

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____ Chapter 11 Check if this an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy**

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>Choice Health Care, Inc.</u>	
2. All other names debtor used in the last 8 years <small>Include any assumed names, trade names and doing business as names</small>	<u>DBA Rapha Vacular Specialists</u> <u>DBA Premier Vein Institute</u> <u>DBA Vascular & Interventional Pavilion a/k/a VIP</u> <u>DBA Premier Vein and Vacular Pavillion</u>	
3. Debtor's federal Employer Identification Number (EIN)	<u>30-0517519</u>	
4. Debtor's address	Principal place of business <u>1881 W. Kennedy Blvd.</u> <u>Suite A</u> <u>Tampa, FL 33606</u> <small>Number, Street, City, State & ZIP Code</small> <u>Hillsborough</u> <small>County</small>	Mailing address, if different from principal place of business _____ <small>P.O. Box, Number, Street, City, State & ZIP Code</small> Location of principal assets, if different from principal place of business _____ <small>Number, Street, City, State & ZIP Code</small>
5. Debtor's website (URL)	_____	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	

Debtor **Choice Health Care, Inc.**
Name _____

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship _____
District _____	When _____ Case number, if known _____

Debtor **Choice Health Care, Inc.**
Name

Case number (if known)

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property? _____
Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds *Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

15. Estimated Assets

<input checked="" type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

16. Estimated liabilities

<input type="checkbox"/> \$0 - \$50,000	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **Choice Health Care, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **September 29, 2016**
MM / DD / YYYY

X /s/ Stephen J. Steller
Signature of authorized representative of debtor

Title **President**

Stephen J. Steller
Printed name

18. Signature of attorney

X /s/ Herbert R. Donica
Signature of attorney for debtor

Date **September 29, 2016**
MM / DD / YYYY

Herbert R. Donica
Printed name

Donica Law Firm, P.A.
Firm name

106 S. Tampania Ave.
Suite 250
Tampa, FL 33609
Number, Street, City, State & ZIP Code

Contact phone **813-878-9790** Email address **herb@donicalaw.com**

841870
Bar number and State

Fill in this information to identify the case:

Debtor name **Choice Health Care, Inc.**
 United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**
 Case number (if known): _____

Check if this is an
 amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Acist 7905 Fuller Rd Eden Prairie, MN 55344						\$41,000.00
Boston Scientific PO Box 951653 Dallas, TX 75395-9442						\$245,060.01
Brighthouse Networks PO Box 31710 Tampa, FL 33631-3710						\$4,000.00
Cardinal Health Medical Products and Service PO Box 70539 Chicago, IL 60673						\$38,028.79
Cardiovascular Systems Inc. 1225 Old Hwy 8 Saint Paul, MN 55112						\$35,011.91
Cook Medical 22988 Network Place Chicago, IL 60673-1229						\$8,956.10
Covidien PO Box 120823 Dallas, TX 75312-0823						\$139,500.00

Debtor **Choice Health Care, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
GE C-Arm Lakeland c/o CIT Bank, NA 10201 Centurion Prkwy N Suite 100 Jacksonville, FL 32256						\$5,800.71
Johnson, Pope. Bokor, Ruppel 911 Chestnut St Clearwater, FL 33756						\$46,814.50
Lending Club 71 Stevenson St Suite 300 San Francisco, CA 94105						\$9,258.67
Medline Industries, Inc. Dept CH 14400 Palatine, IL 60055-4400						\$11,288.78
Merit Medical Systems, Inc. PO Box 204842 Dallas, TX 75320-4842						\$67,017.35
Michael Steller 1011 Charles St. Clearwater, FL 33755		LOC Payment				\$600,000.00
PSS McKesson PO Box 634404 Cincinnati, OH 45263-4404						\$100,762.96
PSS McKesson PO Box 634404 Cincinnati, OH 45263-4404						\$13,044.47
Spectranetics LBX 774588 4588 Solutions Center Chicago, IL 60677-4005						\$93,959.91
Vascular Insights 1 Pine Hill Drive #100 Quincy, MA 02169-7485						\$146,096.47

Debtor **Choice Health Care, Inc.**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Vascular Solutions 6464 Sycamore Court Osseo, MN 55369						\$25,051.42
Volcano 24250 Network Place Chicago, IL 60673-1242						\$73,000.00
W.L. Gore & Assoc., Inc. PO Box 751331 Charlotte, NC 28275						\$11,290.00

**United States Bankruptcy Court
Middle District of Florida**

In re Choice Health Care, Inc.

Debtor(s)

Case No.
Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Gustavo De Jesus	Common	5%	5%
Stephen J. Steller 1004 Charles St Clearwater, FL 33755	Common	95%	95%

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date September 29, 2016

Signature /s/ Stephen J. Steller
Stephen J. Steller

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
Middle District of Florida**

In re Choice Health Care, Inc. Debtor(s) Case No. _____
Chapter 11

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: September 29, 2016

/s/ Stephen J. Steller
Stephen J. Steller/President
Signer/Title

Choice Health Care, Inc.
1881 W. Kennedy Blvd.
Suite A
Tampa, FL 33606

Blue Cross Blue Shield
P.O. Box 660299
Dallas, TX 75266-0299

Covidien
PO Box 120823
Dallas, TX 75312-0823

Herbert R. Donica
Donica Law Firm, P.A.
106 S. Tampania Ave.
Suite 250
Tampa, FL 33609

Boston Scientific
PO Box 951653
Dallas, TX 75395-9442

Crompton Welding Supply
PO Box 75939
Tampa, FL 33675

Acist
7905 Fuller Rd
Eden Prairie, MN 55344

BrightHouse Networks
PO Box 31710
Tampa, FL 33631-3710

Crystal Clear Digital
Marketing
5728 Major Blvd. #301
Orlando, FL 32819

Airgas
PO Box 532609
Atlanta, GA 30353-2609

Cardinal Health
Medical Products and Service
PO Box 70539
Chicago, IL 60673

Data Integrity
2310 Lakeland Hills Blvd.
Lakeland, FL 33805

Amerigas
2228 East Main Street
Lakeland, FL 33801

Cardiovascular Systems Inc.
1225 Old Hwy 8
Saint Paul, MN 55112

De Lage Landen
PO Box 41602
Philadelphia, PA 19101-1602

AnswerNet
5575 S. Semoran Blvd. Ste.36
Orlando, FL 32822

Chayim 1818, LLC
1881 West Kennedy Blvd.
Tampa, FL 33606

Delta Dental
Union Bank c/o Allied Admin
PO Box 45793
San Francisco, CA 94145

ATT Mobile
PO
Carol Stream, IL 60197-6463

Chaymin 1818, LLC
1881 West Kennedy Blvd.
Tampa, FL 33606

Dex
PO Box 17299
Clearwater, FL 33762-0299

Banyan International
Dept CH 14388
Palatine, IL 60055-4388

CIT Bank, N.A.
21146 Network Place
Chicago, IL 60673-1211

Direct Access
6475 Perimetr Drive #188
Dublin, OH 43016

BioMedix
2025 Centre Point Blvd. #200
Saint Paul, MN 55120

Cook Medical
22988 Network Place
Chicago, IL 60673-1229

Easy Rider Transport
915 41st Ave. NE
Saint Petersburg, FL 33703

Emergenz
12221 Towne Lake Dr., Suite
Fort Myers, FL 33913

Infinite Radiology
2893 Kensington Trace
Tarpon Springs, FL 34688

McKesson
4345 Soutport Blvd
Jacksonville, FL 32216

Ernest A DeLoach, Jr, Esq.
Gunster, Yoakley & Stewart
200 South Orange Ave.
Suite 1400
Orlando, FL 32801

Internal Revenue Service
400 W. Bay St.
Suite 35045
Mail Stop 5730, Grp 4
Jacksonville, FL 32202-4437

Medline Industries, Inc.
Dept CH 14400
Palatine, IL 60055-4400

Ford Motor Credit Corp
PO Box 650575
Dallas, TX 75265-0575

Internal Revenue Service
Centralized Insolvency Ops
P. O. Box 21126
Philadelphia, PA 19114-0326

Merit Medical Systems, Inc.
PO Box 204842
Dallas, TX 75320-4842

GE C-Arm Lakeland
c/o CIT Bank, NA
10201 Centurion Prkwy N
Suite 100
Jacksonville, FL 32256

Internal Revenue Service
PO Box 80110
Cincinnati, OH 45280-0110

Michael Steller
1011 Charles St.
Clearwater, FL 33755

Geigers Pest Control
1815 13th Ave N
Saint Petersburg, FL 33713

Jive Communications
Dept. CH 19606
Palatine, IL 60055-9606

Norcal Mutual
PO Box 15047
West Palm Beach, FL 33416

Granite Ecomp
6600 Koll Center Parkway
Suite 100
Pleasanton, CA 94566

Johnson, Pope, Bokor, Ruppel
911 Chestnut St
Clearwater, FL 33756

Obinna Nwobi
4520 Old Carriage Trail
Oviedo, FL 32765

Greenwise Cleaning
2000 Manhattan Lane
Casselberry, FL 32707

Key Communications
7528 19th Avenue North
Saint Petersburg, FL 33710

Olympia
6700 Conroy Rd. #140
Orlando, FL 32835

Henry Schein
PO Box 371952
Pittsburgh, PA 15250-7952

Lakeland Electric
PO Box 32006
Lakeland, FL 33802-2006

Park Medical
Att: Kirit Desai
5000 Park Street N. #1002
Saint Petersburg, FL 33709

HTA Vista
2942 Momentum Place
Chicago, IL 60689

Lending Club
71 Stevenson St
Suite 300
San Francisco, CA 94105

Philips Medical Capital
1111 Old Eagle School Rd.
Wayne, PA 19087

Principal Life
PLIC - SBD Grand Island
PO Box 10372
Des Moines, IA 50306-0372

Steller Enterprises
PO Box 2141
Clearwater, FL 33757

Vascular Insights
1 Pine Hill Drive #100
Quincy, MA 02169-7485

PSS McKesson
PO Box 634404
Cincinnati, OH 45263-4404

Stephen J. Steller
1004 Charles St
Clearwater, FL 33755

Vascular Solutions
6464 Sycamore Court
Osseo, MN 55369

Puretex Linen
2701 Eunice Avenue #E
Orlando, FL 32808

Stephen Steller
1004 Charles St
Clearwater, FL 33755

Venture Medical
6008 Bonacker Drive
Tampa, FL 33610

Queens Cleaning
2912 Coach Lamp Road
Mulberry, FL 33860

Stericycle
Po Box 6582
Carol Stream, IL 60197-6582

Volcano
24250 Network Place
Chicago, IL 60673-1242

Radiographic Engineering
PO Box 2577
Pinellas Park, FL 33780

Terumo
PO Box 281285
Atlanta, GA 30384-1285

W.L. Gore & Assoc., Inc.
PO Box 751331
Charlotte, NC 28275

Sierra Radiation
PO Box 301568
Escondido, CA 92030-1568

Thomas Kappas
1435 Ocean Parkway
Berlin, MD 21811-1634

Skyline Graffix
PO Box 588
Saint Petersburg, FL 33731-0588

Thomas Pappas
1435 Ocean Parkway
Berlin, MD 21811-1634

Spectranetics
LBX 774588
4588 Solutions Center
Chicago, IL 60677-4005

Uline
PO Box 88741
Chicago, IL 60680-1741

St Judes
22400 Network Place
Chicago, IL 60673-1224

Univision
2610 West Hillsborough Ave.
Tampa, FL 33614

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
Middle District of Florida**

In re Choice Health Care, Inc.

Debtor(s)

Case No.

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>20,283.00</u>
Prior to the filing of this statement I have received	\$	<u>20,283.00</u>
Balance Due	\$	<u>0.00</u>

2. \$ 1,717.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor Other (specify):

4. The source of compensation to be paid to me is:

Debtor Other (specify):

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

If applicable, negotiations with secured creditors to reduce debt to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 U.S.C. 522(f)(2)(A) for avoidance of liens on household goods.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Fees & costs related to any and all Adversary Proceedings or other proceedings not related to normal representation in the applicable chapter

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 29, 2016

Date

/s/ Herbert R. Donica

Herbert R. Donica 841870

Signature of Attorney

Donica Law Firm, P.A.

106 S. Tampania Ave.

Suite 250

Tampa, FL 33609

813-878-9790 Fax: 813-878-9746

herb@donicalaw.com

Name of law firm

**United States Bankruptcy Court
Middle District of Florida**

In re Choice Health Care, Inc.

Debtor(s)

Case No.

Chapter 11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Choice Health Care, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

September 29, 2016

Date

/s/ Herbert R. Donica

Herbert R. Donica 841870

Signature of Attorney or Litigant
Counsel for **Choice Health Care, Inc.**

Donica Law Firm, P.A.

106 S. Tampania Ave.

Suite 250

Tampa, FL 33609

813-878-9790 Fax:813-878-9746

herb@donicalaw.com