

**IN THE CIRCUIT COURT OF THE  
SECOND JUDICIAL CIRCUIT IN  
AND FOR LEON COUNTY, FLORIDA**

IN RE:  
The Receivership of DOCTORCARE  
INC., a Florida Corporation.

CASE NO.: 06-CA-2965

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**RECEIVER'S MOTION FOR APPROVAL OF SECOND CLAIMS  
DISTRIBUTION REPORT, FINAL DISTRIBUTION ACCOUNTING, FOR  
ORDER AUTHORIZING FINAL DISTRIBUTION, AND CONFIRMING  
DEADLINE TO FILE ASSIGNMENTS OF CLAIM**

The Florida Department of Financial Services, as Receiver of DoctorCare, Inc. (hereinafter "Receiver"), by and through its undersigned counsel, moves this Honorable Court for entry of an Order approving the Receiver's Second Claims Distribution Report and Final Distribution Accounting, for an Order Authorizing Final Distribution in accordance with the above documents, and Confirming Deadline to File Assignments of Claim, and in support of its Motion states as follows:

1. On November 27, 2006, this Court entered an Order Appointing the Florida Department of Financial Services as Receiver for Purposes of Liquidation, Injunction, and Notice of Automatic Stay, effective December 1, 2006.

2. DoctorCare, Inc. ("DoctorCare") was a Medicare-approved health maintenance organization ("HMO") with approximately 5,700 subscribers and 4000 providers. Upon DoctorCare's liquidation, those subscribers were assigned to one of two other HMOs which agreed to assume the former DoctorCare members.

3. This Court has jurisdiction over the DoctorCare receivership and is “authorized to make all necessary or proper orders to carry out the purposes of” the Florida Insurers Rehabilitation and Liquidation Act, Section 631.021(1), Florida Statutes.

4. As DoctorCare was a Medicare Advantage HMO, there was no guaranty association to pay claims. The total number of filed claims is 8268, for a total amount claimed of \$79,757,429.49.

5. This Court previously entered an Order Approving Final Claims Report, Claims Distribution Report and Distribution Accounting and Authorizing Distribution on May 17, 2011, a copy of which is attached hereto as Exhibit 1. That Order authorized a partial distribution of estate assets in the amount of \$30,731.63 on allowed claims in Class 2, and the Receiver made said distribution.

6. At that time, the Receiver had not obtained the federal release to allow the Receiver to distribute past Class 4. Now that the release has been executed, and the Court has approved the release in its Order Approving Release Agreement With the United States entered on August 21, 2012, the Receiver is able to move forward with the remainder of its obligations pursuant to Chapter 631, Florida Statutes and make a distribution of receivership assets.

7. The assets of DoctorCare will be distributed to claimants in accordance with the Claims Distribution Report, summary page, dated September 14, 2012 (“CDR”, attached hereto as Exhibit 2). The CDR lists all claims in Class 6 where an approved amount has been recommended in the Final Claims Report and is in accord with Section 631.271, Florida Statutes. (As there are only sufficient funds to pay pro rata through Class 6, the Class 10 claims were not evaluated.)

8. Based upon the Final Distribution Accounting, which is attached hereto as Exhibit 3, the Receiver is prepared to distribute \$3,406,081.62 to all allowed claims in Class 6.

9. The Receiver recommends that the Second Claims Distribution Report and the Final Distribution Accounting be approved.

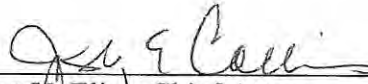
10. The Receiver further advises the Court that many of the original claimants assigned their claims to other entities, and the Receiver continues to receive Assignment of Claim Change Forms even several years after the deadline to file a Proof of Claim in the estate has passed. The processing of such Assignments requires the Receiver to continually update its databases as well as to verify the accuracy and credibility of said Assignments at a time when it is attempting to finalize its accounting, cut checks, and close out the estate.

11. The Assignment Form already notifies claimants that Assignments will not be accepted after this distribution petition/Motion is filed with the Court. (Exhibit 4) The Receiver therefore requests that the Court confirm that the date of filing of this Motion is the last date that the Receiver may accept any further Assignments of Claim.

12. Lastly, despite the Receiver's best efforts, some approved claims may have inadequate current address information, and/or may not have provided the Receiver with a W-9 form, required by the Internal Revenue Service. The Receiver asks for authority to remit the funds due to these claimants to the Unclaimed Property Bureau of the Florida Department of Financial Services.

WHEREFORE the Receiver respectfully requests this Court grant this Motion and a) enter an Order approving the Second Claims Distribution Report and Final Claims Distribution Accounting, b) authorizing the Receiver to make the above referenced final distribution to the Class 6 claimants in this receivership, and c) confirm that the date of filing this Motion is the last date that the Receiver may accept any further Assignments of Claim.

**RESPECTFULLY SUBMITTED** this 27 day of September, 2012.



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**IN THE CIRCUIT COURT OF THE  
SECOND JUDICIAL CIRCUIT IN  
AND FOR LEON COUNTY, FLORIDA**

IN RE:  
The Receivership of DOCTORCARE  
INC., a Florida Corporation.

CASE NO.: 06-CA-2965

**ORDER APPROVING FINAL CLAIMS REPORT, CLAIMS DISTRIBUTION  
REPORT AND DISTRIBUTION ACCOUNTING AND AUTHORIZING  
DISTRIBUTION**

THIS CAUSE having come before the Court on the Florida Department of Financial Services, as Receiver of DoctorCare, Inc. (hereinafter "Receiver"), Motion for Approval of Final Claims Report, Claims Distribution Report and Distribution Accounting, and for Order Authorizing Distribution, and the Court having reviewed the pleadings of record and otherwise being fully advised in the premises, it is hereby ORDERED AND ADJUDGED as follows:

1. The Receiver's Final Claims Report dated April 1, 2011 is hereby approved.
2. The Receiver's Claims Distribution Report dated April 14, 2011, attached as Exhibit 2 to the Receiver's Motion is hereby approved.
3. The Receiver's Distribution Accounting, attached as Exhibit 4 to the Receiver's Motion, is hereby approved.
4. The Receiver is authorized and directed to make a distribution of estate assets in the amount of \$30,731.63 on allowed claims in Class 2 in this receivership.
5. The Receiver's recommendation that the distribution amounts intended for claimants who did not respond to the Receiver's inquiries, or where inadequate address information

**EXHIBIT 1**

exists, be transferred to the Florida Department of Financial Services, Bureau of Unclaimed Property, is approved.

6. The Receiver is authorized to incorporate any future claimant information updates resulting from the distribution process into its database.

DONE AND ORDERED, in Chambers at the Leon County Courthouse in Tallahassee, Leon County, Florida, this 17<sup>th</sup> day of May, 2011.



\_\_\_\_\_  
JUDGE TERRY P. LEWIS

Copy furnished to:  
William A. Spillias, Esq.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION  
 DOCTORCARE, INC  
 CLAIMS DISTRIBUTION REPORT

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED	\$70,495,621.35
TOTAL AMOUNT RECOMMENDED	\$15,169,625.92
TOTAL NUMBER	858

Secured Claims

COUNT OF SECURED CLAIMS : 0  
 AMOUNT CLAIMED FOR SECURED CLAIMS :  
 AMOUNT RECOMMENDED FOR SECURED CLAIMS :

Unsecured Claims

COUNT OF CLASS 1 CLAIMS :	0	COUNT OF CLASS 6 CLAIMS :	858
AMOUNT CLAIMED FOR CLASS 1 CLAIMS :		AMOUNT CLAIMED FOR CLASS 6 CLAIMS :	\$70,495,621.35
AMOUNT RECOMMENDED FOR CLASS 1 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 6 CLAIMS :	\$15,169,625.92
COUNT OF CLASS 2 CLAIMS :	0	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS :		AMOUNT CLAIMED FOR CLASS 7 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 2 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 7 CLAIMS :	
COUNT OF CLASS 3 CLAIMS :	0	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS :		AMOUNT CLAIMED FOR CLASS 8 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 3 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 8 CLAIMS :	
COUNT OF CLASS 4 CLAIMS :	0	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 4 CLAIMS :		AMOUNT CLAIMED FOR CLASS 9 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 4 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 9 CLAIMS :	
COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 10 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS :		AMOUNT CLAIMED FOR CLASS 10 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 5 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 10 CLAIMS :	

**DoctorCare, Inc.**  
**Distribution Accounting**  
**Projected for September 2012 Distribution**

**ESTIMATED ASSETS AT AUGUST 31, 2012**

	<u>Value</u>	<u>Reference</u>
Cash	\$ 3,410,487.75	Schedule A
Accrued Interest Rec. (To be paid 9/01/2012)	6,000.00	Schedule D
<b>Total Assets</b>	<b>\$ 3,416,487.75</b>	

**ESTIMATED FUNDS RETAINAGE**

	<u>Value</u>	<u>Reference</u>
Class I - Administrative Claims Retainage for Receiver Expenses Estimate (Septmber 2012- December 2012)	4,406.13	Schedule B
Discharge Expenses Retainage for records storage, records destruction, tax return prep. & labor	6,000.00	Schedule E
<b>Total Proposed Retainage</b>	<b>10,406.13</b>	

**TOTAL AVAILABLE TO DISTRIBUTE** **\$ 3,406,081.62**

**DISTRIBUTION RECOMMENDATION**

	<u>Claims Value</u>	<u>Less Previous Claims Distributions</u>	<u>Value of Claims Outstanding</u>	<u>Apply Adv. Pmts. to Guaranty Assoc.</u>	<u>Recommended Distribution</u>	<u>% Value of Claims Outstanding</u>	<u>% Value of Gross Filed Claims</u>	<u>Total % of Claims Value Distributed</u>
Class I - Administrative Claims-Guaranty Funds	\$ -	\$ -	\$ -	<del>-----</del>	\$ -	0.0000%	0.0000%	0.0000%
Class II - Loss Claims-Guaranty Funds	-	-	-	<del>-----</del>	-	0.0000%	0.0000%	0.0000%
Class II - Loss Claims-Other	30,731.63	30,731.63	-	<del>-----</del>	-	0.0000%	0.0000%	100.0000%
Class III - Return Premium Claims-Guaranty Funds	-	-	-	<del>-----</del>	-	0.0000%	0.0000%	0.0000%
Class III - Return Premium Claims-Other	-	-	-	<del>-----</del>	-	0.0000%	0.0000%	0.0000%
Class IV - Federal Government Claims	-	-	-	<del>-----</del>	-	0.0000%	0.0000%	0.0000%
Class V - Employee Claims	-	-	-	<del>-----</del>	-	0.0000%	0.0000%	0.0000%
Class VI - General Creditors Claims	15,169,625.92	-	15,169,625.92	<del>-----</del>	3,406,081.62	22.4533%	22.4533%	22.4533%
Class VII - State & Local Government Claims	-	-	-	<del>-----</del>	-	0.0000%	0.0000%	0.0000%
Class VIII - Late Filed Claims	-	-	-	<del>-----</del>	-	0.0000%	0.0000%	0.0000%
Class IX - Surplus/Other-GA	-	-	-	<del>-----</del>	-	0.0000%	0.0000%	0.0000%
Class IX - Surplus/Other Claims	-	-	-	<del>-----</del>	-	0.0000%	0.0000%	0.0000%
Class X - Shareholder Claims	3,018,978.20	-	3,018,978.20	<del>-----</del>	-	0.0000%	0.0000%	0.0000%
<b>Totals</b>	<b>\$ 18,219,335.75</b>	<b>\$ 30,731.63</b>	<b>\$ 18,188,604.12</b>	<b>\$ -</b>	<b>\$ 3,406,081.62</b>			

**Index to Attached Schedules:**

- Schedule A - Available Cash Projection
- Schedule B - Estimated Funds to be Retained by the Receiver for Discharge of the Estate
- Schedule C - Allocated State Funds Expensed
- Schedule D - Interest Earnings Projection - Pooled Cash
- Schedule E - Receiver Discharge Expenses



**DoctorCare, Inc.**  
**Available Cash Projection**  
**Projected for September 2012 Distribution**

	Cash Bal. as of July 31, 2012	August
<b>Beginning Pooled Cash Balance</b>		\$ 3,406,114.78
<b>Direct Receiver Expenses (Actual or Estimated)</b>		
Rent-Storage & Utilities		150.00
<b>Sub-total</b>		<b>150.00</b>
<b>Allocated Receiver Expenses (Estimated)</b>		
Labor & Benefits		1,322.00 <sup>1</sup>
Indirect Expenses		380.00 <sup>2</sup>
<b>Sub-total</b>		<b>1,702.00</b>
<b>Cash Balance Before Interest Earnings</b>		<b>3,404,262.78</b>
<b>Interest Earnings</b>		
<b>Pooled Cash:</b>		
Actual SPIA Earnings for July to be credited on 08/01/2012.		6,224.97
<b>Ending Pooled Cash Balance</b>	<b>\$ 3,406,114.78</b>	<b>\$ 3,410,487.75</b>

**Assumptions for Allocated Receiver Expenses:**

<sup>1</sup> Labor & Benefits: This estimate is based on a four month actual average. Doubled for increased activity leading up to distribution.

April Actual	\$	1,901.86
May Actual		395.93
June Actual		176.28
July Actual		171.14
Sub-total		2,645.21
4 mth. actual average (rounded)		661.00
Doubled for increased activity level	\$	1,322.00

<sup>2</sup> Indirect Expenses: This estimate is DoctorCare's estimated pro rata share of the Receiver's estimated total indirect expenses. The pro rata share calculation is based on DoctorCare's estimated total assets divided by the Receiver's estimated total assets for all receiverships.

Estimated Total Asset %		0.23%
Estimated Total for the Receiver	\$	165,000.00
Estimated Expense (rounded)	\$	380.00

**DoctorCare, Inc.**  
 Estimated Funds to be Retained by the Receiver for Discharge of the Estate  
 Estimated from September 2012 through the Projected Discharge Date of December 2012

	August	September	October	November	December	Retainage Calculation
Beginning Cash Balance		\$ 3,410,487.75	\$ 2,554.13	\$ 3,702.13	\$ 1,850.13	
Direct Receiver Expenses						
Rent - Storage		150.00	150.00	150.00	150.00	
Sub-total		150.00	150.00	150.00	150.00	\$ 600.00
Allocated Receiver Expenses						
Labor & Benefits		1,322.00 <sup>1</sup>	1,322.00 <sup>1</sup>	1,322.00 <sup>1</sup>	1,322.00 <sup>1</sup>	
Indirect Expenses		380.00 <sup>2</sup>	380.00 <sup>2</sup>	380.00 <sup>2</sup>	380.00 <sup>2</sup>	
Sub-total		1,702.00	1,702.00	1,702.00	1,702.00	\$ 6,808.00
Claims Distribution (Approx.)		3,406,081.62				
Cash Balance Before Interest Earnings		2,554.13	702.13	1,850.13	(1.87)	
Interest Earnings						
Estimate based on assumed SPIA APR on the previous month's average Pooled Cash balance (See Schedule D).			3,000.00			
Projected Ending Cash Balance	\$ 3,410,487.75	\$ 2,554.13	\$ 3,702.13	\$ 1,850.13	\$ (1.87)	\$ 3,000.00 <sup>3</sup>
						\$ 4,406.13

**Assumptions for Allocated Receiver Expenses:**

<sup>1</sup> Labor & Benefits: This estimate is based on a four month actual average doubled for increased labor activity through discharge.

April Actual	\$ 1,901.86
May Actual	395.93
June Actual	176.28
July Actual	171.14
Sub-total	2,645.21
4 mth. actual average (rounded)	661.00
Doubled for increased distribution activity	\$ 1,322.00

<sup>2</sup> Indirect Expenses: This estimate is DoctorCare's estimated pro rata share of the Receiver's estimated total indirect expenses. The pro rata share calculation is based on DoctorCare's estimated total assets divided by the Receiver's estimated total assets for all receiverships.

Estimated Total Asset %	0.23%
Estimated Total for the Receiver	\$ 165,000.00
Estimated Expense (rounded)	\$ 380.00

<sup>3</sup> The August 2012 interest is not included in the 'Retainage Calculation' as it is included as Accrued Interest in the Estimated Assets at August 31, 2012 on the Distribution Accounting Statement.

**DoctorCare, Inc.**  
 Allocated State Funds Expensed  
 Estimated from August 2012 through the Projected Discharge Date of December 2012  
**THIS STATEMENT INCLUDED FOR INFORMATION PURPOSES ONLY - AMOUNTS NOT PART OF DISTRIBUTION CALCULATION**

	August	September	October	November	December	Totals
<b>Accrued Allocated State of Florida Expenses (Estimated)</b>						
Labor & Benefits	\$ 240.00 <sup>1</sup>	\$ 240.00 <sup>1</sup>	\$ 240.00 <sup>1</sup>	\$ 240.00 <sup>1</sup>	\$ 240.00 <sup>1</sup>	\$ 1,200.00
Indirect Expenses	30.00 <sup>2</sup>	30.00 <sup>2</sup>	30.00 <sup>2</sup>	30.00 <sup>2</sup>	30.00 <sup>2</sup>	150.00
<b>Total</b>	<b>\$ 270.00</b>	<b>\$ 270.00</b>	<b>\$ 270.00</b>	<b>\$ 270.00</b>	<b>\$ 270.00</b>	<b>\$ 1,350.00 <sup>3</sup></b>

**Assumptions for Allocated State of Florida Expenses:**

<sup>1</sup> Labor & Benefits: This estimate is based on a four month actual average doubled for increased labor activity through discharge.

April Actual	30.62
May Actual	91.90
June Actual	178.40
July Actual	166.49
Sub-total	467.41
4 mth. actual average (rounded)	\$ 120.00
Doubled for increased distribution activity	\$ 240.00

<sup>2</sup> Indirect Expenses: This estimate is DoctorCare's estimated pro rata share of the State's estimated total indirect expenses. The pro rata share calculation is based on DoctorCare's estimated total assets divided by the Receiver's estimated total assets for all receiverships.

Estimated Total Asset %	0.23%
Estimated Total for the State	\$ 13,000.00
Estimated Expense (rounded)	\$ 30.00

<sup>3</sup> Per current Receiver policies and procedures, these accumulated amounts are recorded directly against estate equity as opposed to a liability account.

**DoctorCare, Inc.**  
**Interest Earnings Projection - Pooled Cash**  
**Projected for September 2012 Distribution**

**Interest accrued for August**

Beginning cash balance at 8/01/2012	\$	3,406,114.78
Ending cash balance at 08/31/2012		3,410,487.75
Average cash balance for August		3,408,301.27
Assumed SPIA interest rate (Annualized)		2.00%
Subtotal (Annualized)		68,166.03
<b>Accrual for August (Rounded)</b>	<b>\$</b>	<b><u>6,000.00</u></b>

**Interest accrued for September**

Beginning cash balance at 09/01/2012		3,410,487.75
Ending cash balance at 09/30/2012		2,554.13
Average cash balance for September		1,706,520.94
Assumed SPIA interest rate (Annualized)		2.00%
Subtotal (Annualized)		34,130.42
<b>Accrual for September (Rounded)</b>	<b>\$</b>	<b><u>3,000.00</u></b>

**Interest accrued for October**

Beginning cash balance at 10/01/2012		2,554.13
Ending cash balance at 10/31/2012		3,702.13
Average cash balance for October		3,128.13
Assumed SPIA interest rate (Annualized)		2.00%
Subtotal (Annualized)		62.56
<b>Accrual for October (Rounded)</b>	<b>\$</b>	<b><u>-</u></b>

**Interest accrued for November**

Beginning cash balance at 11/01/2012		3,702.13
Ending cash balance at 11/30/2012		1,850.13
Average cash balance November 2010		2,776.13
Assumed SPIA interest rate (Annualized)		2.00%
Subtotal (Annualized)		55.52
<b>Accrual for November (Rounded)</b>	<b>\$</b>	<b><u>-</u></b>

**Interest accrued for December**

Beginning cash balance at 12/01/2012		1,850.13
Ending cash balance at 12/31/2012		(1.87)
Average cash balance for December		924.13
Assumed SPIA interest rate (Annualized)		2.00%
Subtotal (Annualized)		18.48
<b>Accrual for December (Rounded)</b>	<b>\$</b>	<b><u>-</u></b>

**DoctorCare, Inc.**  
**Receiver Discharge Expenses**  
**Projected for September 2012 Distribution**

**Discharge Expenses (Projected for Post 12/31/2012)**

Records Storage, Records Destruction, Labor  
2012 Tax Return Preparation

6,000.00

**Total**

**\$ 6,000.00**



DEPARTMENT OF FINANCIAL SERVICES

Division of Rehabilitation and Liquidation  
[www.floridainsurancereceiver.org](http://www.floridainsurancereceiver.org)

For DFS purposes only;
_____ Adjuster
_____ Date
_____ Supervisor
_____ Date

**Assignment of Claim Request Change Form**

Company in Liquidation:	Claim #:
Policy #:	Receiver's ID#/Suffix:

**Claimant name (you or your firm's name) and address currently on file with Receiver:**

Claimant Name:		
Address:		
City:	State:	Zip:

By submitting this form, you or your firm are requesting that the Receiver's records for your claim be permanently changed to show that the person/entity entered below is the new owner of the title, interest and rights to your claim, including any future mailings and distributions if they occur. **Please note that no alterations can be made to the wording on this form and no part of the form can be obscured or redacted.**

New Owner Name:		
Address:		
City:	State:	Zip:
Phone #:		

With your signature, you acknowledge that it is your intent to sell your claim and that the purchase price of the claim may differ from the amount ultimately distributed in the Receivership proceeding with respect to the claim, and that such amount may not be absolutely determined until the conclusion of the Receivership proceeding. You further acknowledge and represent that you or your firm has adequate information concerning the business and financial condition of the estate of the claim and the status of the Receivership proceeding to make an informed decision regarding the sale of the claim and that you or your firm has independently made an analysis and decision to enter into the assignment.

**Please have your signature notarized** below and return this form along with the supporting documentation as outlined in the instructions to: The Department of Financial Services, Division of Rehabilitation and Liquidation, Attention: Claims Dept – Assignment of Claim, 2020 Capital Circle SE Suite 310, Tallahassee, FL 32301.

_____	_____	_____
<b>Claimant Signature</b>	<b>Date</b>	<b>Relationship to Claimant</b>

**I swear or affirm that I am the claimant referenced in the claimant name and address section of this form and/or am authorized to sign this form on the claimant's behalf. I further swear under penalty of law that all information contained on this form as well as all attachments are true and correct to the best of my knowledge.**

State of \_\_\_\_\_  
County of \_\_\_\_\_

Sworn to and subscribed to me by \_\_\_\_\_ on  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Signature \_\_\_\_\_

### **Assignment of Claim Instructions**

Support documents, as specified below, must accompany your request. The Receiver reserves the right to validate any change request received and may request additional information from you. Please contact us if you have questions by clicking on the "Contact Us Form" in the website's [www.myfloridacfo.com/receiver](http://www.myfloridacfo.com/receiver) navigation pane or you may call Consumer Services at 800-882-3054.

Assignments of claim will not be accepted after the distribution petition has been filed with the Court.

- Properly executed Assignment of Claim Change Request Form.
- Properly executed Claim Assignment Agreement.
- Forms must be signed and notarized with no information obscured, altered or redacted.
- If the claimant on file with the Receiver is not an individual, the change forms should be signed by an individual with the authority to sign on behalf of the company/corporation/drs office etc. If it is not a listed officer on the Secretary of States filing, supporting documentation confirming the person is authorized to act on the claimants behalf must be submitted.
- If the claimant name and/or address on file with the Receiver differs from the current claimant name and address, please see [www.myfloridacfo.com/receiver](http://www.myfloridacfo.com/receiver) for forms and instructions. This information must also be submitted with the Assignment of Claim Change Request Form and Claim Assignment Agreement.

**Thomas, Melody**

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**From:** noreply@myflcourtaccess.com  
**Sent:** Thursday, September 27, 2012 12:00 PM  
**To:** Collins, Jody; Thomas, Melody; Cowart, Andrea  
**Subject:** Processing Completed for Filing # 314002

Dear Jody E Collins:

This email verifies the processing of Filing # 314002 submitted by you to Circuit Court for Leon County, Florida Circuit Civil division on 09/27/2012 10:37:10 AM.

Case Number: 372006CA002965XXXXXX

#	Document Type	Status	Filing Date	Rejection Reason	Your Attachment
1	Applications, Motions and Requests Motion For	Accepted	09/27/2012		H:\Jody\DoctorCare\DCI - MOTION TO APPROVE SECOND CLAIMS DISTRIBUTION REPORT.pdf

This is a non-monitored email. Do not reply directly to it. If you have any questions about this filing, please contact the Circuit Court for Leon County, Florida Circuit Civil division.

Please remember, rule 2.525, Rules of Judicial Administration, requires that any document filed electronically must be followed-up and filed with the Clerk as a paper document, with original signatures, during the first 90 days of eFiling.

Some counties have completed the 90-day paper document follow-up period and other counties have received exemption from this rule. Please verify with the filing county as to their current paper document follow-up requirements.

Thank you,  
FACC ePortal Staff