

FLORIDA DEPARTMENT OF INSURANCE
FLORIDA MEDICAL PROFESSIONAL LIABILITY
CLOSED CLAIM REPORTING FORM

NAME OF INSTITUTION: Memorial Hospital Hollywood

INSTITUTION CODE: 1 0 0 0 3 8

(See Table D)

LOCATION OF INSTITUTIONAL INJURY: (Check one)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> (01) Patient's Room | <input type="checkbox"/> (05) Physical Therapy Dept. | <input type="checkbox"/> (09) Radiology |
| <input type="checkbox"/> (02) Operating Suite | <input type="checkbox"/> (06) Nursery | <input type="checkbox"/> (10) Emergency Room |
| <input type="checkbox"/> (03) Recovery Room | <input type="checkbox"/> (07) Critical Care Unit | <input type="checkbox"/> (11) Other _____ |
| <input type="checkbox"/> (04) Labor & Delivery Room | <input type="checkbox"/> (08) Special Procedure Room | |

3. DATE OF OCCURRENCE: 07 18 83

DATE REPORTED TO INSURER: 01 26 84

4. INJURED PERSON'S AGE: 34 Years (If less than one year, enter 00; if unknown, enter UNK.)

INJURED PERSON'S SEX: M F (Circle one)

4.1 INJURED PERSON'S NAME: _____

Middle Initial _____

STREET ADDRESS: UNK

CITY: UNK STATE: FL ZIP: UNK

5. FINAL DIAGNOSIS FOR WHICH TREATMENT WAS SOUGHT OR RENDERED:

Manic depression, drug abuse

(LEAVE BLANK)

15.

6. DESCRIBE MISDIAGNOSIS MADE, IF ANY, OF THE PATIENT'S ACTUAL CONDITION:

NA

16.

17. DESCRIBE ACTION WHICH CAUSED CLAIM TO BE MADE:

Overdose of lithium

17.

18. DESCRIBE THE OPERATION, DIAGNOSTIC OR TREATMENT PROCEDURE CAUSING THE INJURY. USE NOMENCLATURE AND/OR DESCRIPTIONS OF THE PROCEDURES USED. INCLUDE METHOD OF ANESTHESIA, OR NAME OF DRUG USED FOR TREATMENT, WITH DETAILS OF ADMINISTRATION:

NA

18.

19. DESCRIBE THE PRINCIPAL INJURY RESULTING FROM THE CLAIM. USE NOMENCLATURE AND/OR DESCRIPTIONS OF THE INJURY. INCLUDE TYPE OF ADVERSE EFFECT FROM DRUGS WHERE APPLICABLE:

Death

19.

FLORIDA DEPARTMENT OF INSURANCE
 FLORIDA MEDICAL PROFESSIONAL LIABILITY
 CLOSED CLAIM REPORTING FORM

20. SEVERITY OF INJURY: (check only one -- rate most serious injury if several are involved.)

- (01) Emotional only - Fright, no physical damage.
- (02) Insignificant - Lacerations, contusions, minor scars, rash. No delay.
- Temp- (03) Minor - - - - - Infections, misset fracture, fall in hospital. Recovery delayed.
- orary (04) Major - - - - - Burns, surgical material left, drug side effect, brain damage. Recovery delayed.
- (05) Minor - - - - - Loss of fingers, loss or damage to organs. Includes nondisabling injuries.
- Perma- (06) Significant - - Deafness, loss of limb, loss of eye, loss of one kidney or lung.
- ment (07) Major - - - - - Paraplegia, blindness, loss of two limbs, brain damage.
- (08) Grave - - - - - Quadraplegia, severe brain damage, lifelong care or fatal prognosis.
- (09) Death

21. DATE OF SUIT, IF ANY: 09 / 13 / 84

21.1 CIRCUIT COURT CASE NUMBER: 84-21114

21.2 COUNTY CODE OF COUNTY SUIT FILED IN: 10 (SEE TABLE B)

22. LIST OTHER DEFENDANTS INVOLVED IN THIS CLAIM, THE INSURER'S NUMBER AND THE COMPANION CLAIM FILE ID NUMBER:

| | <u>DEFENDANT'S NAME (Last Name, First Name)</u> | <u>INSURER CODE NO.</u> | <u>INSURER FILE ID.</u> |
|----|---|-------------------------|-------------------------|
| 1) | Shull, Stewart | 44060 | 31-83 |
| 2) | Benezra, Clifford | 44060 | 31-83 |
| 3) | Gurland, Miller Shull & Scherer, P.A. | 44060 | 31-83 |
| 4) | Levinson, Robert | 44060 | 31-83 |
| 5) | Zeig, Steven | 44060 | 31-83 |
| | Levinson & Zeig, M.D., P.A. | 44060 | 31-83 |
| | Jacobson, Karren | UNK | UNK |

23. WAS PLAINTIFF REPRESENTED BY AN ATTORNEY? (Check one)
 (01) Yes (02) No

24. DATE OF FINAL CLAIM DISPOSITION: 05 / 05 / 88

25. FINAL METHOD OF CLAIM DISPOSITION:

- (01) Settled by parties.
- (02) Disposed of by a court.
- (03) Disposed of by arbitration.

26. STAGE OF THE LEGAL SYSTEM AT WHICH SETTLEMENT WAS REACHED OR AWARD MADE: (Check one)

- (01) Within the presuit period as set forth in Section 768.57, Florida Statute (usually within 90 days).
- (02) After arbitration is initiated or prior to suit being filed.
- (03) Within 90 days of suit being filed.
- (04) More than 90 days after suit filed and prior to or during the course of mandatory settlement conference.
- (05) During trial but before court verdict.
- (06) After court verdict and prior to filing of notice of appeal.
- (07) After notice of appeal is filed or post-judgement relief or action is required for recovery.
- (08) During appeal.
- (09) After appeal.
- (10) Claim or suit abandoned.

FLORIDA DEPARTMENT OF INSURANCE
 FLORIDA MEDICAL PROFESSIONAL LIABILITY
 CLOSED CLAIM REPORTING FORM

27. COURT: (Check one)
- | | |
|---|--|
| <input checked="" type="checkbox"/> (01) No court proceedings. <input type="checkbox"/> (02) Directed verdict for plaintiff. <input type="checkbox"/> (03) Directed verdict for defendant. <input type="checkbox"/> (04) Judgment notwithstanding the verdict for plaintiff. <input type="checkbox"/> (05) Judgment notwithstanding the verdict for defendant. <input type="checkbox"/> (06) Judgment for the plaintiff. | <input type="checkbox"/> (07) Judgment for the defendant. <input type="checkbox"/> (08) Judgment for the plaintiff after appeal. <input type="checkbox"/> (09) Judgment for the defendant after appeal. <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Summary judgment for the plaintiff. <input type="checkbox"/> (12) Summary judgment for the defendant. |
|---|--|

28. ARBITRATION: (Check one) NA
- | | |
|---|--|
| <input type="checkbox"/> (01) Claim not subject to arbitration. <input type="checkbox"/> (02) Claim subject to arbitration, but settlement reached in lieu of award. | <input type="checkbox"/> (03) Award for plaintiff. <input type="checkbox"/> (04) Award for defendant. |
|---|--|

29. Was there an itemized verdict? (Check one)
- (01) Yes (02) No (If yes, please attach copy of settlement or verdict.)

- | | |
|--|-----------------------|
| 30. INDEMNITY PAID BY YOU ON BEHALF OF THIS DEFENDANT: - - - - - | \$ <u>80,000</u> .00 |
| 30.1 AMOUNT OF DEDUCTIBLE PAID BY THIS DEFENDANT: - - - - - | \$ <u>-0-</u> .00 |
| 31. INDEMNITY PAID BY EXCESS CARRIER ON BEHALF OF THIS DEFENDANT: - - - - - | \$ <u>-0-</u> .00 |
| 32. LOSS ADJUSTMENT EXPENSE PAID TO DEFENSE COUNSEL: - - - - - | \$ <u>129,210</u> .00 |
| 33. ALL OTHER LOSS ADJUSTMENT EXPENSE PAID: - - - - - | \$ <u>-0-</u> .00 |
| 34. NUMBER OF DAYS OF INJURED PERSON'S WAGE LOSS PAID TO DATE: - - - - - | <u>UNK</u> days |
| 35. ESTIMATED NUMBER OF FUTURE DAYS OF INJURED PERSON'S WAGE LOSS: - - - - - | <u>UNK</u> days |
| 36. INJURED PERSON'S GROSS WEEKLY INCOME: - - - - - | \$ <u>UNK</u> .00 |

37. INJURED PERSON'S

| TOTAL ECONOMIC LOSS: | <u>MEDICAL</u> | <u>WAGE LOSS</u> | <u>OTHER EXPENSES</u> |
|-------------------------------|-------------------|-------------------|-----------------------|
| A) INCURRED TO DATE - - - - - | \$ <u>UNK</u> .00 | \$ <u>UNK</u> .00 | \$ <u>UNK</u> .00 |
| B) ESTIMATED FUTURE - - - - - | \$ <u>UNK</u> .00 | \$ <u>UNK</u> .00 | \$ <u>UNK</u> .00 |

38. AMOUNT PAID FOR INJURED PERSON'S NON-ECONOMIC LOSS: - - - - - \$ 80,000 .00

39. IF A STRUCTURED SETTLEMENT OR PERIODIC PAYMENTS USED IN THIS CLAIM: NA
- | | |
|--|--------------------------|
| A) PRESENT VALUE OF PERIODIC PAYMENTS - - - - - | \$ <u> </u> .00 |
| B) COST TO THE INSURER OF THE PAYMENTS - - - - - | \$ <u> </u> .00 |
| C) TOTAL EXPECTED PAYMENT TO PLAINTIFF - - - - - | \$ <u> </u> .00 |
- D) DID YOU PURCHASE AN ANNUITY? (01) Yes (02) No

FLORIDA DEPARTMENT OF INSURANCE
FLORIDA MEDICAL PROFESSIONAL LIABILITY
CLOSED CLAIM REPORTING FORM

40. BRIEFLY DESCRIBE THE STRUCTURED SETTLEMENT INCLUDING HOW IT IS FINANCED: NA

41. TYPE OF NON-ECONOMIC DAMAGE LIMIT: (Check one)
 (01) No limit (neither party requests or agrees to voluntary binding arbitration).
 (02) No limit (defendant refuses claimant's offer of voluntary binding arbitration).
 (03) \$250,000 limit (both parties accept arbitration). (See Item 42 for exception.)
 (04) \$350,000 limit (plaintiff rejects arbitration).
 (05) Does not apply because occurrence happened before the 02-08-88 law.

42. IF (03) IS CHECKED IN ITEM 41 AND THE LIMIT ON NON-ECONOMIC DAMAGES IS DIFFERENT THAN \$250,000, THEN INDICATE THE MODIFIED LIMIT: ----- \$ _____ .00

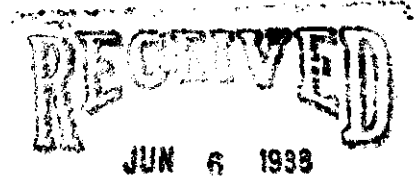
43. COLLATERAL SOURCE INFORMATION: NA
ENTER TO THE NEAREST PERCENT (use no decimals) THE PERCENT RECOVERY FOR ECONOMIC LOSS FROM:
A. ___% Health
B. ___% Disability
C. ___% Workers' Compensation
D. ___% Automobile
E. ___% Medicare, Medicaid & Social Security
F. ___% Other sources, specify: _____

44. SAFETY MANAGEMENT STEPS TAKEN BY INSURED TO MAKE SIMILAR OCCURRENCES LESS LIKELY: UNK

CONTACT PERSON: Bea Antonoff ADDRESS 921 N. 35 Avenue
TELEPHONE: (305) 897-1455 Hollywood, Florida 33021

**SOUTH BROWARD HOSPITAL DISTRICT
PHYSICIAN'S PROFESSIONAL LIABILITY
INSURANCE TRUST**

921 N. 35th Avenue
Hollywood, Florida 33021
987-1455



June 2, 1988

BUREAU OF RATES

Al E. Bush
Acturial Analyst
Bureau of Rates
Department of Insurance and Treasurer
The Capitol
Tallahassee, Florida 32399-0300

Re: 

Dear Mr. Bush:

Enclosed are the copies of all releases in the above referenced claim as you requested when we discussed the problem of the closed claim reports today. Also enclosed is a copy of the Plaintiff's Motion to Amend Complaint and Add Parties.

Very truly yours,



Bea Antonoff
Trust Secretary

ba

encs.

**SOUTH BROWARD HOSPITAL DISTRICT
PHYSICIAN'S PROFESSIONAL LIABILITY
INSURANCE TRUST**

921 N. 35th Avenue
Hollywood, Florida 33021
987-1455

R

June 20, 1988

POST MARKED

JUN 20 1988

Al E. Bush
Actuarial Analyst
Bureau of Rates
Department of Insurance & Treasurer
The Capitol
Tallahassee, Florida 32399-0300

BUREAU OF RATES

Re: 

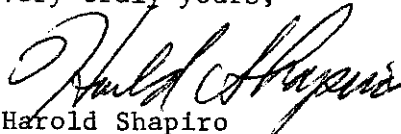
Dear Mr. Bush:

We are enclosing herewith the following closed claim reports:
Richard W. Levin, M.D., Stewart D. Shull, M.D., Garland, Miller,
Shull & Scherer, P.A., Robert J. Levinson, M.D., Levinson &
Zeig, M.D., P.A., Steven Zeig, M.D., Levinson & Zeig, M.D., P.A.,
Clifford Benezra, M.D. as per your instructions.

Our attorneys have settled these losses for both the physicians
and for the P.A.s and have written separate releases for each
so it was their opinion that the P.A. had exposure and to
eliminate this exposure, we paid an amount of money to be
released from same.

We have complied with your instructions but believe the allocation
of loss should conform to the attorneys' releases and not be
totally chargeable to the physician.

Very truly yours,



Harold Shapiro
Trust Administrator

HS:ba

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

CASE NO: 84-21114 CT
FB:068445

[REDACTED]
Plaintiff,

PLAINTIFF'S MOTION TO AMEND COMPLAINT
TO ADD PARTIES

vs.

RICHARD W. LEVIN, M.D.,
etc., et al.,

Defendants.

Plaintiff moves this Honorable Court for an Order allowing Plaintiff leave to file and serve an Third Amended Complaint and as grounds would show that:

1. Amendment is necessary and proper in the interest of justice and it should be allowed to allege additional acts of negligence against Stewart Shull, M.D., Clifford J. Benezra, Drs. Gurland, Miller, Shull, and Scherer, Professional Association, Robert L. Levinson, M.D. Steven Zeig, M.D. and Levinson & Zeig, M.D., and Karren Jacobson.

2. No prejudice will enure to any of the Defendants, who have agreed to said motion. Furthermore, Plaintiff will be greatly prejudiced if she is not allowed to amend her complaint to allege the negligent acts of the aforesaid parties.

3. If the amendment hereby requested is allowed, the caption of this action shall be changed as follows:

Representative of th [REDACTED]

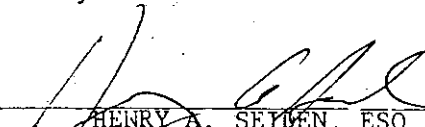
Richard W. Levin, M.D., Richard W. Levin, M.D., P.A., Florida Patients Compensation Fund, Malcolm Goldsmith, M.D., Stewart Shull, M.D., Clifford J. Benezra, M.D., Drs. Gurland, Miller, Shull and Scherer, Professional Association, Robert L. Levinson, M.D., Steven Zeig, M.D. and Levinson & Zeig, M.D., P.A. and Karen Jacobson

WHEREFORE, Plaintiff, request the Court to enter its Order allow-Plaintiff leave to file and serve her Third Amended Complaint.

I HEREBY CERTIFY that a true and correct copy has been mailed to Jay Cohen, Esq., Atkinson, Jenne, et al., P.O. Drawer 2088, Hollywood, Florida 33022-2088 and Bruce S. Schwartz, Esq., Schwartz, Steinhardt, et al., 2750 N. E. 187th Street, North Miami Beach, Fla. 33180 on this 24 day of June, 1985.

ROSENBLATT, ROSENBLATT & ROTH, P.A.
Attorneys for Plaintiff

BY


HENRY A. SEIDEN, ESQ.
Suite 400, Concord Building
66 West Flagler Street
Miami, Florida 33130

RELEASE OF ALL CLAIMS

KNOW ALL MEN BY THESE PRESENTS, that the undersigned, Dolores Darling, as Personal Representative of the Estate of Rhonda G. Golios, for and in consideration of the sum of Twenty Thousand (\$20,000.00) Dollars, to her in hand paid on this day, by or on behalf of Levinson & Zeig, M.D., P.A. and South Broward Hospital District Physician's Professional Liability Insurance Trust, the receipt of which is hereby acknowledged, do hereby jointly and severally, forever and in all ways, discharge and fully release the said Levinson & Zeig, M.D., P.A. and the South Broward Hospital District Physician's Professional Liability Trust, and their servants, agents, employees, heirs, legal representatives, insurers, successors and assigns, and each of them respectively, and all other persons, firms, corporations, associations and estates, from any and all liability not accrued or hereafter to accrue on account of any and all claims, demands and causes of action which the undersigned now has or may hereafter have against the aforesaid parties hereby released, and by virtue of these presents, do hereby fully release and forever discharge each of them from any and all actions, causes of action, claims, demands, damages, costs, loss of services and consortium, expenses, attorneys' fees, compensation and all consequential damages on account of or in any way growing out of any and all known and unknown injuries and death which may hereafter result, and property damage resulting or to result or arising out of or in connection with that certain accident or event:

WHICH OCCURRED on or about March, 1981 until the death of Rhonda G. Golios, and described more fully in the Complaint for Damages and all amendments filed thereto under Case No. 84-21114 CT, in and for the Seventeenth Judicial Circuit in and for Broward County, Florida.

And for the consideration aforesaid, each person executing this release does hereby covenant and agree as follows:

1. That I have not been influenced in any manner or to any extent in making this release by any representations or statements regarding said injuries, illness and/or disease, or regarding any other matters, by the persons, parties or estates who are hereby released, or by any physician or surgeon by them or any of them employed.
2. That I have had the benefit of counsel of my own attorneys; and that I fully understand the terms of this release; and that I am making full and final settlement of all claims of every nature and character against the persons, parties or estates hereby released.
3. That I do voluntarily accept the aforesaid sum for the purpose of making a full and final compromise, adjustment and settlement of all my claims against the parties hereby released, past, present and future, and including any and all claims upon my death, and upon the death of any of the undersigned by my beneficiaries, spouse, dependents, heirs, children, estate and legal representatives, and all other persons.
4. That the persons, parties or estates hereby released deny any and all liability to me upon all claims which I have asserted or might hereafter assert pertaining to the aforesaid happening or arising out of the injuries aforesaid; and that I have been offered the aforesaid sum by the said persons, parties or estates hereby released to buy their peace and release from all claims, and the aforesaid sum is not offered by them or accepted by me as being in the nature of compensation of injuries, illness, disease, or any other damage or claims asserted by me, or by any of the undersigned.

5. I hereby expressly state that the above consideration is in full payment for this release, and there is no understanding or agreement of any kind for any further or future consideration whatsoever, either implied, expected or to come to me, in money, employment, services or otherwise.

6. I hereby declare that I am eighteen years of age or over and that I am suffering from no legal disabilities whatsoever; and that I am suffering from no mental or physical disability which would disable me from executing this release.

7. That I have caused the action hereinabove referred to be dismissed by proper Order of Court, each party to bear his own costs, and with prejudice to the plaintiff.

IN WITNESS WHEREOF, I have hereunto set my hand and seal and delivered these presents at Miami, Florida, on this 5 day of May, 1988.

SIGNED SEALED AND DELIVERED
in the presence of:

William J. O'Neil



STATE OF Florida

COUNTY OF Dade

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements, in the state and county aforesaid, Dolores Darling, As Personal Representative Of The Estate Of Rhonda G. Golios, to me well known and known to be the person(s) described in and who executed the foregoing Release Of All Claims, and she acknowledged to and before me that she has read and fully understands its contents; that she has thereby released all of her claims, and that she duly executed the same in my presence as her free act and deed, and for the sole consideration therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Miami; County of Dade, State of Florida, on this 5 day of May, 1988.

Maureen A. O'Neil
NOTARY PUBLIC, State of Florida
at Large

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXPIRES APR 23, 1991
BONDED THROUGH GENERAL INS. CO.


5. I hereby expressly state that the above consideration is in full payment for this release, and there is no understanding or agreement of any kind for any further or future consideration whatsoever, either implied, expected or to come to me, in money, employment, services or otherwise.

6. I hereby declare that I am eighteen years of age or over and that I am suffering from no legal disabilities whatsoever; and that I am suffering from no mental or physical disability which would disable me from executing this release.

7. That I have caused the action hereinabove referred to be dismissed by proper Order of Court, each party to bear his own costs, and with prejudice to the plaintiff.

IN WITNESS WHEREOF, I have hereunto set my hand and seal and delivered these presents at Titusville, Florida, on this 5 day of May, 1988.

SIGNED SEALED AND DELIVERED
in the presence of:

William F. O'Neil 

STATE OF Florida
COUNTY OF Dade

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements, in the state and county aforesaid, Dolores Darling, As Personal Representative Of The Estate Of Rhonda G. Golios, to me well known and known to be the person(s) described in and who executed the foregoing Release Of All Claims, and she acknowledged to and before me that she has read and fully understands its contents; that she has thereby released all of her claims, and that she duly executed the same in my presence as her free act and deed, and for the sole consideration therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Titusville; County of Dade, State of Florida, on this 5 day of May, 1988.

Margaret B. O'Neil
NOTARY PUBLIC, State of Florida
at Large

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. APR 22, 1991
BONDED THRU GENERAL INS. CO.

RELEASE OF ALL CLAIMS

KNOW ALL MEN BY THESE PRESENTS, that the undersigned, Dolores Darling, as Personal Representative of the Estate of Rhonda G. Golios, for and in consideration of the sum of Ten Thousand (\$10,000.00) Dollars, to her in hand paid on this day, by or on behalf of Steven Zeig, M.D. and South Broward Hospital District Physician's Professional Liability Insurance Trust, the receipt of which is hereby acknowledged, do hereby jointly and severally, forever and in all ways, discharge and fully release the said Steven Zeig, M.D. and South Broward Hospital District Physician's Professional Liability Trust, and their servants, agents, employees, heirs, legal representatives, insurers, successors and assigns, and each of them respectively, and all other persons, firms, corporations, associations and estates, from any and all liability not accrued or hereafter to accrue on account of any and all claims, demands and causes of action which the undersigned now has or may hereafter have against the aforesaid parties hereby released, and by virtue of these presents, do hereby fully release and forever discharge each of them from any and all actions, causes of action, claims, demands, damages, costs, loss of services and consortium, expenses, attorneys' fees, compensation and all consequential damages on account of or in any way growing out of any and all known and unknown injuries and death which may hereafter result, and property damage resulting or to result or arising out of or in connection with that certain accident or event:

WHICH OCCURRED on or about March, 1981 until the death of Rhonda G. Golios, and described more fully in the Complaint for Damages and all amendments filed thereto under Case No. 84-21114 CT, in and for the Seventeenth Judicial Circuit in and for Broward County, Florida.

And for the consideration aforesaid, each person executing this release does hereby covenant and agree as follows:

1. That I have not been influenced in any manner or to any extent in making this release by any representations or statements regarding said injuries, illness and/or disease, or regarding any other matters, by the persons, parties or estates who are hereby released, or by any physician or surgeon by them or any of them employed.

2. That I have had the benefit of counsel of my own attorneys; and that I fully understand the terms of this release; and that I am making full and final settlement of all claims of every nature and character against the persons, parties or estates hereby released.

3. That I do voluntarily accept the aforesaid sum for the purpose of making a full and final compromise, adjustment and settlement of all my claims against the parties hereby released, past, present and future, and including any and all claims upon my death, and upon the death of any of the undersigned by my beneficiaries, spouse, dependents, heirs, children, estate and legal representatives, and all other persons.

4. That the persons, parties or estates hereby released deny any and all liability to me upon all claims which I have asserted or might hereafter assert pertaining to the aforesaid happening or arising out of the injuries aforesaid; and that I have been offered the aforesaid sum by the said persons, parties or estates hereby released to buy their peace and release from all claims, and the aforesaid sum is not offered by them or accepted by me as being in the nature of compensation of injuries, illness, disease, or any other damage or claims asserted by me, or by any of the undersigned.


5. I hereby expressly state that the above consideration is in full payment for this release, and there is no understanding or agreement of any kind for any further or future consideration whatsoever, either implied, expected or to come to me, in money, employment, services or otherwise.

6. I hereby declare that I am eighteen years of age or over and that I am suffering from no legal disabilities whatsoever; and that I am suffering from no mental or physical disability which would disable me from executing this release.

7. That I have caused the action hereinabove referred to be dismissed by proper Order of Court, each party to bear his own costs, and with prejudice to the plaintiff.

IN WITNESS WHEREOF, I have hereunto set my hand and seal and delivered these presents at Miami, Florida, on this 5 day of May, 1988.

SIGNED SEALED AND DELIVERED
in the presence of:

William J. O'Keefe 

STATE OF Florida
COUNTY OF Dade

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements, in the state and county aforesaid, Dolores Darling, As Personal Representative Of The Estate Of Rhonda G. Golios, to me well known and known to be the person(s) described in and who executed the foregoing Release Of All Claims, and she acknowledged to and before me that she has read and fully understands its contents; that she has thereby released all of her claims, and that she duly executed the same in my presence as her free act and deed, and for the sole consideration therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Miami; County of Dade, State of Florida, on this 5 day of May, 1988.

Marguerite B. Hall
NOTARY PUBLIC, State of Florida
at Large

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. APR 20, 1991
BONDED THRU GENERAL INV. BND.

RELEASE OF ALL CLAIMS

KNOW ALL MEN BY THESE PRESENTS, that the undersigned, Dolores Darling, as Personal Representative of the Estate of Rhonda G. Golios, for and in consideration of the sum of Eighty Thousand (\$80,000.00) Dollars, to her in hand paid on this day, by or on behalf of Richard W. Levin, M.D. and South Broward Hospital District Physician's Professional Liability Insurance Trust, the receipt of which is hereby acknowledged, do hereby jointly and severally, forever and in all ways, discharge and fully release the said Richard W. Levin, M.D. and South Broward Hospital District Physician's Professional Liability Trust, and their servants, agents, employees, heirs, legal representatives, insurers, successors and assigns, and each of them respectively, and all other persons, firms, corporations, associations and estates, from any and all liability not accrued or hereafter to accrue on account of any and all claims, demands and causes of action which the undersigned now has or may hereafter have against the aforesaid parties hereby released, and by virtue of these presents, do hereby fully release and forever discharge each of them from any and all actions, causes of action, claims, demands, damages, costs, loss of services and consortium, expenses, attorneys' fees, compensation and all consequential damages on account of or in any way growing out of any and all known and unknown injuries and death which may hereafter result, and property damage resulting or to result or arising out of or in connection with that certain accident or event:

WHICH OCCURRED on or about March, 1981 until the death of Rhonda G. Golios, and described more fully in the Complaint for Damages and all amendments filed thereto under Case No. 84-21114 CT, in and for the Seventeenth Judicial Circuit in and for Broward County, Florida.

And for the consideration aforesaid, each person executing this release does hereby covenant and agree as follows:

1. That I have not been influenced in any manner or to any extent in making this release by any representations or statements regarding said injuries, illness and/or disease, or regarding any other matters, by the persons, parties or estates who are hereby released, or by any physician or surgeon by them or any of them employed.
2. That I have had the benefit of counsel of my own attorneys; and that I fully understand the terms of this release; and that I am making full and final settlement of all claims of every nature and character against the persons, parties or estates hereby released.
3. That I do voluntarily accept the aforesaid sum for the purpose of making a full and final compromise, adjustment and settlement of all my claims against the parties hereby released, past, present and future, and including any and all claims upon my death, and upon the death of any of the undersigned by my beneficiaries, spouse, dependents, heirs, children, estate and legal representatives, and all other persons.
4. That the persons, parties or estates hereby released deny any and all liability to me upon all claims which I have asserted or might hereafter assert pertaining to the aforesaid happening or arising out of the injuries aforesaid; and that I have been offered the aforesaid sum by the said persons, parties or estates hereby released to buy their peace and release from all claims, and the aforesaid sum is not offered by them or accepted by me as being in the nature of compensation of injuries, illness, disease, or any other damage or claims asserted by me, or by any of the undersigned.

5. I hereby expressly state that the above consideration is in full payment for this release, and there is no understanding or agreement of any kind for any further or future consideration whatsoever, either implied, expected or to come to me, in money, employment, services or otherwise.

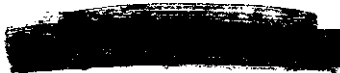
6. I hereby declare that I am eighteen years of age or over and that I am suffering from no legal disabilities whatsoever; and that I am suffering from no mental or physical disability which would disable me from executing this release.

7. That I have caused the action hereinabove referred to be dismissed by proper Order of Court, each party to bear his own costs, and with prejudice to the plaintiff.

IN WITNESS WHEREOF, I have hereunto set my hand and seal and delivered these presents at Miami, Florida, on this 5 day of May, 1988.

SIGNED SEALED AND DELIVERED
in the presence of:

William J. Hill



STATE OF Florida

COUNTY OF Dade

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements, in the state and county aforesaid, Dolores Darling, As Personal Representative Of The Estate Of Rhonda G. Golios, to me well known and known to be the person(s) described in and who executed the foregoing Release Of All Claims, and she acknowledged to and before me that she has read and fully understands its contents; that she has thereby released all of her claims, and that she duly executed the same in my presence as her free act and deed, and for the sole consideration therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Miami; County of Dade, State of Florida, on this 5 day of May, 1988.

William J. Hill
NOTARY PUBLIC, State of Florida
at Large

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. APR. 23, 1991
BONDED THRU GENERAL INS. UND.



RELEASE OF ALL CLAIMS

KNOW ALL MEN BY THESE PRESENTS, that the undersigned, Dolores Darling, as Personal Representative of the Estate of Rhonda G. Golios, for and in consideration of the sum of Ten Thousand (\$10,000.00) Dollars, to her in hand paid on this day, by or on behalf of Stuart Shull, M.D. and South Broward Hospital District Physician's Professional Liability Insurance Trust, the receipt of which is hereby acknowledged, do hereby jointly and severally, forever and in all ways, discharge and fully release the said Stuart Shull, M.D. and South Broward Hospital District Physician's Professional Liability Trust, and their servants, agents, employees, heirs, legal representatives, insurers, successors and assigns, and each of them respectively, and all other persons, firms, corporations, associations and estates, from any and all liability not accrued or hereafter to accrue on account of any and all claims, demands and causes of action which the undersigned now has or may hereafter have against the aforesaid parties hereby released, and by virtue of these presents, do hereby fully release and forever discharge each of them from any and all actions, causes of action, claims, demands, damages, costs, loss of services and consortium, expenses, attorneys' fees, compensation and all consequential damages on account of or in any way growing out of any and all known and unknown injuries and death which may hereafter result, and property damage resulting or to result or arising out of or in connection with that certain accident or event:

WHICH OCCURRED on or about March, 1981 until the death of Rhonda G. Golios, and described more fully in the Complaint for Damages and all amendments filed thereto under Case No. 84-21114 CT, in and for the Seventeenth Judicial Circuit in and for Broward County, Florida.

And for the consideration aforesaid, each person executing this release does hereby covenant and agree as follows:

1. That I have not been influenced in any manner or to any extent in making this release by any representations or statements regarding said injuries, illness and/or disease, or regarding any other matters, by the persons, parties or estates who are hereby released, or by any physician or surgeon by them or any of them employed.

2. That I have had the benefit of counsel of my own attorneys; and that I fully understand the terms of this release; and that I am making full and final settlement of all claims of every nature and character against the persons, parties or estates hereby released.

3. That I do voluntarily accept the aforesaid sum for the purpose of making a full and final compromise, adjustment and settlement of all my claims against the parties hereby released, past, present and future, and including any and all claims upon my death, and upon the death of any of the undersigned by my beneficiaries, spouse, dependents, heirs, children, estate and legal representatives, and all other persons.

4. That the persons, parties or estates hereby released deny any and all liability to me upon all claims which I have asserted or might hereafter assert pertaining to the aforesaid happening or arising out of the injuries aforesaid; and that I have been offered the aforesaid sum by the said persons, parties or estates hereby released to buy their peace and release from all claims, and the aforesaid sum is not offered by them or accepted by me as being in the nature of compensation of injuries, illness, disease, or any other damage or claims asserted by me, or by any of the undersigned.

5. I hereby expressly state that the above consideration is in full payment for this release, and there is no understanding or agreement of any kind for any further or future consideration whatsoever, either implied, expected or to come to me, in money, employment, services or otherwise.

6. I hereby declare that I am eighteen years of age or over and that I am suffering from no legal disabilities whatsoever; and that I am suffering from no mental or physical disability which would disable me from executing this release.

7. That I have caused the action hereinabove referred to be dismissed by proper Order of Court, each party to bear his own costs, and with prejudice to the plaintiff.

IN WITNESS WHEREOF, I have hereunto set my hand and seal and delivered these presents at Miami, Florida, on this 5 day of May, 1988.

SIGNED SEALED AND DELIVERED
in the presence of:

William F. Price [Redacted]

STATE OF Florida
COUNTY OF Dade

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements, in the state and county aforesaid, Dolores Darling, As Personal Representative Of The Estate Of Rhonda G. Golios, to me well known and known to be the person(s) described in and who executed the foregoing Release Of All Claims, and she acknowledged to and before me that she has read and fully understands its contents; that she has thereby released all of her claims, and that she duly executed the same in my presence as her free act and deed, and for the sole consideration therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Miami; County of Dade, State of Florida, on this 5 day of May, 1988.

Marionette Hill
NOTARY PUBLIC, State of Florida
at Large

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. APR. 23, 1991
BONDED THRU GENERAL INV. 0700.

RELEASE OF ALL CLAIMS

KNOW ALL MEN BY THESE PRESENTS, that the undersigned, Dolores Darling, as Personal Representative of the Estate of Rhonda G. Golios, for and in consideration of the sum of Ten Thousand (\$10,000.00) Dollars, to her in hand paid on this day, by or on behalf of Gurland, Miller, Shull & Scherer, P.A. and South Broward Hospital District Physician's Professional Liability Insurance Trust, the receipt of which is hereby acknowledged, do hereby jointly and severally, forever and in all ways, discharge and fully release the said Gurland, Miller, Shull & Scherer, P.A. and South Broward Hospital District Physician's Professional Liability Trust, and their servants, agents, employees, heirs, legal representatives, insurers, successors and assigns, and each of them respectively, and all other persons, firms, corporations, associations and estates, from any and all liability not accrued or hereafter to accrue on account of any and all claims, demands and causes of action which the undersigned now has or may hereafter have against the aforesaid parties hereby released, and by virtue of these presents, do hereby fully release and forever discharge each of them from any and all actions, causes of action, claims, demands, damages, costs, loss of services and consortium, expenses, attorneys' fees, compensation and all consequential damages on account of or in any way growing out of any and all known and unknown injuries and death which may hereafter result, and property damage resulting or to result or arising out of or in connection with that certain accident or event:

WHICH OCCURRED on or about March, 1981 until the death of Rhonda G. Golios, and described more fully in the Complaint for Damages and all amendments filed thereto under Case No. 84-21114 CT, in and for the Seventeenth Judicial Circuit in and for Broward County, Florida.

And for the consideration aforesaid, each person executing this release does hereby covenant and agree as follows:

1. That I have not been influenced in any manner or to any extent in making this release by any representations or statements regarding said injuries, illness and/or disease, or regarding any other matters, by the persons, parties or estates who are hereby released, or by any physician or surgeon by them or any of them employed.

2. That I have had the benefit of counsel of my own attorneys; and that I fully understand the terms of this release; and that I am making full and final settlement of all claims of every nature and character against the persons, parties or estates hereby released.

3. That I do voluntarily accept the aforesaid sum for the purpose of making a full and final compromise, adjustment and settlement of all my claims against the parties hereby released, past, present and future, and including any and all claims upon my death, and upon the death of any of the undersigned by my beneficiaries, spouse, dependents, heirs, children, estate and legal representatives, and all other persons.

4. That the persons, parties or estates hereby released deny any and all liability to me upon all claims which I have asserted or might hereafter assert pertaining to the aforesaid happening or arising out of the injuries aforesaid; and that I have been offered the aforesaid sum by the said persons, parties or estates hereby released to buy their peace and release from all claims, and the aforesaid sum is not offered by them or accepted by me as being in the nature of compensation of injuries, illness, disease, or any other damage or claims asserted by me, or by any of the undersigned.

5. I hereby expressly state that the above consideration is in full payment for this release, and there is no understanding or agreement of any kind for any further or future consideration whatsoever, either implied, expected or to come to me, in money, employment, services or otherwise.

6. I hereby declare that I am eighteen years of age or over and that I am suffering from no legal disabilities whatsoever; and that I am suffering from no mental or physical disability which would disable me from executing this release.

7. That I have caused the action hereinabove referred to be dismissed by proper Order of Court, each party to bear his own costs, and with prejudice to the plaintiff.

IN WITNESS WHEREOF, I have hereunto set my hand and seal and delivered these presents at Miami, Florida, on this 5 day of May, 1988.

SIGNED SEALED AND DELIVERED
in the presence of:

William D. Hill



STATE OF Florida

COUNTY OF Dade

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements, in the state and county aforesaid, Dolores Darling, As Personal Representative of The Estate of Rhonda G. Golios, to me well known and known to be the person(s) described in and who executed the foregoing Release Of All Claims, and she acknowledged to and before me that she has read and fully understands its contents; that she has thereby released all of her claims, and that she duly executed the same in my presence as her free act and deed, and for the sole consideration therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Miami; County of Dade, State of Florida, on this 5 day of May, 1988.

Marionette B. Hill
NOTARY PUBLIC, State of Florida
at Large

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXPIRES APR 23, 1991
BONDED UNDER GENERAL INS. BOND.

RELEASE OF ALL CLAIMS

KNOW ALL MEN BY THESE PRESENTS, that the undersigned, Dolores Darling, as Personal Representative of the Estate of Rhonda G. Golios, for and in consideration of the sum of Ten Thousand (\$10,000.00) Dollars, to her in hand paid on this day, by or on behalf of Clifford Benezra, M.D. and South Broward Hospital District Physician's Professional Liability Insurance Trust, the receipt of which is hereby acknowledged, do hereby jointly and severally, forever and in all ways, discharge and fully release the said Clifford Benezra, M.D. and South Broward Hospital District Physician's Professional Liability Trust, and their servants, agents, employees, heirs, legal representatives, insurers, successors and assigns, and each of them respectively, and all other persons, firms, corporations, associations and estates, from any and all liability not accrued or hereafter to accrue on account of any and all claims, demands and causes of action which the undersigned now has or may hereafter have against the aforesaid parties hereby released, and by virtue of these presents, do hereby fully release and forever discharge each of them from any and all actions, causes of action, claims, demands, damages, costs, loss of services and consortium, expenses, attorneys' fees, compensation and all consequential damages on account of or in any way growing out of any and all known and unknown injuries and death which may hereafter result, and property damage resulting or to result or arising out of or in connection with that certain accident or event:

WHICH OCCURRED on or about March, 1981 until the death of Rhonda G. Golios, and described more fully in the Complaint for Damages and all amendments filed thereto under Case No. 84-21114 CT, in and for the Seventeenth Judicial Circuit in and for Broward County, Florida.

And for the consideration aforesaid, each person executing this release does hereby covenant and agree as follows:

1. That I have not been influenced in any manner or to any extent in making this release by any representations or statements regarding said injuries, illness and/or disease, or regarding any other matters, by the persons, parties or estates who are hereby released, or by any physician or surgeon by them or any of them employed.

2. That I have had the benefit of counsel of my own attorneys; and that I fully understand the terms of this release; and that I am making full and final settlement of all claims of every nature and character against the persons, parties or estates hereby released.

3. That I do voluntarily accept the aforesaid sum for the purpose of making a full and final compromise, adjustment and settlement of all my claims against the parties hereby released, past, present and future, and including any and all claims upon my death, and upon the death of any of the undersigned by my beneficiaries, spouse, dependents, heirs, children, estate and legal representatives, and all other persons.

4. That the persons, parties or estates hereby released deny any and all liability to me upon all claims which I have asserted or might hereafter assert pertaining to the aforesaid happening or arising out of the injuries aforesaid; and that I have been offered the aforesaid sum by the said persons, parties or estates hereby released to buy their peace and release from all claims, and the aforesaid sum is not offered by them or accepted by me as being in the nature of compensation of injuries, illness, disease, or any other damage or claims asserted by me, or by any of the undersigned.

RELEASE OF ALL CLAIMS

KNOW ALL MEN BY THESE PRESENTS, that the undersigned, Dolores Darling, as Personal Representative of the Estate of Rhonda G. Golios, for and in consideration of the sum of Ten Thousand (\$10,000.00) Dollars, to her in hand paid on this day, by or on behalf of Robert L. Levinson, M.D. and South Broward Hospital District Physician's Professional Liability Insurance Trust, the receipt of which is hereby acknowledged, do hereby jointly and severally, forever and in all ways, discharge and fully release the said Robert L. Levinson, M.D. and South Broward Hospital District Physician's Professional Liability Trust, and their servants, agents, employees, heirs, legal representatives, insurers, successors and assigns, and each of them respectively, and all other persons, firms, corporations, associations and estates, from any and all liability not accrued or hereafter to accrue on account of any and all claims, demands and causes of action which the undersigned now has or may hereafter have against the aforesaid parties hereby released, and by virtue of these presents, do hereby fully release and forever discharge each of them from any and all actions, causes of action, claims, demands, damages, costs, loss of services and consortium, expenses, attorneys' fees, compensation and all consequential damages on account of or in any way growing out of any and all known and unknown injuries and death which may hereafter result, and property damage resulting or to result or arising out of or in connection with that certain accident or event:

WHICH OCCURRED on or about March, 1981 until the death of Rhonda G. Golios, and described more fully in the Complaint for Damages and all amendments filed thereto under Case No. 84-21114 CT, in and for the Seventeenth Judicial Circuit in and for Broward County, Florida.

And for the consideration aforesaid, each person executing this release does hereby covenant and agree as follows:

1. That I have not been influenced in any manner or to any extent in making this release by any representations or statements regarding said injuries, illness and/or disease, or regarding any other matters, by the persons, parties or estates who are hereby released, or by any physician or surgeon by them or any of them employed.

2. That I have had the benefit of counsel of my own attorneys; and that I fully understand the terms of this release; and that I am making full and final settlement of all claims of every nature and character against the persons, parties or estates hereby released.

3. That I do voluntarily accept the aforesaid sum for the purpose of making a full and final compromise, adjustment and settlement of all my claims against the parties hereby released, past, present and future, and including any and all claims upon my death, and upon the death of any of the undersigned by my beneficiaries, spouse, dependents, heirs, children, estate and legal representatives, and all other persons.

4. That the persons, parties or estates hereby released deny any and all liability to me upon all claims which I have asserted or might hereafter assert pertaining to the aforesaid happening or arising out of the injuries aforesaid; and that I have been offered the aforesaid sum by the said persons, parties or estates hereby released to buy their peace and release from all claims, and the aforesaid sum is not offered by them or accepted by me as being in the nature of compensation of injuries, illness, disease, or any other damage or claims asserted by me, or by any of the undersigned.


5. I hereby expressly state that the above consideration is in full payment for this release, and there is no understanding or agreement of any kind for any further or future consideration whatsoever, either implied, expected or to come to me, in money, employment, services or otherwise.

6. I hereby declare that I am eighteen years of age or over and that I am suffering from no legal disabilities whatsoever; and that I am suffering from no mental or physical disability which would disable me from executing this release.

7. That I have caused the action hereinabove referred to be dismissed by proper Order of Court, each party to bear his own costs, and with prejudice to the plaintiff.

IN WITNESS WHEREOF, I have hereunto set my hand and seal and delivered these presents at Miami, Florida, on this 5 day of May, 1988.

SIGNED SEALED AND DELIVERED
in the presence of:

William J. Heise 

STATE OF Florida

COUNTY OF Dade

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements, in the state and county aforesaid, Dolores Darling, As Personal Representative Of The Estate Of Rhonda G. Golios, to me well known and known to be the person(s) described in and who executed the foregoing Release Of All Claims, and she acknowledged to and before me that she has read and fully understands its contents; that she has thereby released all of her claims, and that she duly executed the same in my presence as her free act and deed, and for the sole consideration therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Miami; County of Dade, State of Florida, on this 5 day of May, 1988.

Marquitta B. Hill
NOTARY PUBLIC, State of Florida
at Large

My Commission Expires:

NOTARY PUBLIC
STATE OF FLORIDA
COMMISSION EXPIRES