No. 11-4240PL, DCH Case No. 2010-14317. | | | | | | | | | |
| Registration Fee | | | | | | | | | | | | | |
| Per Diem | | \$80.00 | | | | | | | | | | | |
| Meals | | | | \$66.00 | | | | | | | | | |
| Air Fare | | \$722.30 | | | | | | | | | | | |
| Car Rental | | \$75.00 | | | | | | | | | | | |
| Mileage | | | | | | | | | | | | | |
| Hotel | | | | \$178.00 | | | | | | | | | |
| Ground Transportation | | | | | | | | | | | | | |
| Miscellaneous | | | | | | | | | | | | | |
| Parking | | | | \$40.00 | | | | | | | | | |
| Gas | | | | \$60.00 | | | | | | | | | |
| Tolls | | | | \$20.00 | | | | | | | | | |
| Portage | | | | \$10.00 | | | | | | | | | |
| Copies/Faxes | | | | \$20.00 | | | | | | | | | |
| Agent Fee | | | | \$25.00 | | | | | | | | | |
| ESTIMATED TOTAL: | | | | \$1,296.30 | | | | | | | | | |
| CONFERENCE OR CONVENTION TRAVEL: | | | | No | | | | | | | | | |
| TELECONFERENCE POSSIBLE: | | | | No | | | | | | | | | |
| FUNDING SOURCE: | | 64220501015 | | | | | | | | | | | |
| I HEREBY CERTIFY THAT TRAVEL AS SHOWN ABOVE IS TO BE INCURRED IN CONNECTION WITH OFFICIAL BUSINESS OF THE STATE | | | | EXPLANATION OF BENEFITS ACCRUING TO THE STATE OF FLORIDA: | | | | Critical to the mission of the Department. To attend depositions of witnesses and Respondent Zannos Grekos, M.D. Mr. Milne will be a passenger in a car driven by John Brown. | | | | | |
| TRAVELER SIGNATURE | | DATE | | APPROVED BY - SUPERVISOR | | DATE | | APPROVED AGENCY HEAD | | DATE | | | |
| <i>[Signature]</i> | | | | <i>[Signature]</i> | | | | <i>[Signature]</i> | | 9/27/11 | | | |
| PRINT NAME: | | | | | | | | | | | | | |

DOH Approved Mission Critical Travel

If the purpose of the travel meets one of the following it may be approved by the appropriate: Division Director, CHD Director/Administrator, CMS Medical Director, Chief of Statewide Pharmaceutical Services, Chief of Laboratory Services, Nursing Services Director, Statewide Research Administrator, Inspector General, General Counsel, and Communications Director

| | |
|---|--|
| 1 | <input type="checkbox"/> Health inspections, surveillance and investigations. |
| 2 | <input type="checkbox"/> Client visits or client services. (Clients are individuals or a targeted population in Florida) |
| 3 | <input type="checkbox"/> In-county or region educational, consultation, operational support and outreach activities with clients, health facilities, health partners, and local government. |
| 4 | <input type="checkbox"/> Clinic and Program oversight. (DOH sites) |
| 5 | <input type="checkbox"/> In-county or region direct operational support of DOH offices. |
| 6 | <input type="checkbox"/> CHD, CMS, AG Holley and other DOH field office clinical and administrative monitoring |
| 7 | <input type="checkbox"/> Provider/Contract monitoring. |
| 8 | <input type="checkbox"/> Medical Quality Assurance Board Meetings (at the approved staffing level per meeting). |
| 9 | <input checked="" type="checkbox"/> Legal office travel (except events) |
| 10 | <input type="checkbox"/> Division of Disabilities Determination travel for Disability Hearing Officers to perform routine face-to-face hearings. |
| 11 | <input type="checkbox"/> Emergency situations under circumstances in which there is an immediate danger to public health, safety, welfare, or of other substantial loss to the state requiring emergency action. |
| Traveler's Name/Title: John Brown, Assistant General Counsel | |
| Traveler's Signature:  | Signature Date: 9/26/11 |
| Travel Start Date: 10/13/11 | Travel End Date: 10/15/11 |

If the purpose of the travel meets one of the following criteria, it must be approved by the appropriate: Deputy Secretary or delegate, the DOH Chief of Staff, or State Surgeon General or delegate:

| | |
|---|--|
| 1 | <input type="checkbox"/> Response to an in-state disaster |
| 2 | <input type="checkbox"/> Response to an out-of-state disaster in another state through the Emergency Management Assistant Compact. |
| 3 | <input type="checkbox"/> Travel to meet with state authorities as directed by the Executive Office of the Governor, agency executive, or senior managers. |
| 4 | <input type="checkbox"/> Statutory board and council meetings (identify statute and administrative code rule as applicable) FL Statute: FL Administrative Code rule: |
| 5 | <input type="checkbox"/> Local Community Board/Committee, state level committees and advisory groups with partners and/or other state agencies, consortiums/coalitions, Institutional Review Board and Advisory Councils |
| 6 | <input type="checkbox"/> Travel to comply with grant award requirement. (Identify the grant name and the travel requirement. Attach a copy of the travel requirement from the grant guidance, application or other documentation from the grantor) Grant name: Travel requirement: |
| 7 | <input type="checkbox"/> Travel to meet with federal authorities for the purpose of receiving continuation, supplemental, or new funding, to solicit federal assignees for the state, to provide state-specific technical assistance or content expertise. |
| 8 | <input checked="" type="checkbox"/> Travel to perform functions mandated by Florida statute and/or administrative code that cannot be performed via telephone or teleconference. (Identify statute and administrative code rule) FL Statute chapter and section: 120, 456, 458 FL Administrative Code chapter and section: 64B8 |
| 9 | <input type="checkbox"/> Staff training that supports the delivery and/or quality assurance of direct client services or client contacts critical for the health and safety of the public. |
| 10 | <input type="checkbox"/> Staff training that is critical for maximizing revenues and/or reducing expenditures associated with clinical, program operations or administrative functions. |
| 11 | <input type="checkbox"/> Staff training that allows staff to enhance their knowledge base critical to job performance and expectations (i.e. Microsoft Office training, preconception health conference, etc.) |
| 12 | <input type="checkbox"/> Staff training required to provide basic supervisory skills to appropriate personnel. |
| 13 | <input type="checkbox"/> Staff training required to maintain mandatory certification or qualifications established by law, rule and/or department policy. |
| Traveler's Name/Title: John Brown, Assistant General Counsel | |
| Traveler's Signature:  | Signature Date: |
| Travel Start Date: 5/18/11 | Travel End Date: 5/20/11 |

243587



RENTAL RECEIPT (e-Receipt)

Rental Agreement Number: 396237903

Total Charges 63.00 USD

Visa *****7925

Rate Information

2 DY @ 30.50 61.00

Taxable Extras

\$ 1.00 /DY CFC 2.00

Taxable Subtotal

TAX .000% 63.00

Non Taxable Extras

TOTAL

63.00

AMOUNT CHARGED

63.00

CUST. FAC. FEE

YOUR INFORMATION

Name: JOHN BROWN
Username / Wizard: ****27A
AWD Number: A1134000
Miles / Points Partner: N/A
Membership Number: N/A

YOUR CAR

Car Group Rented: Group G - Buick Lucerne or similar
Car Group Charged: Group E - Chevrolet Impala or similar
Car Make Model: BLK FORD CRWN 4DR
Mileage Out: 2044 Fuel Out: 8/8
Mileage In: 3000 Fuel In: 8/8

YOUR RENTAL

Pick-up Information

Location: Southwest Florida Intl Airport, 11005 Terminal Access Road, Ft Myers, FL 33913 US

Return Information

Location: Southwest Florida Intl Airport, 11005 Terminal Access Road, Ft Myers, FL 33913 US

Date & Time: Thursday, October 13, 2011 @ 01:11 PM

Date & Time: Saturday, October 15, 2011 @ 08:52 AM

John Brown
10/13/11



Residence Inn by Marriott
Naples

4075 Tamiami Trail North : Naples FL 34103
P 239.659.1300

J. Brown

Room: 215
Room Type: ONBR
Number of Guests: 1
Rate: \$109.00 Clerk:

Arrive: 13Oct11 Time: 04:21PM Depart: 15Oct11 Time: Folio Number: 74534
Date Description Charges Credits

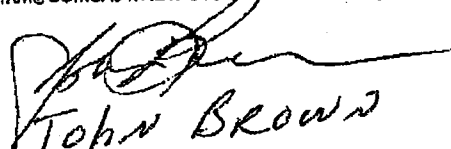
| Date | Description | Charges | Credits |
|---------|---------------------|---------|---------|
| 13Oct11 | LCL PH 239-593-6473 | 0.75 | |
| 13Oct11 | Room Charge | 109.00 | |
| 14Oct11 | Room Charge | 109.00 | |
| 15Oct11 | Visa | | 218.75 |

Card #: VXXXXXXXXXXXX79251XXXX
Amount: 218.75 Auth: 041158 Signature on File

Balance: 0.00

Rewards Account # XXXXX4988. Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

As requested, a final copy of your bill will be emailed to you at: IANBROWN.LAWFIRM@COMCAST.NET. See "Internet Privacy Statement" on Marriott.com.

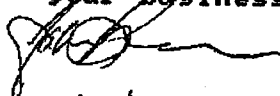

John Brown
10/13/11

Oh Thank Heaven
for 7-Eleven.

7-ELEVEN
9998 INTERSTATE COMM
FORT MYERS FL
PHONE #2394371206
STORE #33973
TID: 00073397301 00
AMEX
*****2004
REF# 92000 06 019 6
10/15/2011 06:39:13

| | | |
|-----------|-----|-------|
| PUMP | | 9 |
| GRADE | RUL | |
| GALLONS | | 6.883 |
| PRICE/GAL | \$ | 3.439 |
| FUEL SALE | \$ | 23.40 |

APPROVED 559720
JOHN BROWN
Thanks for
your business.



10/15/2011

2430928 *Netto*
2430929 *AT*

SUN WORLD TRAVEL
1120 EAST TENNESSEE ST
TALLAHASSEE FL 32308

01
58309

BROWN/JOHN

850 681-9074

DEPT OF HEALTH

John Brown
9/29/11
[Signature]

DATE: SEP 29 2011
13 OCT 11 - THURSDAY

DELTA 2222 FIRST CLASS EQUIP-M88
LV: TALLAHASSEE 725A NONSTOP MILES- 223 CONFIRMED
AR: ATLANTA 849A ELAPSED TIME- 1:24
FREQ FLYER DL 2102104698
UNABLE TO PREASSIGN SEAT PLZ CK AT AIRPORT

DELTA 1458 ECONOMY EQUIP-BOEING 757 JET
LV: ATLANTA 1055A NONSTOP MILES- 515 CONFIRMED
AR: FORT MYERS/RSW 1240P ELAPSED TIME- 1:45
SEAT-22F
FREQ FLYER DL 2102104698

AVIS 1 FULL SIZE 2/4 DR DROP-15OCT CONFIRMED
PICKUP-FORT MYERS/RSW SOUTHWEST INTL AIRPORT
RATE- 30.50 DAILY GUARANTEED EXTRA HR 7.62
MILEAGE-UNL/FM CODE-FS
CONFIRMATION-20667974US5

15 OCT 11 - SATURDAY

DELTA 2230 COACH CLASS EQUIP-BOEING 757 JET
LV: FORT MYERS/RSW 800A NONSTOP MILES- 515 CONFIRMED
AR: ATLANTA 958A ELAPSED TIME- 1:58
FREQ FLYER DL 2102104698
UNABLE TO PREASSIGN SEAT PLZ CK AT AIRPORT

DELTA 5047 COACH CLASS EQUIP-CANADAIR JET
LV: ATLANTA 1124A NONSTOP MILES- 223 CONFIRMED
AR: TALLAHASSEE 1238P ELAPSED TIME- 1:14
SEAT- 9B
FREQ FLYER DL 2102104698 OPERATED BY-ASA DBA DELTA CONN

NON REFUNDABLE PENALTIES APPLY
YOU MUST NOTIFY OUR OFFICE WITHIN 24 HOURS
REGARDING ANY CHANGES TO THIS ITINERARY. AFTER
THAT TIME THE TRAVELER IS RESPONSIBLE FOR ANY
PENALTIES ASSOCIATED WITH THIS TICKET
THANK YOU FOR CHOOSING SUN WORLD TRAVEL
TRAVEL ARRANGED BY SUE JOHNSON
NON DEF SERVICE FEES \$25 TO \$50 PER TICKET

22514

03/01/2006 01:09 8505390720

TRAVELPLAMERS

2430928 *Walter* 05/06
2430929 *AR*

HAVE A GREAT TRIP
SERVICE FEE 890 0553846611

TICKET NUMBER/S:
BROWN/JOHN

7993446717
ELECTRONIC

VI CARD

838.30

SUN WORLD TRAVEL
1120 EAST TENNESSEE ST
FALLAHASSEE FL 32308

02
58309

BROWN/JOHN

850 681-9074

DEPT OF HEALTH

DATE: SEP 29 2011

| | | | | | |
|--------------------|--------|---------------------|-------|-----|---------|
| AIR TRANSPORTATION | 740.00 | TAX | 98.30 | TTL | 838.30 |
| | | SERVICE FEE | | | 25.00 |
| | | SUB TOTAL | | | 863.30 |
| | | CREDIT CARD PAYMENT | | | 863.30- |
| | | AMOUNT DUE | | | 0.00 |

John Brown
9/29/11

22515

STATE OF FLORIDA

NAME: Robert Milne

OFFICIAL HEADQUARTERS: Tallahassee

DATE: 4/20/11

AUTHORIZATION TO INCUR TRAVEL EXPENSE

DEPARTMENT: Department of Health

DIVISION: MCA Prosecution Services Unit

DEPARTURE DATE & TIME: 4/28/11, 1:00 p.m.

ESTIMATED COST

TRAVEL PERIOD: Month: April

2011

RETURN DATE & TIME: 4/29/11, 11:30 p.m.

| TRAVEL PER DIEM/ OTHER | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

DESTINATION AND PURPOSE OF TRIP:

To Tampa for trial DOH vs Respondent, Craig Arnshef, M.D., DOAH Case 10-3184PL, DOH Case 2007-16072. From Tampa to Naples to interview witnesses in DOH vs Respondent Zannos Grekos, Case 2010-14317.

Registration Fee

Per Diem

Meals

Air Fare

Car Rental

Mileage

Hotel

Ground Transportation

Miscellaneous

Parking

Gas

Tolls

Portage

Copies/faxes

Internet use

Baggage Fees

ESTIMATED TOTAL: \$1,563.99

CONFERENCE OR CONVENTION TRAVEL: No

TELECONFERENCE POSSIBLE: No

FUNDING SOURCE: 69220501015

I HEREBY CERTIFY THAT TRAVEL AS SHOWN ABOVE IS TO BE INCURRED IN CONNECTION WITH OFFICIAL BUSINESS OF THE STATE.

| | | | | | |
|--|---------------------|--|---------------------|--|---------------------|
| TRAVELER SIGNATURE: <i>[Signature]</i> | DATE: <i>[Date]</i> | APPROVED BY - SUPERVISOR: <i>[Signature]</i> | DATE: <i>[Date]</i> | APPROVED AGENCY HEAD: <i>[Signature]</i> | DATE: <i>[Date]</i> |
| PRINT NAME: Veronica Dornally | | PRINT NAME: <i>[Name]</i> | | PRINT NAME: <i>[Name]</i> | |

Form C-678C Updated 10/7/2010

Authorization_To_Incur_Travel

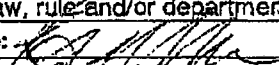
**DOH Approved Public Health, Emergency Management
or Administrative Critical Mission Activities**

To ensure compliance in accordance with Chapter 2011-153, Section 62, Laws of Florida, please use discretion to guarantee state travel is absolutely critical to the agency's mission.

Agency heads are expected to report, on a monthly basis, to the assigned Deputy Chief of Staff within the Executive Office of the Governor all completed travel and its benefit to the taxpayers of Florida.

All alternatives to travel (such as videoconferencing, teleconferencing, webinars and other uses of technology) should be exhausted before travel is approved.

Regardless of authorized approver, all travel must be routed through the normal chain of command.

| | | | |
|-----------------------|-------------------------------------|--|---|
| 1 | <input type="checkbox"/> | Health inspections, surveillances and investigations. | |
| 2 | <input type="checkbox"/> | Client visits or client services. | |
| 3 | <input type="checkbox"/> | Clinic and Program oversight. | |
| 4 | <input type="checkbox"/> | Response to a disaster in Florida. | |
| 5 | <input type="checkbox"/> | Response to a disaster in another state through the Emergency Management Assistant Compact. | |
| 6 | <input type="checkbox"/> | In-county and intra-regional travel that provides direct operational support to field office, which in turn supports public health activities and routine local travel. | |
| 7 | <input type="checkbox"/> | Provider/Contract monitoring. | |
| 8 | <input type="checkbox"/> | CHD, CMS and AG Holley clinical and administrative monitoring. | |
| 9 | <input type="checkbox"/> | Statutory board and council meetings (State FL Statute chapter and section or FL Administrative Code/Rule chapter and section) | FL Statute chapter and section: FL Administrative Code chapter and section: |
| 10 | <input type="checkbox"/> | Local Community Board/Committee, Institutional Review Board and Advisory Councils | |
| 11 | <input type="checkbox"/> | Educational, consultation and outreach activities and events with clients/consumers | |
| 12 | <input type="checkbox"/> | Travel to comply with grant award requirement as a condition of receiving grant funds. (State the name of the grant and the grant requirement. Note: copy of the travel requirement from the grant guidance or grant application may be requested by Dept of Financial Services) | Grant name: Explain grant requirement: |
| 13 | <input type="checkbox"/> | Travel to meet with federal authorities for the purpose of receiving continuation, supplemental, or new funding. | |
| 14 | <input checked="" type="checkbox"/> | Travel to perform functions mandated by Florida Statute and/or Administrative Code that cannot be performed via telephone or teleconference. (State FL Statutory chapter or section or FL Administrative Code/Rule chapter and section). | FL Statute chapter and section: 120, 456, 458 FL Administrative Code chapter and section: 64B8 |
| 15 | <input type="checkbox"/> | Staff training that supports the delivery and/or quality assurance of direct client services or client contacts that are critical for the health and safety of public health. | |
| 16 | <input type="checkbox"/> | Staff training that is critical for maximizing revenues and/or reducing expenditures associated with clinical, program operations or administrative functions. | |
| 17 | <input type="checkbox"/> | Staff training is required in order to provide basic supervisory training to department supervisory and management personnel. | |
| 18 | <input type="checkbox"/> | Staff training is required to maintain mandatory certification or qualification requirements established by law, rule and/or department policy. | |
| Traveler's Signature: | |  | Signature Date: 4/29/11 |
| Traveler's Title: | | Assistant General Counsel | |
| Travel Start Date: | | 4/26/11 | Travel End Date: 4/29/11 |



GUEST FOLIO

2335597
Robert Milne
4/26-28/11

423 MILNE/ROBERT 108.00 DUPLICATE 11:58 ACCT#
Room Name Rate Depart Time 3619
GK FL DEPARTMENT OF HEA 04/26/11
Type Arrive Time

VSXXXXXXXXXXXX8669

| Room Clerk | Address | Payment | DATE | REFERENCE | CHARGES | CREDITS | BALANCE DUE |
|------------|---------|---------|-------|--------------------|----------|---------|-------------|
| | | | 04/26 | TELECOMM | WFB | | .00 |
| | | | 04/26 | WFB TAX | WFB | | .00 |
| | | | 04/26 | TELECOMM | LOCALBND | | .00 |
| | | | 04/26 | TELECOMM | LNGDISBN | | .00 |
| | | | 04/26 | ROOM | 423, 1 | 108.00 | |
| | | | 04/26 | STATETAX | 423, 1 | 7.56 | |
| | | | 04/26 | CNTY TAX | 423, 1 | 5.40 | |
| | | | 04/27 | CAFE ELI | 3005 423 | .00 | |
| | | | 04/27 | TELECOMM | WFB | .00 | |
| | | | 04/27 | WFB TAX | WFB | .00 | |
| | | | 04/27 | TELECOMM | LOCALBND | .00 | |
| | | | 04/27 | TELECOMM | LNGDISBN | .00 | |
| | | | 04/27 | TX EXMPT | X1706004 | 25.92 | |
| | | | 04/27 | ROOM | 423, 1 | 108.00 | |
| | | | 04/27 | STATETAX | 423, 1 | 7.56 | |
| | | | 04/27 | CNTY TAX | 423, 1 | 5.40 | |
| | | | 04/28 | CAFE ELI | 3098 423 | .00 | |
| | | | 04/28 | TX EXMPT | X1706018 | .00 | 216.00 |
| | | | 04/28 | CCARD-VS | | | |
| | | | | VSXXXXXXXXXXXX8669 | | | |
| | | | | | | | .00 |

Robert Milne
4/26/11

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. This amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after checkout, you will owe us interest from the checkout date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X

© Contains 30% post consumer fibers

To secure your next stay, go to Marriott.com

22520



Rick Scott
Governor

H. Frank Farmer, Jr., M.D., Ph.D.
State Surgeon General

MEMORANDUM

To: Travel
From: Barb Judd, Expert Witness Office
Re: Hotel Quotes Justifying Costs Over Allowable \$100/Night
Date: April 13, 2011

Hotel Name Crown Plaza
Address 455 State Road 84, Ft. Lauderdale, FL 33316
Phone Number (954) 523-8080
Rate \$149.00

Hotel Name Holiday Inn
Address 2905 Sheradan Street, Hollywood, FL 33020
Phone Number (954) 925-9100
Rate \$129.00

Hotel Name Hilton Inn
Address 1881 SE 17th Street, Ft. Lauderdale, FL 33316
Phone Number (954) 463-4000
Rate \$149.00

Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265
850-245-4640, ext. 8212 • 850-245-4682 fax

22521

2334397
Robert Milne
4/26/11

DEPARTMENT OF HEALTH
State of Florida Purchasing Card Program

Replacement Receipt Form

Cardholder Name Robert Milne Group ID: _____

Date of Purchase 4/26/11

Description of Purchase Baggage

Vendor Name Continental Date Received 4/26/11

| <u>ITEM</u> | <u>QUANTITY</u> | <u>UNIT PRICE</u> | <u>TOTAL PRICE</u> |
|-------------|-----------------|-------------------|--------------------|
| Baggage | 1 | \$25.00 | \$25.00 |
| | | | |
| | | | |
| | | | |
| | | | |

All goods and services must be itemized.

Total Charge \$ 25.00

Receipt was (check one) Lost Not Obtainable

I, Robert Milne, The undersigned do certify that the above purchase was made for official state business.

 ROBERT MILNE
Signature

05/19/11
Date

2334398
Robert Milne
4/26/11

DEPARTMENT OF HEALTH
State of Florida Purchasing Card Program

Replacement Receipt Form

Cardholder Name Robert Milne Group ID: _____

Date of Purchase 4/26/11

Description of Purchase For 2 pieces of luggage for trip due to exhibits and records.

Vendor Name Continental Date Received 4/26/11

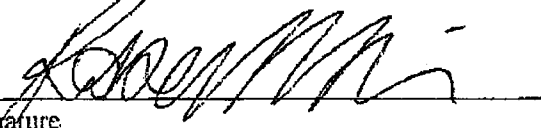
| <u>ITEM</u> | <u>QUANTITY</u> | <u>UNIT PRICE</u> | <u>TOTAL PRICE</u> |
|--|-----------------|-------------------|--------------------|
| Luggage/Exhibits and records for trial | 2 | \$30.00 | \$60.00 |
| | | | |
| | | | |
| | | | |
| | | | |

All goods and services must be itemized.

Total Charge \$ 60.00

Receipt was (check one) Lost Not Obtainable

I, Robert Milne, The undersigned do certify that the above purchase was made for official state business.

 ROBERT MILNE
Signature

05/10/11
Date

2335598
Robert Milne
4/29/11

Robert Milne
Robert Milne

Oh Thank Heaven
for 7-Eleven.

7-ELEVEN
9990 INTERSTATE COMM
FORT MYERS FL
PHONE #2394371206
STORE #33973
TID: 80073397301 08
VISA
*****8669
REF# 92000 03 047 6
04/29/2011 14:53:02

| | | |
|-----------|-----|-------|
| PUMP | | 1 |
| GRADE | RUL | |
| GALLONS | | 9.278 |
| PRICE/GAL | \$ | 3.859 |
| FUEL SALE | \$ | 35.80 |

APPROVED 090203

Thanks for
your business.

4/29/11

FAXED
4-12-11
1135AM

2323787
2323788
Robert Milne
01 4/12/201

SUN WORLD TRAVEL
1120 EAST TENNESSEE ST
TALLAHASSEE FL 32308

itincap

MILNE/ROBERT A

850 681-9074

ITIN

57824

DEPT OF HEALTH
4052 BALD CYPRESS WAY
TALLAHASSEE FL

DATE: APR 12 2011
26 APR 11 - TUESDAY
CONTINENTAL 9155 ECONOMY
LV: TALLAHASSEE 420P
AR: TAMPA 520P

FQITP-BEECHCRFT TURBO
NONSTOP MILES- 200 CONFIRMED
ELAPSED TIME- 1:00
SEAT- 2F
OPERATED BY-GULFSTREAM DBA CON

FREQ FLYER CO

JL058715

AVTS
PICKUP-TAMPA
DROP OFF-
RATE- 30.50
MILEAGE-UNL/FM

1 FULL SIZE 2/4 DR DROP-29APR CONFIRMED
TAMPA INTL AIRPORT
RSW
DAILY GUARANTEED EXTRA HR 7.62
CODE-PS
CONFIRMATION-49846615USD PEXP

HOLIDAY INN
HOLIDAY INN EXP STE
4750 N DALE MABRY HWY
TAMPA FL 33614
FAX-1 813-549-1472

02 NT/S - OUT 28APR CONFIRMED
1 ROOM/S
RATE- 95.00
PHONE-1 813-877-6061
GUARANTEE-CREDIT CARD
GUARANTEED

CANCEL POLICY BY NOON 24 HOURS PRIOR TO ARRIVAL

NAME-MILNE ROBERT A
CONFIRMATION-64431100

28 APR 11 - THURSDAY
HAMPTON INNS
HAMPTON INN NAPLES
2630 NORTHBROOKE PLAZA DR
NAPLES FL 34119
FAX-1-239-596-0808

01 NT/S - OUT 29APR CONFIRMED
1 ROOM/S
RATE- 109.00
PHONE-1-239-596-1299
GUARANTEE-CREDIT CARD
GUARANTEED

CANCEL POLICY BY NOON DAY OF ARRIVAL

NAME-MILNE ROBERT
GUEST NO.223695866
CONFIRMATION-84403074

SURFACE TRANSPORTATION

29 APR 11 - FRIDAY
DELTA 1136 ECONOMY
LV: FORT MYERS/RSW 405P
AR: ATLANTA 554P

EQUIP-BOEING 757 JET
NONSTOP MILES- 515 CONFIRMED
ELAPSED TIME- 1:49
SEAT-20A

FREQ FLYER 01 9351633947

SUN WORLD TRAVEL
1120 EAST TENNESSEE ST
TALLAHASSEE FL 32308

MILNE/ROBERT A

850 681-9074

ITIN 02

DEPT OF HEALTH
4052 BALD CYPRESS WAY
TALLAHASSEE FL

DATE: APR 12 2011
29 APR 11 - FRIDAY
DELTA 2178 ECONOMY

EQUIP-M88
Page 1

LV: ATLANTA 735P
 AR: TALLAHASSEE 848P
 FREQ FLYER DL 9351638947
 SEATING ARRANGED AIRPORT ONLY

tincap
 NONSTOP MILES- 223
 ELAPSED TIME- 1:13 CONFIRMED

NON REFUNDABLE PENALTIES APPLY
 YOU MUST NOTIFY OUR OFFICE WITHIN 24 HOURS
 REGARDING ANY CHANGES TO THIS ITINERARY. AFTER
 THAT TIME THE TRAVELER IS RESPONSIBLE FOR ANY
 PENALTIES ASSOCIATED WITH THIS TICKET
 THANK YOU FOR CHOOSING SUN WORLD TRAVEL
 TRAVEL ARRANGED BY GLORIA LAMANTIA-WALLACE
 NON REF FEES \$25-\$30 DOMESTIC/\$50 INTERNATIONAL
 BAGGAGE FEES APPLY ON ALL AIRLINES
 PLEASE CHECK WITH OUR AGENTS FOR DETAILS
 HAVE A GREAT TRIP

| | | | | | |
|----------------------|--------|---------------------|-------|-----|---------|
| AIR TRANSPORTATION | 606.52 | TAX | 77.58 | TIL | 684.10 |
| Tkt 890 0523 150 310 | | SERVICE FEE | | | 25.00 |
| | | SUB TOTAL | | | 709.10 |
| Tkt 0057981 272 990 | | CREDIT CARD PAYMENT | | | 709.10- |
| | | AMOUNT DUE | | | 0.00 |

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RENTAL RECEIPT (e-Receipt)

Rental Agreement Number: 378339091

Total Charges 45.74 USD

Visa ****4222

Rate Information

2 HR @ 7.82
1 DY @ 30.50

Taxable Extras

Taxable Subtotal
TAX .000%

Non Taxable Extras

TOTAL

AMOUNT CHARGED

15.24
30.50

45.74
.00

45.74

45.74

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Worldwide Telephone
Numbers - [click here](#)

YOUR INFORMATION

Name: ROBERT A MILNE
Username / Wizard: ***958
A/R Number: A1134000
Miles / Points Partner: N/A
Membership Number: N/A

YOUR CAR

Car Group Rented: Group E - Chevrolet Impala or similar
Car Group Charged: Group E - Chevrolet Impala or similar
Car Make Model: SIL CHEV IMPA 4DR
Mileage Out: 11338 Fuel Out: 8/8
Mileage In: 11556 Fuel In: 8/8

YOUR RENTAL

Pick-up Information

Location: Tampa Intl Airport, 4030 George J. Bean Pkwy, Suite 1109, Tampa, FL 33607 US

Return Information

Location: Southwest Florida Intl Airport, 11005 Terminal Access Road, Ft Myers, FL 33913 US

Date & Time: Thursday, April 28, 2011 @ 01:07 PM

Date & Time: Friday, April 29, 2011 @ 03:08 PM

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Robert Milne
4/28/11

**STATE OF FLORIDA
BOARD OF MEDICINE**

DEPARTMENT OF HEALTH,

Petitioner,

v.

DOAH Case No.
DOH Case No. 2010-14317

ZANNOS G. GREKOS, M.D.,

Respondent.

AMENDED AFFIDAVIT OF SUPERVISING ATTORNEY
DIANE K. KIESLING
IN SUPPORT OF AN ASSESSMENT OF COSTS FOR ATTORNEY TIME

Before me, the undersigned authority, personally appeared Diane K. Kiesling, who upon first being duly sworn on oath, deposes and says:

1. I am an attorney at law duly authorized to practice in the State of Florida and have been active in the practice of law in Florida since 1977.

2. I have worked as an attorney supervisor in the Prosecution Services Unit of the Department of Health (the Department) for the State of Florida and, as Section Manager/Team Leader for the Medical Section, I

have overseen the prosecution of the captioned case.

DOH v. Zannos Grekos, MD
Case No. 2010-14317

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3. I am familiar with the attorney time rates and the range of time customarily spent on prosecuting cases of this type. I am therefore familiar with the range of attorney costs for the prosecution of cases of this type.

4. I have reviewed the file of the Department and the "Time Tracking System/Itemized Cost/Expense by Complaint" report in the captioned case, and have collected other information to assist me in assessing the attorney time spent on the case.

5. Based on all of the above, I have determined that a downward adjustment from 1,294.80 hours to 645.70 hours of attorney time is appropriate in this case. This adjustment was made in view of the fact that (a) there appears to have been redundancy in time spent by attorneys; (b) supervisory time was included; and (c) travel time was included.

6. Based on all of the above, I have determined that the number of hours expended in the prosecution of this case, as adjusted, is within the normal range for cases of this type; the rates are ones which have been calculated pursuant to a Division of Administrative Hearings' approved Methodology; and the total amount for attorney costs on this case of

\$69,201.46 for **645.70 hours** is reasonable for the prosecution of a case of this type.

7. Additionally, the "Itemized Expense by Complaint" portion of the "Time Tracking System" contains expenses that cannot ordinarily be recovered pursuant to the "Statewide Uniform Guidelines for Taxation of Costs in Civil Actions", which has been made applicable to disciplinary cases by some DOAH and appellate cases. Those expenses primarily include expenses for travel. Based on a review of the Guidelines and the expenses listed in the Time Tracking System and the invoices attached to the Motion to Assess Costs filed in this case, I have determined that the total expenses of \$63,532.43 charged in this case must be reduced by \$17,261.58, bringing the recoverable costs for expenses to **\$46,270.85**.

8. Based on all of the above, I have determined that the total reasonable costs to be assessed for both attorney time and expenses in this case are **\$115,472.31**.

DATED this 21ST day of may, 2013.

Diane K. Kiesling
Diane K. Kiesling
Assistant General Counsel
DOH Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, FL 32399-3265
Florida Bar # 233285
(850) 245-4444 Ext. 8127
(850) 245-4684 FAX
Diane_kiesling@doh.state.fl.us

STATE OF FLORIDA
COUNTY OF LEON

Before me, personally appeared Diane K. Kiesling, who is personally known to me and who, under oath, acknowledges that his/her signature appears above.

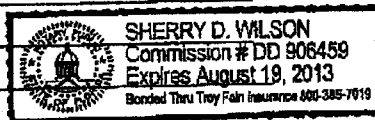
Sworn to and subscribed before me this 21st day of May, 2013.

[Signature]
Notary Public, State of Florida

Printed Name: _____

Commission No.: _____

Commission Expires: _____



STATE OF FLORIDA
BOARD OF MEDICINE

DEPARTMENT OF HEALTH,

Petitioner,

v.

DOH CASE NO. 2010-14317

ZANNOS G. GREKOS, M.D.,

Respondent.

SECOND AMENDED AFFIDAVIT OF OUTSIDE ATTORNEY REGARDING COSTS

MATTHEW S. CASEY, ESQ., being duly sworn under oath, deposes and says:

1. I am an attorney at law duly authorized to practice in the State of Florida and have been active in the practice of law in Florida since 1997. My Curriculum Vitae is attached as Exhibit 1 hereto.
2. I am personally familiar with the fees usually and customarily awarded to attorneys for legal services in administrative proceedings of the kind and nature of the captioned case.
3. I am familiar with Rule 4-1.5(b) of the Rules Regulating the Florida Bar, and have taken into consideration in forming my opinion in this matter, the factors set forth therein for the determination of reasonable attorneys fees.
4. I am also familiar with, and have considered in forming my opinion in this matter, the dictates of the Florida Supreme Court in the case of *Florida Patient's Compensation Fund vs. Rowe*, 472 So.2d 1145 (Fla. 1985), relating to the determination of reasonable attorneys fees.
5. I have reviewed the file of the Department of Health (the Department) in this case, and a copy of the Department's standard Motion to Assess Costs. I have spoken with Robert Milne, former counsel for the Department who put in a substantial portion of the time sought by the Department to be recompensed in this case. After preparation of the original Affidavit of



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Outside Attorney Regarding Costs, I spoke with Diane Kiesling and Carol Gregg regarding the attorney time and costs expended in this cause; as a result, I then prepared an Amended Affidavit upon further review of the time tracking in light of the additional information provided to me. After preparation of the Amended Affidavit I again spoke to Carol Gregg with the Department, and subsequently authored this affidavit to reflect removal of additional entries primarily relating to attorney travel time billed.

6. I have reviewed the Department's "Time Tracking System Itemized Cost/Expense by Complaint" for Case No. 2010-14317, which is among the attachments to the Motion to Assess Costs. I have only reviewed and analyzed the time entries for the Prosecution Services Unit.

7. Based on my review of these documents, it is my understanding that the Department is seeking to recover **\$136,780.20** for its attorney time and other costs related to the prosecution of this case.

8. Based on the above, and on my years in legal practice and my experience in this area of legal practice, it is my opinion that the hourly rates for the Department's prosecuting attorneys used in this case are within or below the reasonable and customary range for attorney time spent on cases of this type.

9. Based on the above, and on my years in legal practice and my experience in this area of legal practice, it is my opinion that the total number of attorney hours for which the Department of Health seeks recovery in this case is above the range of time customarily spent on cases of this type and is not a reasonable total number of attorney hours for this case. It is further my opinion the total number of attorney hours be reduced from **1,294.80** hours to **645.70** hours, and the Department be allowed to recover up to **\$69,201.46** for its attorney time and other costs related to the prosecution of this case.

10. Based on the above, and on my years in legal practice and my experience in this area of legal practice, it is my opinion that the total amount of costs sought to be recovered for attorney time and other costs of prosecution in this case is a reasonable amount in a case of this type. However, my understanding now is that the Respondent should not be required to pay for employee travel costs in this cause.

11. It is my understanding that the Department has moved to recover **\$63,532.43** for expenses in this case.

12. Based on the above, and on my years in legal practice and my experience in this area of legal practice, it is my opinion that items of expense are reasonable for a case of this type. With the employee travel costs removed the total amount of expenses sought to be recovered in this case is **\$46,270.85**, which is a reasonable amount for a case of this type.

Matthew S. Casey
MATTHEW S. CASEY, ESQ.

STATE OF FLORIDA
COUNTY OF LEON

Before me, personally appeared MATTHEW S. CASEY, who is personally known to me or who produced a _____ (type of identification) and who, under oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 20 day of MAY, 2013.

Christopher C. Torres
Notary Public, State of Florida
Printed Name: CHRISTOPHER C. TORRES
Commission No.: FF 003973
Commission Expires: 4/01/17

