

MAY 24 2011



Dictated by: KP

OFFICE OF INSURANCE REGULATION

KEVIN M. MCCARTY
COMMISSIONER

IN THE MATTER OF:

DISTRIBUTION BY DATAGEN;
GALLAGHER HEALTH STUDIES;
NEW AMERICAN HEALTH PLANNING, INC.;
SMART SERVICES, INC.; INSPIRED BY COCONUT, INC.;
MARLIN DIXON; JOHN V. HEAD; JOSHUA B. LEVY
GRANT E LOCKHART; CARYNNE MARTEN;
MICHAEL M. PURR; ANN MARIE PURR

Case No.: 112094-10

IMMEDIATE FINAL ORDER

To: Distribution by Datagen
Ann Marie Purr
U.P.S. Box Mail Boxes, Etc.
3939 La Vista Road, Suite E-173
Tucker, GA 30084

Gallagher Health Studies
Grant. E. Lockhart
3030 Hartley Road, Suite 310
Jacksonville, FL 32257

New American Health Planning, Inc
John V. Head
3724 Andover Cay Blvd
Orlando FL 32825

Smart Services, Inc.
3577 Chamblee Tucker Road, Suite A-307
Atlanta, GA 30341

Marlin Dixon
3939 La Vista Road, Suite E-173
Tucker, GA 30084

John V. Head
3724 Andover Cay Blvd
Orlando FL 32825

Joshua B. Levy
356 Conch Key Way -- Home
Sanford, FL 32271

Grant E. Lockhart
3030 Hartley Road, Suite 310
Jacksonville, FL 32257

Carynne Marten
3537 Peppervine Drive - Home
Orlando, FL 32828

Ann Marie Purr
U.P.S. Box Mail Boxes, Etc.
3939 La Vista Road, Suite E-173
Tucker, GA 30084

Michael M. Purr
U.P.S. Box Mail Boxes, Etc.
3939 La Vista Road, Suite E-173
Tucker, GA 30084

YOU ARE HEREBY NOTIFIED that, pursuant to the Florida Insurance Code, including Section 624.307, Florida Statutes, the State of Florida, Office of Insurance Regulation (hereinafter referred to as the "OFFICE"), has caused an investigation to be made of the insurance-related activities of Distribution by Datagen (hereinafter referred to as "DATAGEN"), Gallagher Health Studies, Inc. (hereinafter referred to as "GALLAGHER"), New American Health Planning, Inc. (hereinafter referred to as "NAHP"), Inspired by Coconut. (hereinafter referred to as "COCONUT"), Smart Services, Inc. (hereinafter "SMART"), John V. Head, Grant Lockhart, Marlin Dixon, Carynne Marten, Joshua B. Levy, Michael M. Purr; and Ann Marie Purr.

As a result of that investigation, the OFFICE finds that:

1. The OFFICE has jurisdiction over the parties and the subject matter pursuant to Sections 120.569(2)(n) (Decisions which affect substantial interests), Section 624.307 (General Powers and duties), Section 624.317 (Investigation of agents, adjusters, administrators, service companies and others), Section 624.318 (Conduct of examination or investigation; access to records; correction of accounts; appraisals), Section 624.401 (Certificate of Authority), Section 626.901 (Representing or aiding unauthorized insurer prohibited), and Section 626.9541 (Unfair or deceptive acts or practices), Florida Statutes.

2. Section 624.401(1), Florida Statutes, states that no person shall act as an insurer, and no insurer or its agents, attorneys, subscribers, or representatives shall directly or indirectly transact insurance in this state except as authorized by a subsisting Certificate of Authority issued to the insurer by the OFFICE.

3. Section 624.401(4), Florida Statutes, states that any person that acts as an insurer, transacts insurance, or otherwise engages in insurance activities in this state without a certificate of authority in violation of this section commits a felony of up to a first degree, punishable as provided in Sections 775.082, 775.083, or 775.084, Florida Statutes.

4. Section 626.901(1), Florida Statutes, states that no person shall directly or indirectly act as an agent for, or otherwise represent or aid on behalf of another, any insurer not then authorized to transact such insurance in this state or in any other manner represent or assist such an insurer in the transaction of insurance with respect to subjects of insurance resident, located, or to be performed in this state. Section 626.901(1)(a) through (h), Florida Statutes, specifically identifies what aiding or representing entails as:

(1) No person shall, from office or by personnel or facilities located in this state, or in any other state or country, directly or

indirectly act as agent for, or otherwise represent or aid on behalf of another, any insurer not then authorized to transact such insurance in this state in:

- (a) The solicitation, negotiation, procurement, or effectuation of insurance or annuity contracts, or renewals thereof;
 - (b) The dissemination of information as to coverage or rates;
 - (c) The forwarding of applications;
 - (d) The delivery of policies or contracts;
 - (e) The inspection of risks;
 - (f) The fixing of rates;
 - (g) The investigation or adjustment of claims or losses; or
 - (h) The collection or forwarding of premiums;
- or in any other manner represent or assist such an insurer in the transaction of insurance with respect to subjects of insurance resident, located, or to be performed in this state...

5. Pursuant to Section 626.901(6), Florida Statutes, the OFFICE may investigate the accounts, records, documents, and transactions pertaining to the activities of any unauthorized insurer or person, which is or may be aiding or representing an unauthorized insurer.

6. Section 624.04, Florida Statutes, states that a "Person" includes an individual, insurer, company, association, organization, Lloyds, society, reciprocal insurer, or interinsurance exchange, partnership, syndicate, business trust, corporation, agent, general agent, broker, service representative, adjuster, and every legal entity.

7. Section 626.901(5), Florida Statutes, states that the OFFICE may, pursuant to Section 120.569, Florida Statutes, and in its discretion, issue an immediate final order to cease and desist to any person or entity that violates this section. This same section further states that the **"Legislature finds that a violation of this section constitutes an imminent and immediate threat to the health, safety, and welfare of the residents of this state."** (Emphasis added)

8. Section 624.10, Florida Statutes, states that “transacting insurance” includes: solicitation or inducement, preliminary negotiations, effectuation of a contract of insurance, or transaction of matters subsequent to effectuation of a contract of insurance and arising out of it.

9. Section 624.02, Florida Statutes, defines “insurance” as a contract whereby one undertakes to indemnify another or pay or allow a specified amount or a determinable benefit upon determinable contingencies.

10. On August 26, 2009, the OFFICE issued an Immediate Final Order (hereinafter “August 26, 2009, IFO”) In the Matter of: Peck & Peck, Inc., Green Cross Managed Health System and Depawix Health Resources, Inc., Case No. 106257-09. [See Exhibit A] The purpose of the August 26, 2009, IFO was to stop the above referenced entities – Peck & Peck, Inc., Green Cross Managed Health System and Depawix Health Resources, Inc. (hereinafter collectively referred to as “Generation One Entities”) – from engaging in the unauthorized business of marketing, selling, and distributing health insurance. These Generation One Entities were marketing both group and individual health insurance plans to small businesses and individuals, both directly and through licensed insurance agents, under the guise of selling an employment opportunity with one of the named entities. Groups and individuals who wanted to obtain health insurance coverage through these entities were, in addition to any existing employment with a Florida business, required to be “dually employed” by one of these entities. Once they became a part-time employee of one of these entities, they were eligible for health insurance coverage. The part-time job was minimal at best and required the employee to interact with a patient advocate and participate in annual health assessments. None of these entities were licensed or authorized to transact insurance in the State of Florida. [Exhibit A]

11. On October 7, 2009, the aforementioned August 26, 2009, IFO was appealed to the District Court of Appeal First District, State of Florida. The Court dismissed the appeal on March 25, 2010.

12. Subsequent to the dismissal of the Appeal, the Generation One Entities named in the August 26, 2009 IFO changed names, reincorporated and continued to engage in the unauthorized transaction of insurance through a scheme to sell health insurance policies through the guise of a part-time job. As a result of an OFFICE investigation it has been determined that SMART, DATAGEN, NAHP, GALLAGHER and COCONUT are successor entities (hereinafter collectively referred to as the "Successor Entities") to the parties named in the August 26, 2009, IFO.

13. NAHP is a Florida corporation headquartered in the Orlando metro area. [Exhibit B] In a letter to OIR, the company's President, John Vernon Head, describes it as a marketer of "document templates to financial professionals and attorneys that represent clients who desire to establish self-funded benefit plans." [Exhibit F] Specifically, NAHP markets "templates" identified as the "Ares," "Endeavor," and "Titan" plans. In addition, it also markets the "Redstone" plan on behalf of DATAGEN. [Exhibit F] The officers and incorporators of NAHP are licensed insurance agents who, by marketing the Redstone plan on behalf of DATAGEN, are responsible for marketing health insurance on behalf of the successor entities.

14. DATAGEN is a registered Georgia corporation with a listed address of 3939 LaVista Road, Suite E-173, Tucker, GA, 30084. [Exhibit T] DATAGEN has no certificate of authority to transact insurance in Florida. [Exhibit JJ] An October 4, 2009 email [Exhibit Y] from Grant Lockhart indicates that DATAGEN is to be the successor to and subsume the role of Depawix Health Resources, Inc. (hereinafter "Depawix"), one of the Generation One Entities

that was subject to the August 26, 2009 IFO. Advertising material obtained by the OFFICE during the course of the investigation definitively demonstrate that DATAGEN is marketed to Florida residents as an opportunity to obtain insurance. In one flier that was provided to the OFFICE [Exhibit H], potential consumers are asked if they are “currently being treated for any pre-existing medical condition” and then given a list of benefits that are available through the Redstone plan upon becoming an employee of DATAGEN. In a December 28, 2009 letter to “Interested Potential Employee,” [Exhibit J] DATAGEN indicates that the primary attraction of employment is the “access to healthcare.” Finally, an advertisement/article entitled “You cannot afford not to afford health insurance this new year” by Cynthia Isbell and published on examiner.com [Exhibit G] describes DATAGEN and the Redstone Program in detail. The advertisement/article begins by saying “As long as you are not on disability, medicare or Medicaid or in the final stages of renal failure, getting covered will be a breeze, starting with a quote.” These materials, in addition to materials lifted from www.newamericanhealth.com in August 2010 [Exhibit M] all advertise health insurance coverage through a part-time job with DATAGEN.

15. The work performed by the part-time employees is minimal, at best, and amounts to nothing more than participating in annual health assessments, establishing a health management plan, agreeing to work with a patient advocate when utilizing health care, and providing copies of medical bills to the patient advocate when treatment is complete. [Exhibit J] In essence, it is the “employee’s” “job” to go to the doctor if he or she gets sick and to call DATAGEN when he or she does so. This is the same “job” as that which was previously offered by the Generation One Entities through Depawix as evidenced by the job description provided by Depawix [Exhibit LL].

16. This barely identifiable obligation is made more immaterial by the miniscule time requirement that an "employee" must commit to DATAGEN. According to several of the advertising materials referenced above, an employee of DATAGEN is required to work a mere 10 hours a month at a rate of \$7.50 per hour. [Exhibit G, Exhibit H, and Exhibit J] Thus, in exchange for a negligible commitment to his or her employer, an "employee" receives a nominal monthly salary of \$75.00. Clearly, the entire point of becoming an "employee" of DATAGEN is to obtain health insurance. The marketing material targeted to potential employees [Exhibit J] even states as such. This same marketing material describes the coverage included through employment with DATAGEN, independent of the Redstone Plan, as "modest." However, in that same material, the company vehemently stresses the importance of becoming a participant in Redstone which will place an employee with a different employer if the employee expects to incur more than \$1500.00 in medical expenses in a one month period. [See Exhibit N] Given that DATAGEN and Redstone are specifically marketed to individuals with pre-existing medical conditions and those who have been denied coverage from other carriers [Exhibit G and Exhibit H], it is highly likely that almost all, if not all prospective "employees" will be enticed into the Redstone plan.

17. When becoming an employee of DATAGEN, if that employee elects to take part in Redstone, he or she signs a document referred to as the Redstone Agreement [Exhibit N]. The Agreement is actually a contract between the employee and SMART. The employee is required to pay a monthly fee to SMART in exchange for the coverage that is offered. This fee in many instances is over \$500.00 (considerably more than the \$75.00 that one earns from DATAGEN). However, pursuant to the agreement, the fee is increased by a monthly contribution to the Green

Gables Artisan's Co-op¹. When an insured that has entered into the Redstone Agreement becomes aware that his or her medical expenses will exceed \$1,500.00 over a 4 week period, he or she must report that occurrence to DATAGEN or to SMART (the agreement does not specify). At that point, the employee will be directed to new employment.

18. SMART, the contracting entity and the entity that collects the premiums, is the successor to and has subsumed the role of Peck and Peck, Inc., one of the Generation One Entities that was subject to the August 26, 2009 IFO. A July 15, 2009 letter from The Green Cross Program [Exhibit X] even contains the heading "PECK AND PECK, INC. BECOMING SMARTSERVICES." As evidenced in the language of the Redstone Agreement, SMART holds itself out as a Georgia corporation. However, SMART is not a registered Georgia corporation, has no registered agent, no articles of incorporation, and no officers of whom to speak. [See Exhibit W] SMART also has no certificate of authority to transact insurance in Florida as an insurer or as a third party administrator. [Exhibit JJ]

19. Services offered through the Redstone Agreement and through an insured's contractual arrangements with DATAGEN and SMART are purportedly coordinated by GALLAGHER. [Exhibit G] GALLAGHER has subsumed the role of Green Cross Managed Health System, one of the Generation One Entities that was named in the August 26, 2009, IFO. GALLAGHER is a registered corporation in Florida. According to its Articles of Incorporation [Exhibit SS], GALLAGHER's registered agent and sole officer is Grant Lockhart, who was listed by Depawix as its President and sole officer in its 2009 Annual Registration [Exhibit RR]. GALLAGHER's listed incorporator is John V. Head (of NAHP). GALLAGHER has no certificate of authority to transact insurance in Florida. [Exhibit JJ] Up to and throughout 2010,

¹ The Green Gables Artisan's Co-op is a Florida Corporation whose directors are Cheryl Clinton (of COCONUT) and Michael Purr. [Exhibit L] It appears that this is just another way to extract money from insureds.

GALLAGHER was purportedly collecting raw data from DATAGEN for purposes of the Gallagher Health Study.²

20. Based upon a review of the Redstone Agreement [Exhibit N], emails obtained by the OFFICE [Exhibit S and Exhibit QQ], the affidavit of HM [Exhibit TT], the daughter of CM (whose case is described in further detail below), and other evidence attached hereto in the form of exhibits, the OFFICE has learned that once an employee of DATAGEN who has elected to sign the Redstone Agreement suffers an occurrence, the result of which is that he or she will incur health care costs of greater than \$1,500 per month, The Successor Entities classify that person as “class three.” At least up until this year that insured would be referred to COCONUT for employment. COCONUT is a registered corporation in Florida. Its registered agent is Cheryl Clinton. [Exhibit K] Its principal place of business is 9823 Tapestry Park Circle #104, Jacksonville, FL 32246. COCONUT has no certificate of authority to transact insurance in Florida. [Exhibit JJ] Based upon materials obtained from its website, <http://site.inspiredbycoconut.com/> [Exhibit UU], the OFFICE has concluded that COCONUT’s primary business is making “bellybands” and other apparel for dogs.

21. COCONUT’s role in the scheme, at least up to the conclusion of 2010, was to act as the seemingly legitimate employer that maintained a group policy with United Health Care, Inc. (hereinafter UHC).³ (As referenced above, high risk individuals who require excessive healthcare exceeding \$1500.00 a month are labeled “class three status” and are referred away from employment with DATAGEN.) Once employed by COCONUT, these employees would be enrolled in a group plan underwritten by UHC. Thus, the cost associated with these high risk

² In a February 16, 2011 letter [Exhibit QQ], DATAGEN purports that GALLAGHER had terminated its “contract” with DATAGEN sometime in the end of 2010.

³ The OFFICE has obtained evidence during the course of its investigation that UHC has terminated its coverage with COCONUT and that DATAGEN may be using another “employer” in place of COCONUT. [Exhibit QQ]

individuals was shifted away from the unauthorized Successor Entities and to an authorized insurer. This scheme is substantially, if not exactly the same as that employed by the Generation One Entities that maintained a policy with Blue Cross/Blue Shield of Georgia (hereinafter BC/BS/GA). These Generation One Entities similarly shifted high risk insureds to the BC/BS/GA plan that was maintained by Depawix. [Exhibit A] Moreover, evidence attached hereto in the form of exhibits indicates that the Successor Entities have successfully continued to “insure” a considerable number of people previously insured by the Generation One Entities. A comparison of UHC’s population of insureds in COCONUT’s group plan compared to those covered under Depawix’s group plan [Exhibit P, Exhibit Q, and Exhibit R] shows that there is a substantial amount of overlap between UHC’s population and those previously employed by Depawix.

22. As a result of its investigation, the OFFICE has determined that the aforementioned Successor Entities and named individuals are engaged in the unauthorized business of marketing, selling, and distribution of health insurance, having taken the place of the Generation One Entities. Based upon the evidence obtained and attached hereto in the form of exhibits, it is clear that the Successor Entities and named individuals have continued to act as the insurer of many of those who were previously covered by the Generation One Entities, and have continued to market group and individual health insurance plans to small businesses and individuals, both directly and through licensed and unlicensed insurance agents under the guise of selling an employment opportunity with DATAGEN.

23. As for the roles of each of the individuals named herein, they are as follows:

A. In addition to being the incorporator of GALLAGHER, John V. Head is the registered agent, incorporator, secretary, and treasurer of NAHP. [Exhibit B]

- B. Carynne Marten is the president of NAHP. [Exhibit B]
- C. Joshua B. Levy is the vice president of NAHP. [Exhibit B]
- D. Ann Marie Purr is the registered agent of DATAGEN. She was also the previous registered agent of Depawix. [Exhibit T and Exhibit RR]
- E. Marlin Dixon is the CEO, CFO, and Secretary of DATAGEN. [Exhibit T]
- F. Michael M. Purr has identified himself as the Administrator of DATAGEN. He is also one of the listed directors of the Green Gables Artisan's Co-op. He was also previously associated with the Generation One Entities. [Exhibit L, Exhibit S, and Exhibit PP]

24. Regardless of the insureds placement as a part-time employee with DATAGEN and the illusion of employment, the main goal of SMART, DATAGEN, GALLAGHER, COCONUT and NAHP has been to market and sell health insurance coverage. Florida insureds who have found themselves employees of DATAGEN and COCONUT or any predecessor and/or successor thereto, have sought out an opportunity for insurance, not an opportunity for employment. As one consumer put it in an email dated February 16, 2011 [Exhibit QQ], "[b]ottom line is that I need to stay insured." The product being promoted by NAHP is sold and marketed to Florida citizens as individual or group health insurance. Florida citizens enter into this arrangement as a way to obtain low cost health insurance for their employees, families or themselves. None are specifically looking for a part-time job. In fact, one consumer could not even indicate how much he was getting paid, but clearly remembered the amount of his premium. [Exhibit GG] The dual employment scheme utilized by NAHP, SMART, GALLAGHER, COCONUT and DATAGEN is a subterfuge to avoid regulation as a legitimate health insurance company in the State of Florida.

25. Each transaction constitutes the unauthorized transaction of insurance and is considered the commission of a felony under Florida law, and each transaction constitutes an imminent and immediate threat to the health, safety, and welfare of the residents of this state. By way of example, C.M. was a Florida consumer who had been recruited by the Generation One Entities and who continued coverage with the Successor Entities. This is evidenced by her Depawix Member Card [Exhibit OO], her signed job description [Exhibit LL], her signed form authorizing automatic payment to the Generation One Entities [Exhibit KK], and an invoice to her from SMART [Exhibit NN]. She ultimately required surgery. As it is described in emails between her family and Michael Purr [Exhibit S] and the affidavit of her daughter-in-law [Exhibit TT], her patient advocate contacted SMART and SMART verified that C.M. met "class three status." As such, an "employment opportunity" was offered to her with COCONUT so that she would be placed on the group health plan. However, she was not placed on the group health plan and was denied coverage for her surgery. In correspondence with family members, Michael Purr indicated that C.M. could not be covered because she did not fill out and return the paperwork to commence her employment with COCONUT. That said, SMART continued to automatically withdraw the monthly fee for coverage from her bank account. When he was informed that as a result of her condition, she was incapable of working, Michael Purr responded to the family that if she could not work, then she was not eligible for employment by COCONUT and therefore would not be eligible for coverage. Ultimately, C.M.'s medical expenses were not paid for by DATAGEN, SMART or any other of the Successor Entities. C.M. passed away in June of 2010. As described in the affidavit of her daughter-in-law, the medical bills left unpaid by the Generation One Entities and the Successor Entities totaled over \$150,000.

26. As another example, J.L. was a member who was initially an “employee” of Depawix, but who was moved to the Redstone Plan in January 2010 and who incurred numerous medical bills. When these bills were presented to the “insurer” the claims were denied, leaving J.L. responsible for the bills. [Exhibit CC, Exhibit DD, and Exhibit EE]

27. Additionally, the OFFICE’s investigation has revealed documents maintained by the administrator for DATAGEN showing that over \$42,000 worth of medical expenses were purportedly covered under this illegal scheme during the three month period spanning September – December 2010. [Exhibit VV] However, as described in the February 16, 2011 letter [Exhibit QQ], in November 2010, DATAGEN decided to “hold” all claims until a review could be completed by the company. In that same February 2011 letter, DATAGEN announced to its employees that due to the failure of employees to comply with “job duties,” claims predating December 1, 2010 would be deemed “non-compliant” and “adjudicated accordingly” (i.e. not paid). As demonstrated in a series of emails between one Florida consumer and DATAGEN [Exhibit QQ], the non-compliant claims included claims supposedly covered by COCONUT’s policy with UHC.

28. OFFICE records reveal that none of the above referenced entities currently hold or have ever been granted a license or Certificate of Authority by the OFFICE authorizing the entity or individual to transact business as a health insurer, business or insurance business in any capacity, nor are the following entities registered as eligible surplus lines insurance carriers: DATAGEN, GALLAGHER, NAHP, REDSTONE, SMART. [Exhibit JJ]

29. Despite the absence of any Certificate of Authority or any other authorization to transact insurance business in Florida, DATAGEN, GALLAGHER, NAHP, COCONUT and SMART are currently engaging in the unlicensed, unauthorized, transaction of insurance

covering consumers located in Florida, in violation of the Florida Insurance Code including, Sections 624.401 and 626.901, Florida Statutes.

30. A review of DATAGEN, GALLAGHER, NAHP, COCONUT and SMART's operations in Florida reflect that officers, representatives, employees and agents of those entities including: Marlin Dixon, John V. Head, Grant Lockhart, Carynne Marten, Michael Purr, Ann Marie Purr, and Josh B. Levy have violated and continue to violate provisions of the Florida Insurance Code, including Section 626.901, Florida Statutes by assisting in the solicitation, negotiation, procurement and transaction of insurance by an unauthorized entity.

31. None of the entities or individuals listed herein is subject to any exception to the requirement of the Florida Insurance Code, including exceptions outlined in Section 624.402, Florida Statutes, for licensure to transact insurance in Florida, nor are they subject to any exception to the requirements of the Surplus Lines Law, Sections 626.913 – 626.937, Florida Statutes.

32. These illegal transactions and the ongoing sales and marketing activities of these companies place Florida Consumers at great risk of loss. Such activity by DATAGEN, GALLAGHER, NAHP, COCONUT and SMART, as well as the listed officers and agents thereof, presents financial harm to Florida consumers, the extent of which cannot be discovered immediately. When claims are not paid or an unauthorized entity becomes insolvent there is no state guaranty fund to step in and pay valid claims on behalf of policy holders. Insureds may not understand or know the extent of the unlicensed plans coverage until after a claim has been made. The purchase of health insurance through an unauthorized entity presents an imminent and immediate danger to the health, safety and welfare of Florida consumers and requires immediate action to stop the sales activities of these entities through this Order.

33. In State v. Knott, 166 So. 835 (Fla. 1936), the Florida Supreme Court found that "the business of insurance so directly affects the public that it is generally considered to be affected with a public interest, and, being so, is subject to regulation and control by the Legislature, which includes the power to license and regulate the agents through whom such business is conducted." Id. at 837. The court further states that "It would be difficult to find a business that more vitally affects the public interest..." Id. In Natelson v. Department of Insurance, 454 So.2d 31 (Fla. 1st DCA 1984), the court stated that the business of insurance is "greatly affected by the public trust." Id. at 31.

34. As a result of the foregoing, the OFFICE finds that the continued transaction of insurance without proper licensure by DATAGEN, GALLAGHER, NAHP, COCONUT and SMART and their agents and representatives named herein who solicit and/or enroll employers and employees into unauthorized health insurance plans in violation of the Florida Insurance Code, poses an immediate danger to the public welfare.

WHEREFORE, pursuant to the Florida Insurance Code and other applicable statutes, the OFFICE finds that the continued unauthorized illegal transaction of insurance by DATAGEN, GALLAGHER, NAHP, SMART, and COCONUT as well as MARLIN DIXON, MICHAEL PURR, ANN MARIE PURR, JOHN V. HEAD, JOSH B. LEVY, CARYNNE MARTEN, and GRANT LOCKHART in violation of the Florida Insurance Code, constitutes an immediate danger to the public welfare so as to require the issuance of this **IMMEDIATE FINAL ORDER**.

Accordingly, **IT IS HEREBY ORDERED:**

A) DATAGEN, GALLAGHER, NAHP, SMART, and COCONUT as well as MARLIN DIXON, MICHAEL PURR, ANN MARIE PURR, JOHN V. HEAD, JOSH B. LEVY,

CARYNNE MARTEN, and GRANT LOCKHART whether acting directly or indirectly through named or unnamed persons, successor companies, entities, agents, or otherwise, shall immediately **CEASE AND DESIST** transacting the unauthorized business of insurance in this state, or relative to any subject of insurance resident, located or to be performed in this state until such time as DATAGEN, GALLAGHER, NAHP, SMART, and COCONUT as well as MARLIN DIXON, MICHAEL PURR, ANN MARIE PURR, JOHN V. HEAD, JOSH B. LEVY, CARYNNE MARTEN, and GRANT LOCKHART become licensed insurers in this state.

B) DATAGEN, GALLAGHER, NAHP, SMART, and COCONUT as well as MARLIN DIXON, MICHAEL PURR, ANN MARIE PURR, JOHN V. HEAD, JOSH B. LEVY, CARYNNE MARTEN, and GRANT LOCKHART and each and every agent, broker, salesperson, and other marketing outlet that is presently or that has in the past been used to solicit, sell, or deliver Redstone health insurance products in Florida, shall immediately **CEASE and DESIST** from enrolling, transacting or otherwise soliciting new or renewal insurance in the state on behalf of DATAGEN, GALLAGHER, NAHP, SMART, and COCONUT as well as MARLIN DIXON, MICHAEL PURR, ANN MARIE PURR, JOHN V. HEAD, JOSH B. LEVY, CARYNNE MARTEN, and GRANT LOCKHART.

C) Within ten (10) days of the execution of this **IMMEDIATE FINAL ORDER**, the entities and individuals referenced herein shall file with the OFFICE, pursuant to Section 626.301(6), Florida Statutes, a copy of all policies issued to residents of the State of Florida as well as a detailed spreadsheet compiling the information contained in all contracts issued to residents of the State of Florida. Such information shall be submitted in Excel (.xls) in column format and include at a minimum; last name, first name, address, phone number, premium

amount, claims information (including all unpaid claims) and the amount and date of the payment(s) required pursuant to paragraph "D" below.

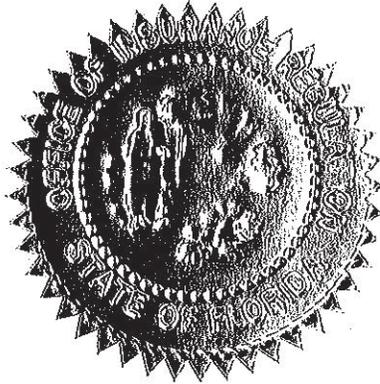
D) The entities and individuals identified in this **IMMEDIATE FINAL ORDER** shall pay and otherwise fully service all valid claims on any and all insurance policies executed in the State of Florida or with any Florida consumer, pursuant to Section 626.901(2), Florida Statutes or in the alternative assist in the moving of Florida insureds to an insurer that is authorized to engage in the business of insurance in the State of Florida.

E) The entry of this **IMMEDIATE FINAL ORDER**, or any amendment thereto, shall not be interpreted as having, nor shall it have, the effect of abrogating any statutory, common law, chose of action or contractual rights of any person or entity involved directly or indirectly in, or that has relied on, the representations and actions of DATAGEN, GALLAGHER, NAHP, SMART, and COCONUT as well as MARLIN DIXON, MICHAEL PURR, ANN MARIE PURR, JOHN V. HEAD, JOSH B. LEVY, CARYNNE MARTEN, and GRANT LOCKHART.

F) The issuance of this **IMMEDIATE FINAL ORDER** and the procedural safeguards set forth herein are concluded to be fair under the circumstances due to the potential grave harm resulting from unauthorized insurance entities engaging in the business of insurance in Florida. The transaction of the unauthorized business of insurance, is criminal felony activity as defined by Section 626.902, Florida Statutes, and is per se immediately harmful to the public of Florida. Further, such activity by DATAGEN, GALLAGHER, NAHP, SMART, and COCONUT as well as MARLIN DIXON, MICHAEL PURR, ANN MARIE PURR, JOHN V. HEAD, JOSH B. LEVY, CARYNNE MARTEN, and GRANT LOCKHART presents financial harm to Florida consumers, the extent of which cannot be discovered immediately. All such

activity presents an immediate danger to the public health, safety, or welfare of Florida consumers and requires immediate action through this Order.

DONE AND ORDERED this 24 day of May, 2011.



A handwritten signature in black ink, appearing to read "Kevin M. McCarty".

KEVIN M. MCCARTY
Commissioner
OFFICE of Insurance Regulation

NOTICE OF RIGHTS

Any party to these proceedings adversely affected by this Order is entitled to seek review of this Order pursuant to Section 120.68, Florida Statutes, and Rule 9.110, Fla. R. App. P. Review proceedings must be instituted by filing a petition or notice of appeal with the General Counsel, for the OFFICE of Insurance Regulation, acting as the Agency Clerk, at 612 Larson Building, Tallahassee, Florida, 32399 and filing a copy of the same with the appropriate District Court of Appeal within thirty (30) days of rendition of this Order.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Immediate Final Order has been furnished by Certified Mail to: Distribution by Datagen, Ann Marie Purr, U.P.S. Box Mail Boxes, Etc., 3939 La Vista Road, Suite E-17, Tucker, GA 30084; Gallagher Health Studies, Grant. E. Lockhart, 3030 Hartley Road, Suite 310, Jacksonville, FL 32257; New American Health Planning, Inc, John V. Head, 3724 Andover Cay Blvd , Orlando FL 32825; Smart Services, Inc., 3577 Chamblee Tucker Road, Suite A-307, Atlanta, GA 30341; Marlin Dixon, 3939 La Vista Road, Suite E-173, Tucker, GA 30084; John V. Head, 3724 Andover Cay Blvd, Orlando FL 32825; Joshua B. Levy, 356 Conch Key Way – Home, Sanford, FL 32271; Grant E. Lockhart, 3030 Hartley Road, Suite 310, Jacksonville, FL 32257; Carynne Marten, 3537 Peppervine Drive – Home, Orlando, FL 32828; Ann Marie Purr, U.P.S. Box Mail Boxes, Etc., 3939 La Vista Road, Suite E-173, Tucker, GA 30084; Michael M. Purr, U.P.S. Box Mail Boxes, Etc., 3939 La Vista Road, Suite E-173, Tucker, GA 30084, this 04 day of May, 2011.


Jeffrey Joseph
Florida Bar Number: 0898945
Kenneth Tinkham
Florida Bar Number: 029686
Legal Services OFFICE
612 Larson Building
200 East Gaines Street
Tallahassee, Florida 32399-4206
(850)413-3110

INDEX OF EXHIBITS

- A. August 26, 2009 IFO
- B. Articles of Incorporation, NAHP
- C. A & A License Detail, Carynne Noel Marten
- D. A & A License Detail, John Vernon Head
- E. A & A License Detail, Joshua B. Levy
- F. February 22, 2010 Letter authored by John Vernon Head
- G. "You cannot afford not to afford health insurance this new year" authored by
Cynthia Isbell
- H. Advertising Material provided by NAHP
- I. Redstone Summary
- J. December 28, 2009 Letter to "Interested Potential Employee"
- K. 2010 Annual Report, COCONUT
- L. 2010 Annual Report , Green Gables Artisan's Cooperative
- M. Online material from www.newamericanhealth.us regarding Redstone
- N. Composite Exhibit Redstone Agreement with Automatic Withdrawal
- O. DATAGEN Medical Plan Application
- P. Table of Former Depawix Employees covered under Inspired by COCONUT'S
policy with UHC
- Q. Composite Exhibit of:
 - 1. Email from UHC to the OFFICE
 - 2. Loss Run report from UHC
- R. Composite Exhibit of:
 - 1. Depawix Master Employment Run
 - 2. Group Bill Statement form BC/BS/GA to Depawix
- S. Composite Exhibit of Emails between Michael Purr to the Family of C.M.
(3/26/10 – 4/7/10)
- T. 2009 Annual Statement, DATAGEN
- U. 2009 Annual Statement, Depawix
- V. 2008 Annual Statement, Depawix
- W. Printout from Georgia Secretary of State Website RE: "Search Type: Starting
With Search Criteria: Smart Services"
- X. July 15, 2009 Letter authored by "The Green Cross Program"
- Y. October 4, 2009 Email authored by Grant Lockhart
- Z. April 2010 Letter authored by Marlin Dixon

- AA. April 7, 2010 Letter authored by N.M., Son of C.M.
- BB. September 1, 2008 Letter "Interested Potential Employee: C.M."
- CC. Affidavit of J.L.
- DD. January 2010 Letter to "Interested Potential Employee: J.L."
- EE. Check Account Information from J.L. showing a \$520.68 payment to Smart Services on 2/15/10
- FF. Composite Exhibit of Medical Bills Due from Patient J.L.
- GG. Affidavit of J.S.
- HH. Invoice from Smart Services for J.S.
- II. Undated Letter from Steve Ricke
- JJ. Composit Exhibit of Certificates of Non-Authority for:
1. Distribution by Datagen
 2. Redstone Health Plan
 3. Ares Health Plan
 4. Titan Health Plan
 5. Smart Services, Inc.
 6. Gallagher Health Studies
 7. New American Health Planning, Inc.
 8. Inspired by Coconut, Inc.
- KK. Automatic Withdrawal Form signed by C.M.
- LL. Depawix Job Description signed by C.M.
- MM. Depawix Multiple Employee Health and Welfare Plan
- NN. 7/15/2009 Invoice from Smart Services, Inc. to C.M.
- OO. Depawix Member Card
- PP. Undated Letter authored by Michael Purr
- QQ. Composite Exhibit of:
1. February 16, 2011 Letter authored by Distribution by Datagen
 2. Emails between Datagen and Florida Consumer
- RR. 2009 Corporation Annual Registration, Depawix
- SS. Affidavit of H.M.
- TT. Articles of Incorporation, GALLAGHER
- UU. Composite Exhibit of materials from <http://site.inspiredbycoconut.com/>
- VV. Check Register for DATAGEN



OFFICE OF INSURANCE REGULATION

KEVIN M. MCCARTY
COMMISSIONER

IN THE MATTER OF:

PECK & PECK, INC.,
GREEN CROSS MANAGED HEALTH SYSTEM and
DEPAWIX HEALTH RESOURCES, INC.

Case No.: 106257-09

IMMEDIATE FINAL ORDER

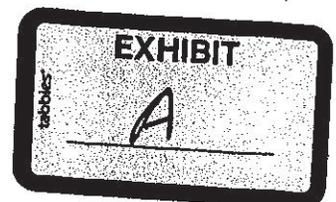
To: Peck & Peck, Inc.
3577 Chamblee Tucker Road, Ste. A-269
Atlanta, GA 30341

Green Cross Managed Health Systems
3030 Hartley Road Suite 310
Jacksonville, FL 32257

Depawix Health Resources, Inc.
3577 Chamblee Tucker Road, Suite A-121
Atlanta, GA 30341

YOU ARE HEREBY NOTIFIED that, pursuant to the Florida Insurance Code, including Section 624.307, Florida Statutes, the State of Florida, Office of Insurance Regulation (hereinafter referred to as the "OFFICE"), has caused an investigation to be made of the insurance-related activities of PECK & PECK, Inc. (hereinafter referred to as "PECK & PECK"), Green Cross Managed Health Systems (hereinafter referred to as "GREEN CROSS") and Depawix Health Resources, Inc. (hereinafter referred to as "DEPAWIX").

As a result of that investigation, the OFFICE finds that:



1. The OFFICE has jurisdiction over the parties and the subject matter pursuant to Sections 120.569(2)(n) (Decisions which affect substantial interests), Section 624.307 (General Powers and duties), Section 624.317 (Investigation of agents, adjusters, administrators, service companies and others), Section 624.318 (Conduct of examination or investigation; access to records; correction of accounts; appraisals), Section 624.401 (Certificate of Authority), Section 626.901 (Representing or aiding unauthorized insurer prohibited), and Section 626.9541 (Unfair or deceptive acts or practices), Florida Statutes.

2. Section 624.401(1), Florida Statutes, states that no person shall act as an insurer, and no insurer or its agents, attorneys, subscribers, or representatives shall directly or indirectly transact insurance in this state except as authorized by a subsisting Certificate of Authority issued to the insurer by the OFFICE.

3. Section 624.401(4), Florida Statutes, states that any person that acts as an insurer, transacts insurance, or otherwise engages in insurance activities in this state without a certificate of authority in violation of this section commits a felony of up to a first degree, punishable as provided in Sections 775.082, 775.083, or 775.084, Florida Statutes.

4. Section 626.901(5), Florida Statutes, states that the OFFICE may, pursuant to Section 120.569, Florida Statutes, and in its discretion, issue an immediate final order to cease and desist to any person or entity that violates this section. This same section further states that the **“Legislature finds that a violation of this section constitutes an imminent and immediate threat to the health, safety, and welfare of the residents of this state.”** (Emphasis added)

5. Pursuant to Section 626.901(6), Florida Statutes, the OFFICE may investigate the accounts, records, documents, and transactions pertaining to the activities of any unauthorized insurer or person, which is or may be aiding or representing an unauthorized insurer.

6. Section 624.04, Florida Statutes, states that a "Person" includes an individual, insurer, company, association, organization, Lloyds, society, reciprocal insurer, or interinsurance exchange, partnership, syndicate, business trust, corporation, agent, general agent, broker, service representative, adjuster, and every legal entity.

7. Section 624.10, Florida Statutes, states that "transacting insurance" includes: solicitation or inducement, preliminary negotiations, effectuation of a contract of insurance, or transaction of matters subsequent to effectuation of a contract of insurance and arising out of it.

8. Section 626.901(1), Florida Statutes, states that no person shall directly or indirectly act as an agent for, or otherwise represent or aid on behalf of another, any insurer not then authorized to transact such insurance in this state or in any other manner represent or assist such an insurer in the transaction of insurance with respect to subjects of insurance resident, located, or to be performed in this state. Section 626.901(1)(a) through (h), Florida Statutes, specifically identifies what aiding or representing entails as:

(1) No person shall, from OFFICES or by personnel or facilities located in this state, or in any other state or country, directly or indirectly act as agent for, or otherwise represent or aid on behalf of another, any insurer not then authorized to transact such insurance in this state in:

- (a) The solicitation, negotiation, procurement, or effectuation of insurance or annuity contracts, or renewals thereof;
 - (b) The dissemination of information as to coverage or rates;
 - (c) The forwarding of applications;
 - (d) The delivery of policies or contracts;
 - (e) The inspection of risks;
 - (f) The fixing of rates;
 - (g) The investigation or adjustment of claims or losses; or
 - (h) The collection or forwarding of premiums;
- or in any other manner represent or assist such an insurer in the transaction of insurance with respect to subjects of insurance resident, located, or to be performed in this state.....

9. PECK & PECK and DEPAWIX are Georgia corporations headquartered in the Atlanta metro area, while GREEN CROSS is not a registered corporation in either Georgia or Florida, but has offices in Jacksonville, Florida. GREEN CROSS calls itself a managed health system that purportedly provides health insurance to Florida consumers by placing them in part-time jobs with DEPAWIX as a tester of the GREEN CROSS process of medical care [Composite Exhibit "A"].

10. As a result of an OFFICE investigation it has been determined that PECK & PECK, GREEN CROSS and DEPAWIX are engaged in the unauthorized business of marketing, sale, and distribution of health insurance. These companies market group and individual health insurance plans to small businesses and individuals, both directly and through licensed and unlicensed insurance agents under the guise of selling an employment opportunity with DEPAWIX that provides medical benefits. Groups and Individuals who wish to participate in the GREEN CROSS program are, in addition to any existing employment with a Florida business, required to be "dually employed" by DEPAWIX. [Exhibit B]

11. During its investigation, the OFFICE determined that PECK & PECK, GREEN CROSS and DEPAWIX are marketing its Sirius Program to small and medium sized businesses desiring insurance coverage for its employees. As part of the Sirius Program, the business seeking insurance coverage is required to "sponsor" its employees into the Green Cross Managed Health System and pay an agreed upon monthly contribution on behalf of each employee. Additionally, each insured employee must pay a portion of the monthly premium directly to PECK & PECK for coverage. Each insured employee "sponsored" by the small business is required to enter into a dual employment arrangement whereby the employee continues working

for his or her existing employer, but is required to become a part time employee with DEPAWIX. The employee must accept this part time employment with DEPAWIX as a tester of the GREEN CROSS system of health care and agree to complete the duties as further described in the DEPAWIX job description and employee implementation agreement to qualify for coverage. In return, the small businesses' employees will receive medical coverage for themselves and their covered dependents through his part-time employment with DEPAWIX.

[Composite Exhibit C]

12. GREEN CROSS also provides individual coverage through its Genesis Program in a similar manner that requires part-time employment with DEPAWIX.

13. These health benefit plans include the Green Cross Genesis program for individuals, the Green Cross Sirius program for small to medium-sized business, and a Plan B for employers with employees who have known or predicted medical conditions, including Plan B/Class 1 and Class 3 designations. It appears that the Class 3 participants are those individuals that currently have or are predicted to have more than \$1,500.00 in medical expenses during a given month. The Genesis, Sirius and Plan B/Class 1 plans are self-insured and rely on pooled financial contributions from multiple employers and individuals, whereas the Plan B/Class 3 plan is fully insured by a Georgia based insurer.

14. As a part-time employee of Depawix participating in the Genesis, Sirius or Plan B/Class 1, each insured agrees to work 15 hours a month at a rate of \$7.50 an hour for a total of \$112.50 each month. However, approximately 87% or \$97.50 is retained by DEPAWIX to pay for health insurance coverage. As a Plan B/Class 3 full-time employee of DEPAWIX, the insured must work 30 hours per week and meet the job requirements of a Class 1 employee as well as any additional job requirements of a Class 3 employee, however the Class 3 employee

will not receive any additional compensation for the additional hours worked. The thirty hours per week part-time job with DEPAWIX would be in addition to working full time at the insureds existing employment. [Composite Exhibit D]

15. As a part of the employee implementation agreement that each insured is required to sign, the part-time insured participating in the Genesis, Sirius or Plan B/Class 1 agrees that if they or one of their covered dependents incurs an emergency medical situation the insured "will be offered full time employment retroactive to the beginning of that month." The insured must accept the job, and understands that their salary will remain the same and they will be required to become a full-time employee working thirty hours a week. Becoming a full time employee entitles the insured to coverage under the fully insured plan at a time when the insured is most likely to incur high dollar claims. Such retroactive employment is in all likelihood a violation of the fully insured group policy issued by the Georgia based insurer and compels the insured to participate in potential fraudulent activity. [See Exhibit C, Employee Implementation Agreement, paragraph 3]

16. The work performed by the part-time employees is minimal at best and amounts to nothing more than studying the interaction between the insured and the patient advocate by requiring the insured to participate in annual health assessments, establishing a health management plan, agreeing to work with a patient advocate when utilizing health care and providing copies of medical bills to the patient advocate when treatment is complete. [Composite Exhibit C]

17. Regardless of the insureds placement as a part-time employee with DEPAWIX and the illusion of dual employment, the main goal of PECK & PECK, GREEN CROSS and DEPAWIX is to market and sell health insurance coverage. The product being promoted by

GREEN CROSS is sold and marketed to Florida citizens as individual or group health insurance. Florida citizens enter into this arrangement as a way to obtain low cost health insurance for their employees, families or themselves. None are specifically looking for a part-time job. The dual employment scheme utilized by PECK & PECK, GREEN CROSS and DEPAWIX is a subterfuge to avoid regulation as a legitimate health insurance company in the State of Florida.

18. Records maintained by the Florida Department of Financial Services, OFFICE of Consumer Services reflect that PECK & PECK, GREEN CROSS, and DEPAWIX Health Resources have been actively recruiting agents and brokers. More importantly, these companies either directly or through insurance agents are engaged in marketing activities to induce Florida consumers to purchase health insurance. GREEN CROSS also maintains a website located at www.greencrossmanagedhealth.com which describes available health insurance coverage through the GREEN CROSS Sirius and Genesis programs. Such activity is current and ongoing. [Composite Exhibit E, agent/broker recruiting materials and June, 2009 GREEN CROSS underwriting guidelines, website home page and frequently asked questions]

19. Pursuant to the information received from the Department of Financial Services, Division of Consumer Services, approximately 290 Florida consumers have purchased insurance through the aforementioned unauthorized entities. Each such transaction constitutes the unauthorized transaction of insurance and is considered the commission of a felony under Florida law. By way of example, the following consumer has been a victim of PECK & PECK, GREEN CROSS and DEPAWIX's illegal activities in the State of Florida: The affidavit of J.L. indicates that on or about May 1, 2009, after making inquiries about replacing his company's existing health insurance coverage through internet sites, J.L. was contacted by a licensed Florida insurance agent. The agent provided multiple quotes from approximately eight different

companies including one by the GREEN CROSS. The agent met with J.L. and multiple co-workers interested in obtaining health insurance coverage for themselves and their families. After discussions about different companies and cost, the company decided to purchase health insurance coverage through the GREEN CROSS as it was less expensive than its existing group health insurance policy, but provided similar coverage. J.L.'s policy went into effect on June 1, 2009. After underwriting by the GREEN CROSS, it was determined that J.L. would pay a monthly premium of \$230.00 as well as a one-time processing fee to PECK & PECK of \$125.00. PECK & PECK and GREEN CROSS required that each monthly payment be through an automatic withdrawal from J.L.'s checking account. Other employees who had pre-existing conditions were quoted a much higher monthly premium. Additionally, J.L.'s employer made a \$200.00 a month premium payment to PECK & PECK for each employee's health care coverage. After signing up for health insurance with the GREEN CROSS, J.L. was required to fill out an employment application and informed that he must become a part-time employee with DEPAWIX in order to qualify for insurance coverage through the GREEN CROSS. J.L. was not seeking and did not want a part-time job. His objective was to provide group health insurance coverage for his company's employees. [Composite Exhibit F, includes affidavit of J.L., DEPAWIX new employee welcome package, credit card statement showing premiums paid and list of all known Florida policyholders]

20. OFFICE records reveal that none of the above referenced entities currently hold or have ever been granted a license or Certificate of Authority by the OFFICE authorizing the entity or individual to transact business as a health insurer, business or insurance business in any capacity, nor are the following entities registered as eligible surplus lines insurance carriers:

PECK & PECK, GREEN CROSS, or DEPAWIX. [Certificates of Non-Authority are attached as Composite Exhibit G].

21. Despite the absence of any Certificate of Authority or any other authorization to transact insurance business in Florida, PECK & PECK, GREEN CROSS and DEPAWIX are currently engaging in the unlicensed, unauthorized, transaction of insurance covering consumers located in Florida, in violation of the Florida Insurance Code including, Sections 624.401 and 626.901, Florida Statutes.

22. A review of PECK & PECK, GREEN CROSS and DEPAWIX's operations in Florida reflect that officers, representatives, employees and agents of those entities including, Christopher Peck (President and CEO of PECK & PECK), Ann Purr (CEO of DEPAWIX), Michael Purr and Grant Thornton (Management team of GREEN CROSS), have violated and continue to violate provisions of the Florida Insurance Code, including Section 626.901, Florida Statutes by assisting in the solicitation, negotiation, procurement and transaction of insurance by an unauthorized entity.

23. None of the entities or individuals listed herein is subject to any exception to the requirement of the Florida Insurance Code, including exceptions outlined in Section 624.402, Florida Statutes, for licensure to transact insurance in Florida, nor are they subject to any exception to the requirements of the Surplus Lines Law, Sections 626.913 – 626.937, Florida Statutes.

24. These illegal transactions and the ongoing sales and marketing activities of these companies place Florida Consumers at great risk of loss. Such activity by PECK & PECK, GREEN CROSS, and DEPAWIX presents financial harm to Florida consumers, the extent of which cannot be discovered immediately. When claims are not paid or an unauthorized entity

becomes insolvent there is no state guaranty fund to step in and pay valid claims on behalf of policy holders. Insureds may not understand or know the extent of the unlicensed plans coverage until after a claim has been made. The purchase of health insurance through an unauthorized entity presents an imminent and immediate danger to the health, safety and welfare of Florida consumers and requires immediate action to stop the sales activities of these entities through this Order.

25. In State v. Knott, 166 So. 835 (Fla. 1936), the Florida Supreme Court found that "the business of insurance so directly affects the public that it is generally considered to be affected with a public interest, and, being so, is subject to regulation and control by the Legislature, which includes the power to license and regulate the agents through whom such business is conducted." Id. at 837. The court further states that "It would be difficult to find a business that more vitally affects the public interest...." Id. In Natelson v. Department of Insurance, 454 So.2d 31 (Fla. 1st DCA 1984), the court stated that the business of insurance is "greatly affected by the public trust." Id. at 31.

26. As a result of the foregoing, the OFFICE finds that the continued transaction of insurance without proper licensure by PECK & PECK, GREEN CROSS and DEPAWIX, and their agents and representatives who solicit and/or enroll employers and employees into unauthorized health insurance plans in violation of the Florida Insurance Code, poses an immediate danger to the public welfare.

WHEREFORE, pursuant to the Florida Insurance Code and other applicable statutes, the OFFICE finds that the continued unauthorized illegal transaction of insurance by PECK & PECK, GREEN CROSS and DEPAWIX, in violation of the Florida Insurance Code, constitutes

an immediate danger to the public welfare so as to require the issuance of this **IMMEDIATE FINAL ORDER**.

Accordingly, **IT IS HEREBY ORDERED:**

A) PECK & PECK, GREEN CROSS, and DEPAWIX whether acting directly or indirectly through named or unnamed persons, successor companies, entities, agents, or otherwise, shall immediately **CEASE AND DESIST** transacting the unauthorized business of insurance in this state, or relative to any subject of insurance resident, located or to be performed in this state until such time as PECK & PECK, GREEN CROSS and DEPAWIX become licensed insurers in this state.

B) PECK & PECK, GREEN CROSS, DEPAWIX and each and every agent, broker, salesperson, and other marketing outlet that is presently or that has in the past been used to solicit, sell, or deliver the GREEN CROSS health insurance products in Florida, shall immediately **CEASE and DESIST** from enrolling, transacting or otherwise soliciting new or renewal insurance in the state on behalf of PECK & PECK, GREEN CROSS, and DEPAWIX.

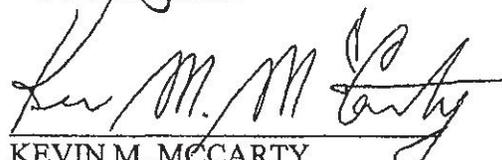
C) Within ten (10) days of the execution of this **IMMEDIATE FINAL ORDER**, the entities and individuals referenced herein shall file with the OFFICE, pursuant to Section 626.301(6), Florida Statutes, a copy of all policies issued to residents of the State of Florida as well as a detailed spreadsheet compiling the information contained in all contracts issued to residents of the State of Florida. Such information shall be submitted in Excel (.xls) in column format and include at a minimum; last name, first name, address, phone number, premium amount, claims information (including all unpaid claims) and the amount and date of the payment(s) required pursuant to paragraph "D" below.

D) The entities and individuals identified in this **IMMEDIATE FINAL ORDER** shall pay and otherwise fully service all valid claims on any and all insurance policies executed in the State of Florida or with any Florida consumer, pursuant to Section 626.901(2), Florida Statutes or in the alternative assist in the moving of Florida insureds to an insurer that is authorized to engage in the business of insurance in the State of Florida.

E) The entry of this **IMMEDIATE FINAL ORDER**, or any amendment thereto, shall not be interpreted as having, nor shall it have, the effect of abrogating any statutory, common law, chose of action or contractual rights of any person or entity involved directly or indirectly in, or that has relied on, the representations and actions of PECK & PECK, GREEN CROSS, and DEPAWIX.

F) The issuance of this **IMMEDIATE FINAL ORDER** and the procedural safeguards set forth herein are concluded to be fair under the circumstances due to the potential grave harm resulting from unauthorized insurance entities engaging in the business of insurance in Florida. The transaction of the unauthorized business of insurance, is criminal felony activity as defined by Section 626.902, Florida Statutes, and is per se immediately harmful to the public of Florida. Further, such activity by PECK & PECK, GREEN CROSS, and DEPAWIX presents financial harm to Florida consumers, the extent of which cannot be discovered immediately. All such activity presents an immediate danger to the public health, safety, or welfare of Florida consumers and requires immediate action through this Order.

DONE AND ORDERED this 26th day of AUGUST, 2009.


KEVIN M. MCCARTY
Commissioner
OFFICE of Insurance Regulation

**Electronic Articles of Incorporation
For**

P09000094556

FILED

November 18, 2009

Sec. Of State

jshivers

NEW AMERICAN HEALTH PLANNING, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

NEW AMERICAN HEALTH PLANNING, INC.

Article II

The principal place of business address:

499 N SR 434
2017
ALTAMONTE SPRINGS, FL. US 32714

The mailing address of the corporation is:

499 N SR 434
2017
ALTAMONTE SPRINGS, FL. US 32714

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

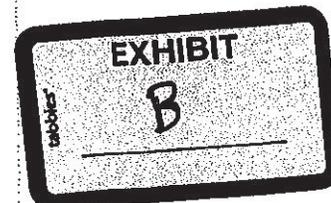
The number of shares the corporation is authorized to issue is:

900

Article V

The name and Florida street address of the registered agent is:

JOHN V HEAD
13011 BELLERIVE LANE
ORLANDO, FL. 32828



~~I certify that I am familiar with and accept the responsibilities of~~
registered agent.

P09000094556

FILED

November 18, 2009

Sec. Of State

jshivers

Registered Agent Signature: JOHN V. HEAD

Article VI

The name and address of the incorporator is:

JOHN VERNON HEAD
13100 BELLERIVE LANE

ORLANDO, FL 32828

Incorporator Signature: JOHN VERNON HEAD

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
CARYNNE MARTEN
449 N SR 434 # 2017
ALTAMONTE SPRINGS, FL. 32714 US

Title: VP
JOSH LEVY
449 N SR 434 # 2017
ALTAMONTE SPRINGS, FL. 32828 US

Title: S-T
JOHN V HEAD
499 N SR 434 # 2017
ALTAMONTE SPRINGS, FL. 32714 US

Article VIII

The effective date for this corporation shall be:

11/15/2009

A&A Licensee Details

CARYNNE NOEL MARTEN

This licensee holds at least one active license.
This licensee holds active licenses in the following categories:
AGENT.

This licensee can write some types and classes of insurance policies.

Please see the extended details for this licensee.

This licensee is flagged. Please contact your supervisor for additional information.

License Number: L020174
FEIN: 58-9565465
Business City, State: ORLANDO, FL
Place Of Birth:
Florida Resident: YES
Agent In Charge: MARTEN, CARYNNE
Agent In Charge License Number: P008920

Extended Details of Licensee

Types and Classes of Licenses

LIFE INCL VAR ANNUITY & HEALTH - AGENT (Type Class 02-15)

License History

LICENSE STATUS & DESCRIPTION	LICENSE STATUS DATE	ORIGINAL ISSUE DATE	QUALIFYING APPT
VALID	11/2/2005	11/2/2005	YES

Types and Classes of Appointments

LIFE INCL VAR ANNUITY & HEALTH - AGENT (Type Class 02-15)

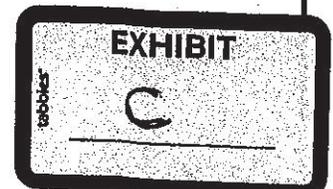
Appointment History

REFERENCE COMPANY NAME NUMBER	STATUS	STATUS DATE	ORIGINAL ISSUE DATE	TYPE	EXP DATE	COUNTY
GOLDEN RULE INSURANCE COMPANY	ACTIVE - ORIGINAL ISSUE	6/23/2009	6/19/2009	STATE	10/31/2011	ORANGE
MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN	INACTIVE - CANCELLED - BY APPOINTING ENTITY- NO LONGER REPRESENTS THE COMPANY	6/16/2009	11/7/2005	STATE	10/31/2010	ORANGE
CHESAPEAKE LIFE INSURANCE COMPANY	INACTIVE - CANCELLED - BY APPOINTING ENTITY- NO LONGER REPRESENTS THE COMPANY	6/16/2009	7/30/2007	STATE	10/31/2009	ORANGE
MEGA LIFE & HEALTH INSURANCE COMPANY	INACTIVE - CANCELLED - BY APPOINTING ENTITY- NO LONGER REPRESENTS THE COMPANY	6/16/2009	12/11/2006	STATE	10/31/2009	ORANGE

LIFE & HEALTH - AGENT (Type Class 02-18)

Appointment History

REFERENCE COMPANY NAME NUMBER	STATUS	STATUS DATE	ORIGINAL ISSUE DATE	TYPE	EXP DATE	COUNTY
TIME INSURANCE COMPANY	ACTIVE - ORIGINAL ISSUE	7/10/2009	6/1/2009	STATE	10/31/2011	ORANGE
UNITED AMERICAN INSURANCE COMPANY	INACTIVE - CANCELLED - BY APPOINTING ENTITY- NO LONGER REPRESENTS THE COMPANY	6/22/2009	2/17/2007	STATE	10/31/2009	ORANGE



A&A Licensee Details

CARYNNE NOEL MARTEN

This licensee holds at least one active license.

This licensee holds active licenses in the following categories:

AGENT.

This licensee can write some types and classes of insurance policies.

Please see the extended details for this licensee.

This licensee is flagged. Please contact your supervisor for additional information.

License Number: L020174

FEIN: 58-9565465

Business City, State: ORLANDO, FL

Place Of Birth:

Florida Resident: YES

Agent In Charge: MARTEN, CARYNNE

Agent In Charge License Number: P008920

Officer/Owner Details

Officers/Owners

MARTEN, CARYNNE OWNER

A&A Licensee Details

HEAD, JOHN VERNON
 This licensee holds at least one active license.
 This licensee holds active licenses in the following categories:
 AGENT.

License Number: P173154
 Date of Birth:
 Business City, State: MAITLAND, FL
 Place Of Birth:
 Florida Resident: YES

Extended Details of Licensee

Types and Classes of Licenses

LIFE INCL VAR ANNUITY & HEALTH - AGENT (Type Class 02-15)

License History

LICENSE STATUS & DESCRIPTION	LICENSE STATUS DATE	ORIGINAL ISSUE DATE	QUALIFYING APPT
VALID	12/6/2008	12/6/2008	NO

Types and Classes of Appointments

LIFE INCL VAR ANNUITY & HEALTH - AGENT (Type Class 02-15)

Appointment History

REFERENCE COMPANY NAME NUMBER	STATUS	STATUS DATE	ORIGINAL ISSUE DATE	TYPE	EXP DATE	COUNTY
MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN	INACTIVE - CANCELLED - BY APPOINTING ENTITY- NO LONGER REPRESENTS THE COMPANY	10/19/2009	12/15/2008	STATE	6/30/2011	ORANGE
MEGA LIFE & HEALTH INSURANCE COMPANY	INACTIVE - CANCELLED - BY APPOINTING ENTITY- NO LONGER REPRESENTS THE COMPANY	10/19/2009	12/15/2008	STATE	6/30/2011	ORANGE

LIFE & HEALTH - AGENT (Type Class 02-18)

Appointment History

REFERENCE COMPANY NAME NUMBER	STATUS	STATUS DATE	ORIGINAL ISSUE DATE	TYPE	EXP DATE	COUNTY
UNITED AMERICAN INSURANCE COMPANY	INACTIVE - CANCELLED - BY APPOINTING ENTITY- NO LONGER REPRESENTS THE COMPANY	8/19/2009	3/16/2009	STATE	6/30/2011	ORANGE

Exchanges of Business

This licensee does not have any exchanges of business.

EXHIBIT

D

tabbies

A&A Licensee Details

LEVY, JOSHUA B

This licensee holds at least one active license.

This licensee holds active licenses in the following categories:

AGENT.

This licensee can write some types and classes of insurance policies.

Please see the extended details for this licensee.

This licensee is flagged. Please contact your supervisor for additional information.

License Number: D040566

Date of Birth:

Business City, State: ALTAMONTE SPRINGS, FL

Place Of Birth:

Florida Resident: YES

Extended Details of Licensee

Types and Classes of Licenses

LIFE INCL VARIABLE ANNUITY - AGENT (Type Class 02-14)

License History

LICENSE STATUS & DESCRIPTION	LICENSE STATUS DATE	ORIGINAL ISSUE DATE	QUALIFYING APPT
VALID	6/2/2000	6/2/2000	YES

LIFE & HEALTH - AGENT (Type Class 02-18)

License History

LICENSE STATUS & DESCRIPTION	LICENSE STATUS DATE	ORIGINAL ISSUE DATE	QUALIFYING APPT
VALID	6/2/2000	6/2/2000	YES

HEALTH - AGENT (Type Class 02-40)

License History

LICENSE STATUS & DESCRIPTION	LICENSE STATUS DATE	ORIGINAL ISSUE DATE	QUALIFYING APPT
VALID	6/2/2000	6/2/2000	YES

Types and Classes of Appointments

LIFE & HEALTH - AGENT (Type Class 02-18)

Appointment History

REFERENCE COMPANY NAME NUMBER	STATUS	STATUS DATE	ORIGINAL ISSUE DATE	TYPE	EXP DATE	COUNTY
FREEDOM LIFE INSURANCE COMPANY OF AMERICA	INACTIVE - CANCELLED - BY APPOINTING ENTITY- NO LONGER REPRESENTS THE COMPANY	11/30/2009	6/23/2009	STATE	10/31/2011	SEMINOLE
AETNA LIFE INSURANCE COMPANY	ACTIVE - ORIGINAL ISSUE	10/9/2009	10/7/2009	STATE	10/31/2011	SEMINOLE
AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS	ACTIVE - ORIGINAL ISSUE	7/17/2009	7/6/2008	STATE	10/31/2011	OUT OF STATE
CONNECTICUT GENERAL LIFE INSURANCE COMPANY	ACTIVE - ORIGINAL ISSUE	7/16/2009	7/15/2009	STATE	10/31/2011	SEMINOLE
TIME INSURANCE COMPANY	ACTIVE - ORIGINAL ISSUE	6/29/2009	5/18/2009	STATE	10/31/2011	SEMINOLE
GOLDEN RULE INSURANCE COMPANY	ACTIVE - ORIGINAL ISSUE	6/28/2009	6/24/2009	STATE	10/31/2011	SEMINOLE
UNITED AMERICAN INSURANCE COMPANY	INACTIVE - CANCELLED - BY APPOINTING ENTITY- NO LONGER REPRESENTS THE	6/22/2009	2/17/2007	STATE	10/31/2011	SEMINOLE

EXHIBIT

E

COMPANY

	MEGA LIFE & HEALTH INSURANCE COMPANY	INACTIVE - CANCELLED 6/17/2009 - BY APPOINTING ENTITY- NO LONGER REPRESENTS THE COMPANY	12/11/2006	STATE 10/31/2009	BROWARD
	CHESAPEAKE LIFE INSURANCE COMPANY	INACTIVE - CANCELLED 6/17/2009 - BY APPOINTING ENTITY- NO LONGER REPRESENTS THE COMPANY	7/30/2007	STATE 10/31/2009	SEMINOLE
001	MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN	INACTIVE - EXPIRED	1/2/2007 6/5/2000	STATE 12/31/2006	BROWARD
002	AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY	INACTIVE - CANCELLED 10/31/2003 - BY APPOINTING ENTITY - NOT RENEWED	5/7/2001	STATE 10/31/2003	BROWARD

HEALTH - AGENT (Type Class 02-40)

Appointment History

REFERENCE COMPANY NUMBER	COMPANY NAME	STATUS	STATUS DATE	ORIGINAL ISSUE DATE	TYPE	EXP DATE	COUNTY
	AETNA HEALTH INC.	ACTIVE - ORIGINAL ISSUE	10/9/2009	10/7/2009	STATE	10/31/2011	SEMINOLE
	CIGNA HEALTHCARE OF FLORIDA, INC.	ACTIVE - ORIGINAL ISSUE	7/16/2009	7/15/2009	STATE	10/31/2011	SEMINOLE

Exchanges of Business

This licensee does not have any exchanges of business.

A&A Licensee Details

LEVY, JOSHUA B

This licensee holds at least one active license.

This licensee holds active licenses in the following categories:

AGENT.

This licensee can write some types and classes of insurance policies.

Please see the extended details for this licensee.

This licensee is flagged. Please contact your supervisor for additional information.

License Number: D040566

Date of Birth:

Business City, State: ALTAMONTE SPRINGS, FL

Place Of Birth:

Florida Resident: YES

Officer/Owner Details

Officers/Owners

LEVY, JOSHUA PRESIDENT

LEVY, JOSHUA SECRETARY

LEVY, JOSHUA TREASURER

OFFICES OF
NEW AMERICAN HEALTH PLANNING

By Appointment Only

John Vernon Head
President
499 N SR 434, Ste 2017
Altamonte Springs, Florida 32714

(407) 948-3775
Email: jvhead1@BellSouth.net

February 22, 2010

Mr. Keith Nault
Market Investigations
Special Investigation Unit
Florida Office of Insurance Regulation
200 East Gaines Street
Tallahassee, Florida 32399-4210

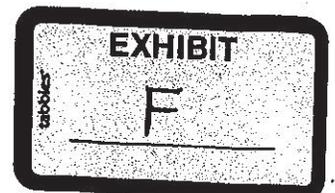
Re: OIR File # SBS 9601 UE

Dear Mr. Nault:

This letter is in response to your February 1, 2010, letter to Ms. Carynne Marten regarding allegations made concerning New American Health Planning, Inc. ("NAHP") and New American Benefit Plan Counseling, Inc. ("NABPC"). Your letter requested a response date of February 17, 2010. NAHP and NABPC appreciate your agreeing to an extension of that date to February 23, 2010.

Your letter stated that OIR had received information alleging that NAHP and NABPC may be transacting health care coverage business in Florida, from Florida or with Florida consumers. You are correct that NAHP and NABPC do not possess a Certificate of Authority ("COA") issued by the Florida Office of Insurance Regulation ("OIR"). A COA is not required for NAHP and NABPC to conduct their business operations in Florida because neither company sells, transacts, or administers insurance of any kind from Florida or to Florida consumers. NAHP and NABPC do not operate self-funded health insurance plans formed by other companies and are not involved in the operation of any such self-funded insurance plans as plan administrator or trustee.

NAHP is a Florida corporation. The primary business of NAHP is the marketing of document templates to certified public accountants, financial planners and other financial professionals and attorneys who represent clients who desire to establish self-funded benefit plans under both Part B of the Employee Retirement Income Security Act ("ERISA") and non-ERISA qualified plans established by the Department of Labor ("DOL") and the Internal Revenue Service ("IRS") under specific federal statutes. The document templates can be utilized by an accountant, financial professional or attorney to establish and operate self-funded employee benefit plans for their employer clients. The document templates are contained in a



Mr. Keith Nault
Page Two
February 22, 2010

document kit which, for marketing purposes, NAHP refers to as ARES and TITAN. The document templates in the TITAN kit are for use by accountants, attorneys, and financial professionals in creating plans that meet greater liability/protection thresholds as provided for in the ERISA statutes and the IRS Tax Code. In addition to the document templates, the kits also contain marketing information from other companies that provide services that are required by law for a plan administrator to operate the plan. Subsequent to the creation of an employer benefit plan by the accountant, attorney or financial professional, the role of NAHP is limited to responding to inquiries from the plan administrator about the plan documents and the identity of professional service providers who provide services the plan administrator may need.

A secondary business conducted by NAHP, which is conducted when marketing its ARES and TITAN document kits to accountants, attorneys and financial professionals, is to recruit part-time employees for Distribution By Database ("DBD"), a Georgia corporation. DBD is a company that employs persons on a part-time basis to participate in medical and healthcare studies. NAHP receives a commission from DBD for the part-time employees it successfully recruits for DBD. DBD provides a qualified health plan for its part-time employees. The DBD qualified health plan is named REDSTONE. In the recruiting process NAHP, at the request of DBD, provides a summary of the DBD/REDSTONE qualified health plan to prospective part-time DBD employees. NAHP, NABPC, and their officers and shareholders do not own any interest in DBD, REDSTONE, or GALLAGHER HEALTH STUDIES. Ms. Carynne Marten, an officer of NAHP and NABPC, is a part-time employee of DBD.

NABPC is also a Florida corporation. The sole business of NABPC is to provide counsel and advice to accountants, financial professionals and attorneys who establish and operate self-funded employee benefit plans for their employer clients under both Part B of the Employee Retirement Income Security Act ("ERISA") and non-ERISA qualified plans established by the Department of Labor ("DOL") and the Internal Revenue Service ("IRS") under specific federal statutes.

Based on the foregoing information regarding the business conducted by NAHP and NABPC, the following responses are provided to the ten specific requests for information and material, identified by bullet points in the second paragraph of your letter, in the order presented:

1. Based on the facts set forth above concerning the business conducted by NAHP and NABPC, neither company is transacting insurance in the State of Florida, from Florida or with businesses and residents domiciled in Florida. It is our understanding that the self-funded employee benefit plans, established by the employer clients of the accountants, attorneys and financial planners for whom NAHP and NABPC provide document templates and consulting services are wholly "self-funded" employer ERISA plans that are not subject to regulation under any state law purporting to regulate insurance companies.

Mr. Keith Nault
Page Three
February 22, 2010

2. Since neither NAHP nor NABPC are in the business of effectuating the placement of health care coverage to consumers, employers and employees in the Redstone, ARES, Titan and self-funded benefit plans, neither have any documents constituting applications for insurance, underwriting guidelines, charts, health care coverage policies or benefit explanations.

3. As explained above, ARES and TITAN are not health coverage benefit plans but instead are the marketing names used to differentiate the document template kits that NAHP sells to accountants, attorneys and financial professionals. Also as explained above, REDSTONE is the name of a qualified health benefit plan that DBD offers to its part-time employees. NAHP only recruits part-time employees for DBD but has no involvement in whether the DBD part-time employees participate in the health benefit plan available to them through DBD. DBD's address, telephone and facsimile telephone number and web site are as follows: DBD is incorporated and headquartered in Georgia with an address of 3939 LaVista Road, Suite E-331, Tucker, GA 30084. Phone is 678-608-4415. Registered agent is Anne Marie Purr and their web site is DistributionbyDatagen.com but is currently down for content revision. The summary of the REDSTONE qualified health benefit plan which NAHP gives to the prospective part-time DBD employees it recruits is enclosed with this letter.

4. As of this date the only persons who have marketed the ARES and TITAN document template kits are:

<u>NAME</u>	<u>ADDRESS</u>	<u>FLA. LICENSE NO.</u>
John Vernon Head	499 N SR 434, Suite 2017 Altamonte Springs, FL 32714	P173154
Joshua Levy	same	D040566
Carynne Marten	same	P008920
Matthew Perrin	same	P168639

As indicated above NAHP and NABPC do not market, sell, issue, or administer the REDSTONE qualified health benefit plan operated by DBD for its part-time employees.

5. NAHP and NABPC do not have any executed contracts with DBD or with any of the entities specified in your letter.

6. NAHP and NABPC do not have any executed contracts with Gallagher Health Studies.

Mr. Keith Nault
Page Four
February 22, 2010

7. NAHP and NABPC do not have any executed contracts with DBD. At this time neither corporation has any executed contract with any of the entities you specify in your letter.

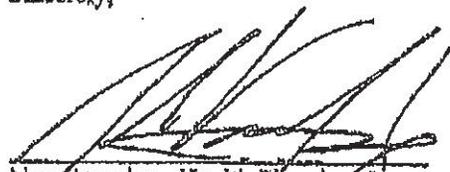
8. Enclosed with this letter are copies of the blank forms which persons being recruited for part-time employment with DBD are asked to complete. These forms are provided to NAHP by DBD. We do not have copies of any and are not aware of what other documents, if any, these persons may execute for DBD.

8. NAHP and NABPC do not have any executed contracts with DBD. At this time neither corporation has any executed contract with any of the entities you specify in your letter.

10. Other than a sample booklet which is enclosed and our website, NAHP and NABPC have not advertised or prepared or used other marketing materials.

The foregoing responses and enclosures demonstrate that NAHP and NABPC do not transact insurance business in Florida and that their business transactions with accountants, attorneys and financial professionals who are establishing qualified plans under ERISA, DOL or IRS federal statutory provisions neither require the issuance of a COA by OIR nor are subject to regulation or investigation by OIR under the Florida Insurance Code. Similarly, the foregoing responses and enclosures demonstrate that the recruiting of part-time employees by NAHP for employment by DBD is not the transaction of the business of insurance. Accordingly, the part-time employment recruiting activities of NAHP neither require the issuance of a COA by OIR, nor are subject to regulation or investigation by OIR under the Florida Insurance Code.

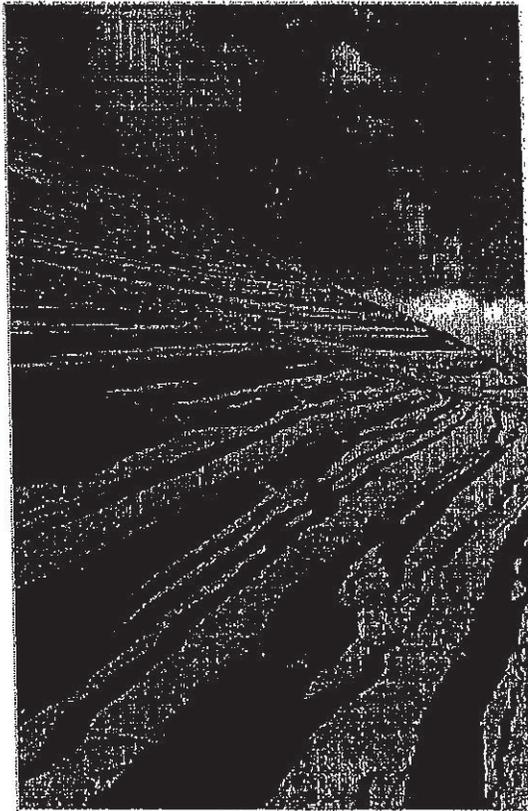
Sincerely,



New American Health Planning, Inc.
New American Benefit Plan Counseling,
Inc.

You cannot afford not to
afford health insurance
this new year

By Orlando Healthcare Policy Examiner, Cynthia
Isbell
December 31, 7:57 AM



REDSTONE by Datagen
Redstone

Make getting an affordable health plan with
great coverage your New Years Resolution for
2010.

Copyright © 2009 Clarity Digital Group LLC d/b/a Examiner.com. All Rights reserved.

Advertisement

Print Powered By 



It is possible. As long as you are not on disability, medicare or medicaid or in the final stages of renal failure, getting covered will be a breeze, starting with a quote. Effective dates are either the 1st or 15th day of the month. Just contact me to answer a few questions and give me your e-mail address.

There is a one time set-up fee of \$125.00. That's less than an emergency room visit!

While our government figures out exactly what our countries health care reform programs will be, what are we supposed to do? I purchased a short term plan in January of last year, and of course my husband ended up hospitalized by May 2009. Now we are fighting over \$20,000 in hospital bills. Our temporary insurance didn't cover much at all. This is why I am recommending this program for all of us with pre-existing conditions, that underwriters reject.

I have one option. It's a part-time job, 10 hours a month, working with a patient advocate. It's a 3 year research study and pre-existing conditions are ACCEPTED! I

Imagine that. Getting paid \$7.50 an hour to make your appointments, fill out a yearly health form, pay a monthly premium and reap the benefits. \$25 Doctor visits. Prescription coverage and much more.

I have jumped onto this bandwagon and speaking from my experience with my new pt job, applying has been a breeze. Doesn't matter what state you live in. There is a huge network www.firstthealth.com

If you want a quote and the brochure for individuals and families just e-mail me at cindiisbell@aol.com.

Another perk: You can pass along the information and be a recruiter yourself, which further offsets your monthly premium.

I think this is great. You will also.

Also, if you are an employer, searching for a lower cost alternative for your employees, I have a wonderful program for that also.

If you are an accountant-CONTACT ME! You will be surprised at what is covered under a special plan for employers and how it can help your clients. You will be their hero!

REDSTONE is a project that Distribution by Datagen participates in to study the effect of mandatory use of a patient advocate to manage an indi-
PROJECT:
REDSTONE
DISTRIBUTIONBYDATAGEN, INC.

Copyright © 2009 Clarity Digital Group LLC d/b/a Examiner.com. All Rights reserved.

Advertisement

vidual's health care needs. The REDSTONE project focuses on improving the overall quality of health-care and reducing the cost of that healthcare. The REDSTONE project is a collaborative effort between the medical plan, specialty physicians, health benefit professionals, care management nurses and administrative services providers in the healthcare industry all coordinated through Gallagher Health Studies.

Distribution by Datagen as an employer participant in the REDSTONE project hires individuals with medical conditions that meet the specifications of one or more of the studies of the REDSTONE project for which Distribution by Datagen is responsible for providing raw data for studies. Distribution by Datagen is looking for individuals and families that meet one or more of the medical conditions of the studies for which Distribution by Datagen is responsible.

Because the REDSTONE project focuses on individuals with medical conditions employment opportunities with Distribution by Datagen can be attractive to individuals who have been denied medical

insurance or offered such insurance with severe limitations in price or coverage. As part of the compensation provided by Distribution by Datagen is access to some basic medical coverage. This coverage is offered in conjunction with the employment requirements for which an individual is hired. This coverage is often more attractive to the individual than the small salary paid for the employment services provided by that individual.

If you or one of your family members have medical conditions your employment with Distribution By Datagen, Inc. and participation in REDSTONE project will aid in several medical research studies that are aimed at the total improvement in the health of all citizens by demonstrating that a mandatory patient advocacy program will reduce unnecessary medical services, cut the cost of healthcare, direct patients to medical providers more appropriate to each medical condition, and improve the quality of life for all.

Employee Responsibilities:

At a minimum, an annual Health Risk Assessment



Direct communication with the Nurse Advocate

Establishment of a health management program

Keep a journal to measure the success of the program

Report ALL medical services prior to receiving them

Report ALL medications 24 hours prior to filling

Report ALL medical interactions

Promote the REDSTONE principles to others

Follow the same procedure for any spouse or dependent

Distribution By Datagen, Inc.

Are you between the ages of 18 and 64? Are you interested in a part-time job that provides health benefits? Are you currently being treated for any pre-existing medical conditions? Would you be interested

in taking part in a medical study that is focused on your current conditions?

If you answered yes to these questions, you might be a candidate for employment with Distribution By Datagen, Inc. and participation within the REDSTONE project.

During your employment with Distribution By Datagen, Inc. your medical care will be monitored and possibly directed to physicians that you may not be familiar with. This could be an inconvenience to you, however, in the best interest of your medical condition, and the goals of the study, it would be necessary.

Employee Compensation

Your compensation will be \$7.50 per hour for a 10 hour monthly commitment.

You are eligible for participation in the Distribution by Datagen Employee Welfare Benefit Plan

PREVENTIVE CARE BENEFIT: (Included with REDSTONE option 1 and 2, NOT subject to deductible)

Copyright © 2009 Clarity Digital Group LLC d/b/a Examiner.com. All Rights reserved.

Advertisement

Print Powered By  FormatDynamics™

Health Benefits Can't →

Routine Adult Wellcare: Office Visit, Pap Smear, Mammogram (frequency limits, age 40+ annual), Prostate Screening, Gynecological Exam, Routine Physical Exam, Hearing Test, Vision Test, Immunizations, and Flu shots
\$25 Copay -\$500 Annually (Compliant) 60/40 -\$500 Annually (Non-Compliant)
Routine Child-Wellcare: Office Visit, Routine Physical Exam, Hearing Test, Vision Test, and Immunizations through age 5
\$25 Copay -\$500 Annually (Compliant) 60/40 -\$500 Annually (Non-Compliant)
Routine Infant Wellcare: 100% Compliant 60/40 Non-Compliant

Family: 100% -60/40 unlimited 20% of \$12,500 per person -60/40 unlimited

PHYSICIAN OFFICE COPAYMENTS: (Compliant / Non-Compliant)
Office Charge Only Not Subject to Plan Deductible: \$25 / N/A

MEDICAL SERVICES:
(Subject to plan deductible and coinsurance - Compliant / Non-Compliant)

Inpatient Benefits:
Room and Board, Intensive Care Unit (ICU), Cardiac Care Unit (CCU), Operating Room, Recovery Room, Prescription Drugs, Physician Visit, Lab Charges, Diagnostic Services

REDSTONE

DEDUCTIBLE: Plan One (Compliant / Non-Compliant) Plan Two (Compliant / Non-Compliant)
Individual: \$5,000 / \$10,000 \$2,500 / \$10,000
Family: 3x Individual 3x Individual

Outpatient Benefits:
X-Ray and Lab (performed in a physician office or network facility), Facility / Hospital for
Outpatient Surgery, Surgeon, Assistant Surgeon, Facility Fees, Hemodialysis, Radiation, Chemotherapy, Organ Transplant Drugs, CAT Scan, MRI, PET Scan, Nuclear Medicine, Emergency Room, Ambulance Services, Private Duty Nurse, Durable Medical Equipment, Prosthetics, Orthotics

* COINSURANCE: Plan One (Compliant / Non-Compliant) Plan Two (Compliant / Non-Compliant)
Individual: 100% -60/40 unlimited 20% of \$12,500 -60/40 unlimited

Skilled Nursing Facility: Eligible only if immediately following inpatient hospital stay,

and only up to 60 days per year
Home Health Care: Up to 60 visits per year
Hospice Care: Up to 360 visits per lifetime
Occupational Therapy: Up to 20 visits per year
Physical Therapy: Up to 20 visits per year for each Physical, Pulmonary, and Cardiac rehabilitation therapy
Speech Therapy: Up to \$500 per year
Organ Transplant: 100% Compliant -60/40 Non-Compliant
Spinal Manipulations: Up to 24 visits per year, \$25 Office Copay, and 60/40 coinsurance
Allergy Testing: 100% Compliant 60/40 Non-Compliant
Allergy Serum / Injection: 100% Compliant after \$30 Copay -60/40 Non-Compliant
Post Chemotherapy Wig: \$250 Lifetime Limit 100% Compliant -60/40 Non-Compliant

Inpatient: Up to 28 days per year (80/20 Compliant -60/40 Non-Compliant)
Outpatient: Up to 28 days per year (80/20 Compliant -60/40 Non-Compliant)

PHARMACY:
(Prescriptions are limited to a maximum 30 days supply)

Pharmacy -not subject to plan deductible:
Generic: \$15 Brand Name Formulary: \$30
Name Brand (Other): \$50
GAP PLAN OPTION: Used for participants with \$1,500 or more of medical expense in a 4 week period

MENTAL DISORDERS: (Compliant / Non-Compliant)

Inpatient: Up to 20 days per year (80/20 Compliant -60/40 Non-Compliant)
Partial Hospitalization: 2 Partial days equals 1 Inpatient day and is subject to Inpatient limits and benefit
Outpatient: Up to 20 days per year (80/20 Compliant -60/40 Non-Compliant)

DISTRIBUTION BY DATAGEN,

INC. Better Health Through Personal Accountability

The REDSTONE benefit program is focused on the improve

SUBSTANCE ABUSE: (Compliant / Non-Compliant)

ment of an individual's Quality Of Life, through superior medical man

agement and employee responsibility. The employee's mandatory re

sponsibilities include:

At a minimum, an annual Health Risk Assessment

Your Benefits Consultant:

Direct communication with the Nurse Advocate

Establishment of a personal health management program

Keep a journal to measure the level of success of the program

Report ALL medical services prior to receiving them

Report ALL medications 24 hours prior to filling

Report ALL medical interactions

Promote the REDSTONE principles to others

Follow the same procedure for any spouse or dependent

These responsibilities were designed to identify the medical con

ditions that are a detriment to the quality of life, identify the best medi

cal treatment for those ailments, monitor the progress of those treatments,

make any appropriate changes to the course of treatments, make any ap

propriate changes with the delivery of medical treatments, and communi

cate the findings with the corresponding medical studies. The goal of

this program is to bring a better Quality Of Life to all employees,

Copyright © 2009 Clarity Digital Group LLC d/b/a Examiner.com. All Rights reserved.

Advertisement

spouses, dependents, and to bring these results to the general public

through the publishing of specific and targeted studies.

Healthcare is mostly voluntary in nature. If you want to see a doctor you can. The question is not always what happens when you receive healthcare. It is also what happens when you don't and you need to. Distribution by Datagen is part of a study to see what happens when you make certain aspects of health-care mandatory. If you elect to become part of the study as an employee of Distribution by Datagen you will be required to complete a health risk assessment at least once a year. That health risk assessment will document what conditions you have and which studies you will be most helpful to. The result will be a care management program which will dictate the medical treatment you need to effectively manage your current medical conditions as well as any others that may develop. It becomes your job to make sure your care management program is being followed. You will be required to keep a current diary and

periodically communicate to a patient advocate to report your progress on your care management program. You will remain employed provided you perform the care management as prescribed.



Orlando Healthcare Policy Examiner
Cynthia IsbellRedstone

To see more, visit us at examiner.com

New American Response

Distribution By Datagen, Inc.

Are you between the ages of 18 and 64? Are you interested in a part-time job that provides health benefits? Are you currently being treated for any pre-existing medical conditions? Would you be interested in taking part in a medical study that is focused on your current conditions?

If you answered yes to these questions, you might be a candidate for employment with Distribution By Datagen, Inc. and participation within the REDSTONE project.

During your employment with Distribution By Datagen, Inc. your medical care will be monitored and possibly directed to physicians that you may not be familiar with. This could be an inconvenience to you, however, in the best interest of your medical condition, and the goals of the study, it would be necessary.

Employee Compensation

Your compensation will be \$7.50 per hour for a 10 hour monthly commitment.

You are eligible for participation in the Distribution by Datagen Employee Welfare Benefit Plan

REVENUE CARE BENEFIT PLAN - Includes MEDICAL, Dental, and Vision and is NOT subject to COBRA

<u>Routine Adult Wellcare:</u>	Office Visit, Pap Smear, Mammogram (frequency limits, age 40+ annual), Prostate Screening, Gynecological Exam, Routine Physical Exam, Hearing Test, Vision Test, Immunizations, and Flu shots \$25 Copay - \$500 Annually (Compliant) 60/40 - \$500 Annually (Non-Compliant)
<u>Routine Child Wellcare:</u>	Office Visit, Routine Physical Exam, Hearing Test, Vision Test, and Immunizations through age 5 \$25 Copay - \$500 Annually (Compliant) 60/40 - \$500 Annually (Non-Compliant)
<u>Routine Infant Wellcare:</u>	100% Complaint 60/40 Non-Compliant



New American Response pg. 7

REDSTONE

DEDUCTIBLES (Compliant / Non-Compliant) Plan One Plan Two

Individual:	\$5,000 / \$10,000	\$2,500 / \$10,000
Family:	3x Individual	3x Individual

COINSURANCE (Compliant / Non-Compliant) Plan One Plan Two

Individual:	100% - 60/40 unlimited	20% of \$12,500 - 60/40 unlimited
Family:	100% - 60/40 unlimited	20% of \$12,500 per person - 60/40 unlimited

PHYSICIAN OFFICE COPAYMENTS (Compliant / Non-Compliant)

Office Charge Only Not Subject to Plan Deductible: \$25 / N/A

MEDICAL SERVICES (Subject to plan deductibles and coinsurance) (Compliant / Non-Compliant)

Inpatient Benefits:	Room and Board, Intensive Care Unit (ICU), Cardiac Care Unit (CCU), Operating Room, Recovery Room, Prescription Drugs, Physician Visit, Lab Charges, Diagnostic Services
Outpatient Benefits:	X-Ray and Lab (performed in a physician office or network facility), Facility / Hospital for Outpatient Surgery, Surgeon, Assistant Surgeon, Facility Fees, Hemodialysis, Radiation, Chemotherapy, Organ Transplant Drugs, CAT Scan, MRI, PET Scan, Nuclear Medicine, Emergency Room, Ambulance Services, Private Duty Nurse, Durable Medical Equipment, Prosthetics, Orthotics
Skilled Nursing Facility:	Eligible only if immediately following inpatient hospital stay, and only up to 60 days per year
Home Health Care:	Up to 60 visits per year
Hospice Care:	Up to 360 visits per lifetime
Occupational Therapy:	Up to 20 visits per year
Physical Therapy:	Up to 20 visits per year for each Physical, Pulmonary, and Cardiac rehabilitation therapy
Speech Therapy:	Up to \$500 per year
Organ Transplant:	100% Compliant - 60/40 Non-Compliant
Spinal Manipulations:	Up to 24 visits per year, \$25 Office Copay, and 60/40 coinsurance
Allergy Testing:	100% Compliant 60/40 Non-Compliant
Allergy Serum / Injection:	100% Compliant after \$30 Copay - 60/40 Non-Compliant
Post Chemotherapy Wig:	\$250 Lifetime Limit 100% Compliant - 60/40 Non-Compliant

MENTAL DISORDERS (Compliant / Non-Compliant)

Inpatient:	Up to 20 days per year (80/20 Compliant - 60/40 Non-Compliant)
Partial Hospitalization:	2 Partial days equals 1 Inpatient day and is subject to Inpatient limits and benefit
Outpatient:	Up to 20 days per year (80/20 Compliant - 60/40 Non-Compliant)

SUBSTANCE ABUSE (Compliant / Non-Compliant)

Inpatient:	Up to 28 days per year (80/20 Compliant - 60/40 Non-Compliant)
Outpatient:	Up to 28 days per year (80/20 Compliant - 60/40 Non-Compliant)

PHARMACY (All prescriptions must be filled at a participating pharmacy)

Pharmacy - not subject to plan deductible: Generic: \$15 Brand Name Formulary: \$30 Name Brand (Other): \$50

COPAYMENTS (Not subject to plan deductibles and coinsurance) (Compliant / Non-Compliant)



Distribution by Datagen

3030 Lavista Road, Suite E-173, Tucker, GA 30084
Billing Phone: 878-608-4415 FAX: 770-220-1995

Note: No insurance provided, sold or offered

Date: December 28, 2009

Proposed effective date: January 1, 2010

To Interested Potential Employee: JONATHON LONGNEAKER

Healthcare is mostly voluntary in nature. If you want to see a doctor you can. The question is not always what happens when you receive healthcare. It is also what happens when you don't and you need to. Distribution by Datagen is part of a study to determine what happens when you make certain aspects of healthcare mandatory. If you elect to become part of the study as an employee of Distribution by Datagen you will be required to complete a health risk assessment at least once a year. That health risk assessment will be used to document what conditions you have and what studies you will be part of. The result will be a care management program which will dictate the treatment you need to manage your current medical conditions. It becomes your job to make sure your care management program is being followed. You will be required to keep a current diary and periodically speak with a patient advocate to report your progress on your care management program. You will remain employed provided you perform the care management as prescribed.

There are other job requirements you will be required to fulfill. Before you access healthcare you must call the patient advocate and report the medical services you need. The patient advocate may simply permit you to go where you elect or in other circumstances the patient advocate may stipulate where you need to go to get those medical services. Part of your job assists in the determination of whether a narrow provider network for certain services can reduce utilization and cost. Part of your job is to be inconvenienced by the study requirements. Often there are better provider solutions to a medical situation. If the patient advocate determines your situation dictates more consideration as to the right course of treatment you will be required to obtain a second opinion from a medical provider, choice dictated by the patient advocate. If there is a disagreement a third opinion may be required. The objective is to determine the best course of treatment for all medical situations. It may not be possible for certain medical conditions to be handled in the local community. It may be necessary to travel to get that care. Your job is to travel in these instances to where it is determined you will have a better chance of proper care. The job includes reporting on your impression of the medical providers you encounter. The study will evaluate the performance of those providers which will continuously improve the network.

Each employee is considered a spokesperson for the concepts Distribution by Datagen represents. We want you to communicate these ideas to the general public. Part of your job is to hand out pamphlets about the programs and studies and explain what your involvement in the programs is. You become the best ambassador of the concept. At the same time you will be distributing materials that will provide access to the public to businesses in the care management and wellness arenas.

The job does not pay a lot of money. We estimate it will require 10 hours of your time a month. At \$7.50 an hour your total pay amounts to only \$75 a month. For most of you the attraction is access to healthcare. We only offer modest coverage. For most of you that may be enough. To protect yourself we recommend you utilize the Redstone Placement Agreement offered by Smart Services. (The Redstone Agreement is a service that places you in employment of another employer if it is deemed you need more than \$1500 of medical services in a 4 week period.) That agreement meshes quite nicely with the medical benefits offered by Distribution by Datagen. For your convenience we have incorporated a copy of that contract along with the estimated monthly pricing of such a program for your consideration. Without comprehensive coverage Distribution by Datagen offers little protection for future medical care costs for anything but basic medical care.

Distribution by Datagen medical plan requires prepayment of the estimated cost of maintenance prescriptions. To participate in the program you must prepay these prescriptions prior to the beginning of the month. For your convenience Smart Services provides a prepayment agreement to those individuals who are sponsored under a Redstone Agreement. Distribution by Datagen recommends that you avail yourself of this service as part of your employment arrangements with Distribution by Datagen in order to avoid penalties for non compliance.

Distribution by Datagen offers two medical plan options. Both are estimated to cost approximately the same. Option one is a modest benefit plan with a \$5,000 deductible and no coinsurance. For those interested in a lower deductible and coinsurance, option two is a \$2,500 deductible with 20% coinsurance thereafter for another \$2,500 out of pocket. Under option two the employee is required to prepay the cost of patient advocate services (the cost of patient advocate services for option one is paid by Distribution by Datagen.) The cost of those services is based on your medical condition and that of any dependents you elect to place under the plan. To be in compliance you will be required to prepay the cost of the patient advocate services. If you are sponsored into a Redstone Agreement it is recommended you avail yourself of the use of the prepayment option that Smart Services provides. If you do not prepay the patient advocate service in time any medical service you access while the patient advocate services are not in force will be considered non compliant.

	3 year guarantee	3 year guarantee
The price of the Redstone Agreement is:	\$157.77	\$167.36
Pharmacy prepayment requirement is:	\$2.00	
Option 2 prepayment requirement is:	\$42.59	\$53.24
		Option 1 Total: \$159.77
		Option 2 Total: \$202.36
		Additional \$125 implementation fee is required.

If you are associated with a business there is a high likelihood you will want to set up a separate class one group as part of that business. The tax consequences are significant. The following is the likely out of pocket cost you will experience with this alternative:
If this alternative is of interest to you ask your recruiter for more information on the Ares program.

Option 1 Total:	\$24.38	\$30.19
Option 2 Total:	\$50.21	\$62.48

We welcome you to participate in this program as an employee. Attached is the agreed upon employment arrangement and the addendum of our medical program. Your job with Distribution by Datagen is to access basic medical care. This effort does not deal with individuals with a significant need for medical services. If our modest medical plan benefits are adequate for your needs, if you are reporting all medical services before you access any health care services, and if you have contracted for the Redstone Agreement we will be able to refer you to Smart Services and they will find you another job with comprehensive medical coverage in time for you to have the coverage you need. Note without the Redstone Agreement your medical benefit under both option one and two will be severely limited.

Signature: _____

Date: _____

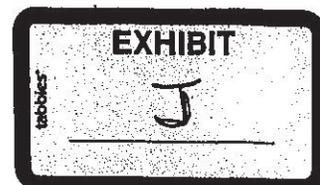
This is not an offer of employment. If you meet the qualifications an offer of employment will be made by Distribution by Datagen or another interested class one employer.

FAX to 770-220-1995 and forward original to 3677 Chamblee Tucker Road, Suite A-307, Atlanta, GA 30341

*Note: The medical benefits of Distribution by Datagen are offered through a self funded medical plan established to meet the qualifications and in order to be recognized as a qualified employer provided medical plan as defined by the Employee Retirement Income Security Act of 1974. By the specification of ERISA and according to the intentions of Distribution by Datagen there is no intention to represent this medical plan as insurance or in any way be subject to State insurance law except as to any purchase of stop loss insurance as reinsurance on the risk of this medical plan which is at the discretion of Distribution by Datagen.

Distribution by Datagen reserves the right to assign you to another class one employer offering the same opportunity.

AAEE



DOCUMENT# P09000014214

Entity Name: INSPIRED BY COCONUT, INC.

Current Principal Place of Business:9800 TOUCHTON RD.
337
JACKSONVILLE, FL 32246**Current Mailing Address:**9800 TOUCHTON RD.
337
JACKSONVILLE, FL 32246

FEI Number: 26-3174811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:CLINTON, CHERYL L
9800 TOUCHTON RD.
JACKSONVILLE, FL 32246 US**New Principal Place of Business:**9823 TAPESTRY PARK CIR.
104
JACKSONVILLE, FL 32246**New Mailing Address:**9823 TAPESTRY PARK CIR.
104
JACKSONVILLE, FL 32246**Name and Address of New Registered Agent:**CLINTON, CHERYL L
9823 TAPESTRY PARK CIR.
104
JACKSONVILLE, FL 32246 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHERYL CLINTON

04/29/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P
Name: CLINTON, CHERYL L
Address: 9823 TAPESTRY PARK CIR. # 104
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHERYL CLINTON

P

04/29/2010

Electronic Signature of Signing Officer or Director

Date



**Electronic Articles of Incorporation
For**

N11000000241
FILED
January 10, 2011
Sec. Of State
rdunlap

GREEN GABLES ARTISAN'S COOPERATIVE, INC.

The undersigned incorporator, for the purpose of forming a Florida not-for-profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

GREEN GABLES ARTISAN'S COOPERATIVE, INC.

Article II

The principal place of business address:

9823 TAPESTRY PARK CIR.
UNIT 104
JACKSONVILLE, FL. US 32246

The mailing address of the corporation is:

9823 TAPESTRY PARK CIR.
UNIT 104
JACKSONVILLE, FL. US 32246

Article III

The specific purpose for which this corporation is organized is:

THE GREEN GABLES ARTISAN'S COOPERATIVE HAS BEEN CREATED TO FURTHER THE HEALTH AND WELL-BEING OF ITS MEMBERS THROUGH CRAFT THERAPY. OUR GOAL IS TO IMPROVE THEIR QUALITY OF LIFE, REGARDLESS OF THEIR DISABILITIES OR AILMENTS.

Article IV

The manner in which directors are elected or appointed is:

AS PROVIDED FOR IN THE BYLAWS.

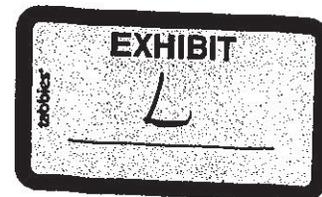
Article V

The name and Florida street address of the registered agent is:

CHERYL L CLINTON
9823 TAPESTRY PARK CIR.
UNIT 104
JACKSONVILLE, FL. 32246

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: CHERYL CLINTON



Article VI

The name and address of the incorporator is:

CHERYL CLINTON
9823 TAPESTRY PARK CIR.
UNIT 104
JACKSONVILLE, FL 32246

Electronic Signature of Incorporator: CHERYL CLINTON

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: D
CHERYL L CLINTON
9823 TAPESTRY PARK CIR., UNIT 104
JACKSONVILLE, FL. 32246 US

Title: D
MICHAEL M PURR
6174 TRAVELER CT.
STONE MOUNTAIN, GA. 30087 US

Title: D
BEATRIX KETCHUM
8101 PHILIPS HIGHWAY
JACKSONVILLE, FL. 32256

Article VIII

The effective date for this corporation shall be:

01/09/2011

About New American Health

Home

About New American

Gallagher Health Studies

Get a Quote

Individual and Family Plans
[Redstone]

Business Plans [ARES]

Large Plans [Titan]

Links to Better Health

REDSTONE: Healthcare Services for the Individual

Redstone studies the effect of mandatory use of a patient advocate to manage an individual's healthcare needs. Redstone focuses on improving the overall quality of healthcare and reducing the cost of that healthcare. Redstone is a collaborative effort between the medical plan, specialty physicians, health benefit professionals, care management nurses and administrative services providers in the healthcare industry all coordinated through Gallagher Health Studies.

Companies like Distribution by Datagen participate as an employer in Redstone and hires individuals with medical conditions that meet the specifications of one or more of the studies of being done by Redstone for which Distribution by Datagen is responsible for providing raw data for studies. Distribution by Datagen is looking for individuals and families that meet one or more of these medical conditions.

Because Redstone focuses on individuals with medical conditions, part time employment opportunities that do not interfere with your existing employment are available that can help individuals and families who have been denied healthcare or offered healthcare with severe limitations in price or coverage. As part of the compensation provided to all part time employees by Distribution by Datagen is access to some basic medical coverage. This coverage is offered only in conjunction with the part time employment requirements for which an individual is hired.

The healthcare coverage is often more attractive to the individual than the small salary paid for the employment services provided by that individual. If you or one of your family members have medical conditions your part time employment with Distribution By Datagen, Inc. and participation in Redstone project will aid in several medical research studies that are aimed at the total improvement in the health of all citizens by demonstrating that a mandatory patient advocacy program will reduce unnecessary medical services, cut the cost of healthcare, direct patients to medical providers more appropriate to each medical condition, and improve the quality of life for all.

Employee Responsibilities:

As a part time employee, you will have specific job duties that each person must perform. If you do not perform these duties, you will lose the part time employment and the pay and especially the healthcare coverage that is so important to you. As with any employer, you must do the job duties to keep the job. Your chief reward: being part of an affordable healthcare plan. Your part time job duties are:

- At a minimum, an annual Health Risk Assessment
- Direct communication with the Patient Advocate
- Establishment of a health management program
- Keep a journal to measure the success of the program
- Report ALL medical services prior to receiving them
- Report ALL medications 24 hours prior to filling
- Report ALL medical interactions
- Promote the Redstone principles to others
- Follow the same procedure for any spouse or dependent

Employee Compensation

As a part time employee your pay will be \$7.50 per hour for 10 hours of work each month and a guaranteed 3 year fixed fee for participation in the Redstone healthcare project.

Better Health Through Personal Accountability

The Redstone benefit program is focused on the improvement of an individual's Quality of Life, through superior medical management and employee responsibility. If you would like more information or set up an appointment, please contact any of us below.

EXHIBIT

tabbles

M

(This is a job placement arrangement. Benefits are a result of employment with an employer. Note: No insurance provided, sold or offered.)

This REDSTONE AGREEMENT, hereinafter referred to as "AGREEMENT," is made on the date recited below by and between Smart Services, Inc., a corporation organized under the laws of the state of Georgia, with principal place of business at 3577 Chamblee Tucker Road, Suite A-307, Atlanta, GA 30341, hereafter referred to as "SS", and Cynthia Isbell 413 Whitcomb Drive Geneva

Florida 32732, hereinafter referred to as "Individual." In consideration of the mutual benefits to be derived hereunder, the parties covenant and agree as follows:

PARTIES WITNESS THAT:

WHEREAS, SS has agreements with employers seeking employees to perform certain services (including studies of individuals with a need for \$1500 of medical services in the next 4 week period) and looks to SS to provide employees willing to perform the specified services and SS looks to Individual to potentially become an employee; and WHEREAS, Individual has access to modest medical coverage and wishes to prepare for the potential need for more significant medical coverage through employment and looks to SS to provide placement of Individual in a job with comprehensive medical coverage; and NOW THEREFORE, in consideration of the promises and mutual covenants contained in this AGREEMENT, the parties covenant and contract as follows:

SECTION ONE: RESPONSIBILITIES OF INDIVIDUAL

1. Individual shall report to SS when Individual qualifies for jobs as posted by SS.
2. Individual shall accept jobs offered through SS, complete all paperwork in order to execute employment and perform specified job functions.
3. Individual shall agree that SS is not responsible for late reporting of the need for employment or the lack of acceptance of jobs offered through SS.

SECTION ONE: RESPONSIBILITIES OF SS

1. SS shall assist Individual in placement of an employer should the Individual demonstrate the need for \$1500 of medical services in a 4 week period. Such placement is contingent on Individual performing all employment services of new employer. SS is not responsible for late placement if Individual was late in reporting the need for \$1500 of medical services in a 4 week period, for delays Individual may have in being offered and accepting offered employment which includes the completion of all required paperwork, nor insufficient credible coverage at time of employment to prevent conditions being considered preexisting. Such placement will not occur for pregnancy.
2. SS is not responsible for the placement of any individual who is not employable or willing to accept jobs offered or who is currently in the hospital.
3. SS and assigned employer are not responsible for employee's lack of compliance with applicable medical plan reporting requirements.
4. SS shall collect and remit to Distribution by Datagen any other prepayment amounts as agreed upon between Individual and Distribution by Datagen.
5. SS shall collect and remit to Distribution by Datagen the required pharmacy prepayment amount for the next month of:
6. SS shall perform responsibility 2 again if employee or dependent exceed maximum benefit from placement made through responsibility 1. This responsibility will only apply if Individual has made the monthly donation of \$20.00 to the Green Gables Artisans Co-op.

\$75.00
This

SECTION THREE: FEES TO SS Monthly consideration shall be

\$508.76

Fee will be charged/debited from the designated account on the

15th of the previous month. A late fee of \$20 will be charged for payments not received by due date. The fee can be altered if the conditions by which the fee was established including differences in likelihood of need for placement. Initial fee is based on the attached information provided for evaluation. If this information is incorrect please change and resubmit. Fees will be reevaluated at the end of each contract period. An additional implementation fee of \$125.00 per employee is required. Monthly fee reflects a \$10.00 reduction as a result of Individual's monthly donation of \$20.00 to the Green Gables Artisans Co-op.

SECTION FOUR: INTENT OF INDEPENDENT CONTRACTOR STATUS SS warrants that SS and its subcontractors are independent contractors and any employee or agent of SS or its subcontractors is an independent contractor and not an employee of Individual for purposes of any work performed under this AGREEMENT. The relationship between SS and Individual is a relationship of pure contract. No representation shall be made by any party that would create an apparent agency, employment, joint venture or partnership, and neither party shall have the authority to act for the other party in any manner except as provided in this AGREEMENT. And, while Individual is acquainted with SS's method of operations and sales materials, it is understood that Individual does not have the right of control over SS or its subcontractors in SS's or its subcontractors' performance under this AGREEMENT. SS warrants that SS and its subcontractors are independent contractors as to Individual for the purpose of federal and state taxes, medical benefits, workers' compensation benefits, etc..

SECTION FIVE: EXPENSES OF SS SS is responsible for all of its expenses incurred in performing services under this AGREEMENT. SS understands that it has no authority to contract in the name of or on behalf of Individual.

SECTION SIX: TERM OF AGREEMENT AGREEMENT shall continue in full force and effect for a term of one (1) year from date hereof and for successive periods of one (1) year thereafter unless earlier terminated by either party by written notice sent by certified mail to the other party at least thirty (30) days prior to the effective date of termination. Termination notice may be provided effective any anniversary of the effective date of this AGREEMENT or at any time due to breach of AGREEMENT by Individual. If the cause for termination is due to a breach of AGREEMENT by SS, then Individual will give SS notice in writing by certified mail of Individual's intent to terminate AGREEMENT and such notice will allow SS thirty (30) days to cure or defend such breach of AGREEMENT. If such breach of AGREEMENT is not cured AGREEMENT will be terminated by statement of such termination in writing and sent to SS by certified mail and effective upon attempted delivery by the United States Postal Service of such certified letter.

SECTION SEVEN: GOVERNING LAW AND VENUE AGREEMENT is entered into in the City of Tucker, Georgia and shall be governed by the laws of the State of Georgia. Further, Individual and SS expressly promise and agree that the SOLE SITES of any litigation brought directly or indirectly by either party for the interpretation or enforcement of any provisions of AGREEMENT shall be in the Superior Court of DeKalb County, State of Georgia, or the Atlanta Division of the United States District Court for the Northern District of Georgia. The parties agree these Courts shall have jurisdiction over the parties and venue of any action arising under this AGREEMENT.

SECTION EIGHT: TIME OF ESSENCE Time of performance by parties is of the essence.

SECTION NINE: WAIVER IS NOT CONTINUING SS agrees that any waiver by Individual of any breach of AGREEMENT shall not constitute a continuing waiver of any additional or subsequent breach by SS nor shall it be a waiver of any of Individual's rights under AGREEMENT.

SECTION TEN: NONASSIGNABILITY SS agrees that AGREEMENT cannot be assigned without the prior written consent of Individual which Individual may withhold for any reason.

SECTION ELEVEN: ENTIRE AGREEMENT Parties agree that AGREEMENT constitutes the entire agreement between the parties and AGREEMENT supersedes any prior agreement and understanding between the parties. No representations or promises have been made between the parties except as expressly contained herein. AGREEMENT may not be amended or modified except in a writing specifically denoted as an amendment to AGREEMENT which writing is signed by both Individual and SS.

AAAQ

IN WITNESS WHEREOF, the parties hereto have executed AGREEMENT on

Individual Signature: _____

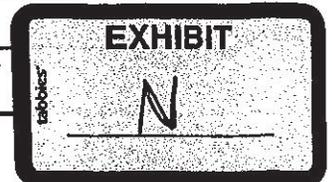
Contract is not completed until phone verified by Smart Services and initial payment is collected.

List three dates and hour time periods in next week when you will be available for phone verification at number:
Phone (1): _____ Phone (2): _____

Time 1: _____

Time 2: _____

Time 3: _____



Smart Services, Inc. (Peck and Peck, Inc.)

3577 Chamblee Tucker Road, Suite A-307, Atlanta, GA 30341
Phone: 678-608-4415 FAX: 770-220-1995 e-mail: am.purr@comcast.net
Note: No insurance provided, sold or offered _____

AUTHORIZATION FOR RECEIPT OF PAYMENT UNDER THE REDSTONE AGREEMENT

A. Individual Information

Contractholder's Name: Cynthia Isbell
Phone Number: 407-349-0390

B. Credit/ Debit Card Authorization

Please fill out if you wish to make payments by Credit/Debit card

Name as it appears on Debit/Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit/Debit Card Type: _____ Credit Card Number: _____

_____ VISA

_____ Discover

_____ Master Card

_____ American Express

Card expiration date: _____

Verification Number: _____

A three or four digit number after your card number

I authorize Smart Services, Inc. or its authorized transaction agent to instruct my financial institution to charge the applicable monthly consideration and other contractual amounts. The consideration will be charged to the above designated account on the 15th of the prior month except initial payment which will be charged immediately. Other considerations will be charged immediately. This authorization shall remain in effect for the term of the Redstone Agreement.

Signature: _____ Date: _____

C. Automatic Cash Handling (ACH) Authorization

Please complete the following if you have chosen the ACH Option

Name as it appears on checking account: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Financial Institution Information

Institution Name: _____ Branch Location: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Transit Number: _____

Account Number: _____

Please provide a copy of a voided check

I authorize Smart Services, Inc. or its authorized transaction agent to instruct my financial institution to debit the applicable monthly consideration and other contractual amounts. The consideration will be debited from the above designated account on the 15th of the prior month except initial payment which will be debited immediately. Other considerations will be debited immediately. This authorization shall remain in effect for the term of the Redstone Agreement.

Signature: _____ Date: _____

Distribution by Datagen

3939 Lavista Road, Suite E-173, Tucker, GA 30084
Billing Phone: 678-608-4415 FAX: 770-220-1995

Note: No insurance provided, sold or offered _____

Disclosure Statement

(To be completed by proposed employee)

I, _____ fully understand the employment opportunity that has been presented to me on: _____, 2009. I have reviewed all the documentation prior to placing my signature below.

I further understand that:

- 1) This is employment. I will be required to fulfill all the obligations contained in the job description. Initial: _____
- 2) Through this employment I will have access to the medical benefits of the selected program. Initial: _____
- 3) I understand that I must communicate with the Nurse Advocate all medical services, including pharmacy, at least 24 hours prior to accessing them. Initial: _____
- 4) At least once a year I will complete a health risk assessment. Initial: _____
- 5) I have completely and accurately conveyed all medical conditions and prescriptions needed for enrollment. Inaccurate data will cause an adjustment in fees. Initial: _____
- 6) If I do not fulfill the employment obligations I can be terminated, and forfeit all medical benefits. Initial: _____
- 7) I will receive monthly pay of \$75.00 of which \$50.00 I am contributing to the accepted medical benefit plan of Distribution by Datagen. My net pay after taxes will be \$23.08. I wish to contribute \$20.00 a month of my net pay to the Green Gables Artisans Co-op which will result in the production of two belly bands for pets at kennels around the country.** Initial: _____
- 8) I have been notified that the benefit offered is modest in nature. I have been told about the Redstone Agreement but understand the purchase of that agreement is not an employment requirement. I understand that if I accept employment without the Redstone Agreement I will be required to assure prepayments are made on time and I understand the benefits offered under the Distribution by Datagen as very limited in nature. Initial: _____

Employee Name: Cynthia Isbell Signature: _____

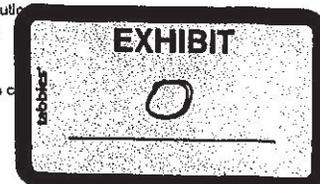
Recruiter Name: John Micalizio Signature: _____

**If offer of employment is made from another class one employer that employer has agreed to accept this disclosure statement.

*Note: The medical benefits of Distribution by Datagen are offered through a self funded medical plan established to meet the qualifications and in order to be recognized as a qualified employer provided medical plan as defined by the Employee Retirement Income Security Act of 1974. By the specification of ERISA and according to the intentions of Distribution by Datagen there is no intention to represent this medical plan as insurance or in any way be subject to State Insurance law except as to any purchase of stop loss insurance as reinsurance on the risk of this medical plan which is at the discretion of Distribution by Datagen.

Distribution by Datagen reserves the right to assign you to another class one employer offering the same opportunity.

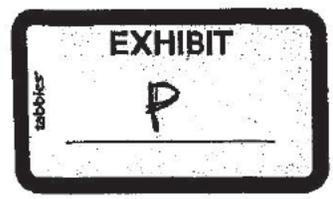
**At the discretion of Green Gables Artisan's Co-op other fabric art worth \$20.00 may be produced to contribute to a non-profit organization of Green Gables Artisan's Co-op's c



Grp #	Mbr #	Rel	LAST NAME	FIRST NAME	SEX	DOB	Address	CITY	St	ZIP	Mbr Eff
04G8856		EE	COULSON	BONITA							2010/04/08
04G8856		EE	LOUCKS	SHAWN							2010/04/26
04G8856		EE	LEWIS	JOSHUA							2010/01/01
04G8856		EE	BENIUK	NINA							2010/04/19
04G8856		EE	SABOURNIE	ELLYN							2010/05/03
04G8856		EE	VACHON	ANGELA							2010/03/01
04G8856		SP	VACHON SR	SCOTT							2010/03/01
04G8856		EE	CLINTON	CHERYL							2010/01/01
04G8856		EE	WILLIAMS	FERRERY							2010/01/01
04G8856		EE	BLANCHETTE	MARY							2010/05/05
04G8856		EE	LENZ	FREDERICK							2010/03/24
04G8856		EE	GRAY	LINDA							2010/04/08
04G8856		EE	GREEGOR	DAVID							2010/05/13
04G8856		EE	GREEGOR	DAVID							2010/05/13
04G8856		EE	HAFER	EDDY							2010/05/17
04G8856		EE	POCOROBBA	BRENDA							2010/05/10
04G8856		EE	GREENE	KRISTEN							2010/04/15
04G8856		EE	CLARK	SHIQUITA							2010/02/01
04G8856		EE	WIDENER	DENNIS							2010/01/01
04G8856		EE	BEAUDOIN	VERONICA							2010/05/05
04G8856		EE	CERVINO	CHRISTIANE							2010/02/01
04G8856		CH	CERVINO	STELLA							2010/03/27

Population
 =former Depawir Employees

#NAME?



Kenneth Tinkham

From: Keith Nault
Sent: Wednesday, May 04, 2011 10:05 AM
To: Kenneth Tinkham
Subject: FW: Secure Message from linna_p_vannette@uhc.com
Attachments: securedoc.html

Keith Nault
Market Investigations
Special Investigations Unit
Florida Office of Insurance Regulation
200 East Gaines Street
Tallahassee, FL 32399
Tel: (850) 413-2486
Fax: (850) 922-5680
Keith.Nault@floir.com

PRIVILEGED AND CONFIDENTIAL EXAMINATION/INVESTIGATION COMMUNICATION, EXEMPT FROM PUBLIC DISCLOSURE OR INSPECTION, PURSUANT TO SECTION 624.319(3)(A)AND(B), FLORIDA STATUTES.

Please Note: The State of Florida has enacted broad public records laws. Most written communications to or from state employees regarding business are public records. Your emails may be subject to public disclosure.

From: Vannette, Linna P [mailto:linna_p_vannette@uhc.com]
Sent: Wednesday, July 07, 2010 11:29 AM
To: Keith Nault
Subject: Secure Message from linna_p_vannette@uhc.com

You have received a secure message

If you have concerns about the validity of this message, contact the sender directly.

To retrieve your encrypted message, follow these steps:

1. Click the attachment, securedoc.html.

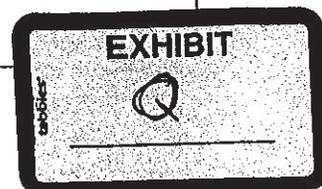
You will be prompted to open (view) the file or save (download) it to your computer. For best results, save the file first, then open it in a Web browser.

2. Enter your password.

If you are a first time user, you will be asked to register first.

Mobile device users: forward this message to mobile@res.cisco.com. You will be emailed a link where you can enter your password and view the secure email message.

For help opening securedoc.html, see <https://res.cisco.com/websafe/help?topic=RegEnvelope>.



~~To initiate a new email message: <https://res.cisco.com/websafe>~~



Blue Cross Blue Shield of Georgia, Inc.
 P.O. Box 406750
 ATLANTA, GA 30384-6750

TOLL-FREE: 1-877-364-2003
 8:00 A.M. - 5:00 P.M.

Blue Cross Blue Shield of Georgia, an independent license of the Blue Cross Blue Shield Association

DEPAWIX HEALTH RESOURCES
 ANN MARIE PURR
 3577 CHAMBLEE TUCKER RD
 STE A-121
 ATLANTA GA 30341

HRMC

INVOICE # 0007511388

PAYMENT COVERS					
PERIOD FROM			PERIOD THRU		
MO.	DAY	YEAR	MO.	DAY	YEAR
12	01	2009	12	31	2009

GROUP BILL STATEMENT

HRMC

GROUP ID	GRP REPORT ID	BK #	PAGE #
1037677000		2	2

IS DUE ON 12/01/2009
 SUBJECT TO CANCELLATION
 IF NOT RECEIVED BY 01/01/2010

LINE NUM	MEMBER NUMBER	MEMBER-ICID	EMPLOYEE MEMBER NAME	PAYROLL NUMBER	COV TYP	RETRO LVL	RETRD MOS	AMOUNT	EV
027			HILLIRON PATRICIA		M	1	10-11	839.28	N
028			HILLIRON PATRICIA	COBRA	M	1		510.17	N
029			HILLIRON PATRICIA		R	1	10-11	72.98	N
030			HILLIRON PATRICIA	COBRA	R	1		44.36	N
031			HOLINE DOUGLAS W	COBRA	M	1		510.17	N
032			HOLINE DOUGLAS W	COBRA	R	1		44.36	N
033			OLDENDORF PEGGY		M	1	11-11	493.13	N
034			OLDENDORF PEGGY		R	1	11-11	42.48	N
035			PAGE JAMES A		M	2		1020.30	I
036			PAGE JAMES A		R	2		68.73	I
037			PETERSON HAILEY		M	1	10-11	724.08	N
038			PETERSON HAILEY		R	1	10-11	42.96	N
039			REDDING JACQUELINE		M	3	11-11	936.91	N
040			REDDING JACQUELINE		R	3	11-11	61.47	N
041			RUNSEY SHEILA C		M	1	11-11	170.69	N
042			RUNSEY SHEILA C		R	1	11-11	16.79	N
043			SHAW JACK		M	1		510.17	N
044			SHAW JACK		R	1		44.36	N
045			STEPHENS MORACE A		M	1	11-11	510.17	N
046			STEPHENS MORACE A		R	1	11-11	44.36	N
047			THORPE PAUL R		M	2		1020.30	I
048			THORPE PAUL R		R	2		68.73	I
049			TYLER LINDA S	COBRA	M	2		1020.30	N
050			TYLER LINDA S	COBRA	R	2		68.73	N
051			WATSON VIRGINIA I		M	3	11-11	936.91	N
052			WATSON VIRGINIA I		R	3	11-11	61.47	N

COVERAGE TYPE (TYP)
 D - Dental
 E - EAP
 L - Life
 M - Medical
 R - Rx
 S - Short Term Disability
 V - Vision

COVERAGE LEVEL (LVL)
 1 - Single
 2 - Employee/Spouse
 3 - Employee/Child
 4 - Employee/Children
 5 - Family

EVENT CODE (EV)
 B - Benefit Change
 C - Contract Change
 I - Reinstatement
 N - New
 R - Rate Change
 T - Transfer
 X - Future Cancel

PAGE SUBTOTAL: 9 8,523.34

MEMBER NUMBER	MEMBER LAST NAME	MEMBER FIRST NAME	CLAIM PAID AT MEMBER LEVEL
	COULSON	BONITA	800.93
	BENIUK	NINA	2,913.83
	VACHON	ANGELA	11,225.00
	CLINTON	CHERYL	2,715.74
	LENZ	FREDERICK	783.07
	GRAY	LINDA	1,377.64
	GREENE	KRISTEN	1,621.75
	CLARK	SHIQUITA	771.20
	BEAUDOIN	VERONICA	16.77
	CERVINO	CRISTIANE	89,967.79

Loss Run

BASE POL NUM	MEMBER NUMBER	MEMBER LAST NAME	MEMBER FIRST NAME	DOS DATE	PAID DATE	CLAIM PAID AT MEMBER LEVEL
04G8856		CLINTON	CHERYL	2010/02/02	201002	779.30
04G8856		CLINTON	CHERYL	2010/01/28	201002	8.06
04G8856		CLINTON	CHERYL	2010/02/28	201003	0.00
04G8856		CLINTON	CHERYL	2010/02/28	201003	608.62
04G8856		CLINTON	CHERYL	2010/02/25	201003	8.06
04G8856		CLINTON	CHERYL	2010/01/28	201003	9.23
04G8856		CLARK	SHIQUITA	2010/02/15	201003	58.71
04G8856		CLARK	SHIQUITA	2010/02/15	201003	102.01
04G8856		CLARK	SHIQUITA	2010/02/01	201003	58.71
04G8856		CLARK	SHIQUITA	2010/02/01	201003	69.14
04G8856		CERVINO	CRISTIANE	2010/03/22	201003	134.63
04G8856		CERVINO	CRISTIANE	2010/03/18	201003	163.01
04G8856		CERVINO	CRISTIANE	2010/03/18	201003	5.08
04G8856		CERVINO	CRISTIANE	2010/03/11	201003	1.26
04G8856		VACHON	ANGELA	2010/03/22	201004	35.01
04G8856		VACHON	ANGELA	2010/03/26	201004	506.74
04G8856		VACHON	ANGELA	2010/03/26	201004	14.05
04G8856		VACHON	ANGELA	2010/03/22	201004	0.00
04G8856		VACHON	ANGELA	2010/03/22	201004	266.52
04G8856		VACHON	ANGELA	2010/03/26	201004	68.65
04G8856		VACHON	ANGELA	2010/03/26	201004	9.25
04G8856		VACHON	ANGELA	2010/03/26	201004	26.65
04G8856		VACHON	ANGELA	2010/03/26	201004	0.00
04G8856		VACHON	ANGELA	2010/03/26	201004	18.45
04G8856		VACHON	ANGELA	2010/03/11	201004	0.00
04G8856		CLINTON	CHERYL	2010/03/23	201004	608.62
04G8856		CLINTON	CHERYL	2010/03/26	201004	47.89
04G8856		CLINTON	CHERYL	2010/02/19	201004	10.61
04G8856		CLINTON	CHERYL	2010/03/24	201004	10.61
04G8856		CLINTON	CHERYL	2010/02/25	201004	8.06
04G8856		CLINTON	CHERYL	2010/03/24	201004	47.69
04G8856		LENZ	FREDERICK	2010/04/12	201004	24.05
04G8856		LENZ	FREDERICK	2010/04/12	201004	282.75
04G8856		LENZ	FREDERICK	2010/04/12	201004	15.85
04G8856		LENZ	FREDERICK	2010/04/12	201004	0.00
04G8856		CLARK	SHIQUITA	2010/03/26	201004	8.66
04G8856		CLARK	SHIQUITA	2010/03/19	201004	44.18
04G8856		CLARK	SHIQUITA	2010/03/19	201004	112.34
04G8856		CLARK	SHIQUITA	2010/03/19	201004	216.45
04G8856		CLARK	SHIQUITA	2010/04/08	201004	58.24
04G8856		CLARK	SHIQUITA	2010/04/08	201004	36.66
04G8856		CLARK	SHIQUITA	2010/04/12	201004	9.17
04G8856		CERVINO	CRISTIANE	2010/04/12	201004	0.14
04G8856		CERVINO	CRISTIANE	2010/04/07	201004	593.04
04G8856		CERVINO	CRISTIANE	2010/03/31	201004	13.75
04G8856		CERVINO	CRISTIANE	2010/03/29	201004	870.00
04G8856		CERVINO	CRISTIANE	2010/03/27	201004	163.01
04G8856		CERVINO	CRISTIANE	2010/02/18	201004	5.08
04G8856		CERVINO	CRISTIANE	2010/02/18	201004	53.52
04G8856		CERVINO	CRISTIANE	2010/04/05	201004	

59.180.26
70.80

201005
201005

2010/03/27
2010/05/07

CRISTIANE
CRISTIANE

CERVINO
CERVINO

04G8856
04G8856

Hughes	Richard	F2
Hughes	Uli	F2
Hulk	Nita	F2
Hulk	Oliver	F2
Hultz	Robyn	F2
Hultz	H	F2
Hultz	Jean	F2
Hultz	Eric	F2
Hultz	Jennifer	F2
Hultz	Gregory	F2
Hultz	Judith	F2
Hultz	R	F2
Hultz	Robert	F2
Hultz	Christian	F2
Hultz	Randi	F2
Hultz	Margrita	F2
Hultz	Jr	F2
Hultz	Stephanie	F2
Hultz	Gayle	F2
Hultz	Steven	F2
Hultz	George	F2
Hultz	Julie	F2
Hultz	Alf	F2
Hultz	Reean	F2
Hultz	Christopher	F2
Hultz	Melanie	F2
Hultz	Ramez	F2
Hultz	Jordan	F2
Hultz	Marjorie	F2
Hultz	Brenda	F2
Hultz	Tommy	F2
Hultz	Danielle	F2
Hultz	Gail	F2
Hultz	Robert	F2
Hultz	Jerry	F2
Hultz	Ora	F2
Hultz	Mashier	F2
Hultz	Karon	F2
Hultz	Larry	F2
Hultz	Debra	F2
Hultz	Barbara	F2
Hultz	Leon	F2
Hultz	Frederick	F2
Hultz	Michelle	F2
Hultz	Russell	F2
Hultz	Steven	F2
Hultz	Dawn	F2
Hultz	Kelli	F2
Hultz	Nancy	F2
Hultz	Frank	F2
Hultz	Eileen	F2
Hultz	Ellen	F2
Hultz	David	F2
Hultz	Nancy	F2
Hultz	Sharon	F2
Hultz	Chris	F2
Hultz	Paige	F2
Hultz	Jake	F2
Hultz	Angela	F2
Hultz	Jason	F2
Hultz	Eric	F2
Hultz	Megan	F2
Hultz	Trent	F2
Hultz	Andrie	F2
Hultz	Nicholas	F2
Hultz	David	F2
Hultz	Louis	F2
Hultz	Jocelyn	F2
Hultz	Cesar	F2
Hultz	Jennifer	F2
Hultz	Joseph	F2
Hultz	Jack	F2
Hultz	Dorethy	F2
Hultz	Joshua	F2
Hultz	Castaneda	F2
Hultz	Sasha	F2
Hultz	Shai	F2
Hultz	Jim	F2
Hultz	Penny	F2
Hultz	Kenneth	F2
Hultz	Dian	F2
Hultz	Shawne	F2
Hultz	Robert	F2
Hultz	Patricia	F2
Hultz	Joseph	F2
Hultz	Sandra	F2
Hultz	Vincent	F2

Josh Levy
Carynne Marzen
Peter Hinch
Peter Hinch
Matthew Perin
Matthew Perin
Steve Fickie

XXC030A.627301

Carynne Marzen
Denna Bradley
Peter Hinch
Josh Levy

Josh Levy
Josh Levy
Josh Levy

Josh Levy
Josh Levy
Josh Levy
Bill Stevenson

John Micalizio
Larella Smith
Larella Smith
John Micalizio
John Micalizio
John Micalizio
John Micalizio
Larry J Klein
Josh Levy
Josh Levy

Steven Krebs
Steven Krebs
Steven Krebs
Comenstone
Josh Levy
Josh Levy

Josh Levy
John Micalizio
John Micalizio
John Micalizio
John Micalizio

Josh Levy
Josh Levy
Josh Levy
Josh Levy

Peter Hinch
Josh Levy
Josh Levy
Josh Levy
Josh Levy
Josh Levy
Neil Casey
Neil Casey
Josh Levy
Josh Levy
Josh Levy

Josh Levy
Josh Levy
Josh Levy
Josh Levy

Marc Manuel
Marc Manuel



Blue Cross Blue Shield of Georgia Inc
 P. O. Box 406750
 ATLANTA, GA 30384-8750

TOLL-FREE: 1-877-364-2003
 8:00 A.M. - 5:00 P.M.

Blue Cross Blue Shield of Georgia, an independent Licensee of the Blue Cross Blue Shield Association

DEPAWIX HEALTH RESOURCES
 ANN MARIE PURR
 3577 CHAMBLEE TUCKER RD
 STE A-121
 ATLANTA GA 30341

HRMC

INVOICE # 0007511388

PAYMENT COVERS					
PERIOD FROM			PERIOD THRU		
MO.	DAY	YEAR	MO.	DAY	YEAR
12	01	2009	12	31	2009

GROUP BILL STATEMENT

HRMC

GROUP ID	GRP REPORT ID	BK #	PAGE #
1037677000		2	1

IS DUE ON 12/01/2009
 SUBJECT TO CANCELLATION
 IF NOT RECEIVED BY 01/01/2010

LINE NUM	MEMBER NUMBER	MEMBER ICID	EMPLOYEE/MEMBER NAME	PAYROL NUMBER	COV TYP LVL	RETRO MO	AMOUNT	F V
001			CHAIKEN GARY		M	1 11-12	187.03	M
002			CHAIKEN GARY		R	1 11-11	16.26	N
003			TONI CRAVEY		M	1 10-11	775.52	N
004			TONI CRAVEY		R	1 10-11	67.26	N
005			CROSS WILLIAM		M	1 11-11	493.13	N
006			CROSS WILLIAM		R	1 11-11	42.08	N
007			DESSELLE TIFFANY		M	1 11-11	255.09	N
008			DESSELLE TIFFANY		R	1 11-11	22.18	N
009			DEWICK JAMES		M	1 10-11	775.52	N
010			DEWICK JAMES		R	1 10-11	67.26	N
011			FEUERSTEIN KEITHANN		M	1 10-11	850.88	N
012			FEUERSTEIN KEITHANN		R	1 10-11	73.99	N
013			HARTLEY JACQUELINE H		M	1 11-11	510.17	N
014			HARTLEY JACQUELINE H		R	1 11-11	44.36	N
015			HORN DANNY		M	1 11-11	357.12	N
016			HORN DANNY		R	1 11-11	31.05	N
017			HUTCHENS JOAN		M	1 09-11	1275.42	N
018			HUTCHENS JOAN		R	1 09-11	110.90	N
019			HUTSON BYRON K		M	1	510.17	I
020			HUTSON BYRON K		R	1	94.36	I
021			JOHNSON JILL		M	1 10-11	543.08	N
022			JOHNSON JILL		R	1 10-11	47.22	N
023			KASZTL WARREN	COBRA	M	5	1530.46	I
024			KASZTL WARREN	COBRA	R	5	133.09	I
025			KAYALEH MELANIE		M	1 11-11	493.13	N
026			KAYALEH MELANIE		R	1 11-11	42.85	N

COVERAGE TYPE (TYP)
 D - Dental
 E - EAP
 L - Life
 M - Medical
 R - Rx
 S - Short Term Disability
 V - Vision

COVERAGE LEVEL (LVL)
 1 - Single
 2 - Employee/Spouse
 3 - Employee/Child
 4 - Employee/Children
 5 - Family

EVENT CODE (EV)
 B - Benefit Change
 C - Contract Change
 I - Reinstatement
 N - New
 R - Rate Change
 T - Transfer
 X - Future Cancel

PAGE SUBTOTAL: \$ 201.65



Return Address:
 Blue Cross Blue Shield of Georgia Inc.
 P.O. Box 406750
 ATLANTA, GA 30384-6750

If you have billing questions call:
 TOLL-FREE: 1-877-364-2003
 8:00 A.M. - 5:00 P.M.
 For eligibility questions call:
 1-800-770-6226

Blue Cross Blue Shield of Georgia, an independent License of the Blue Cross Blue Shield Association

INVOICE # 0007511388
 GROUP ID: 1037677000

900000

DEPAWIX HEALTH RESOURCES
 ANN MARIE PURR
 3577 CHAMBLEE TUCKER RD
 STE A-121
 ATLANTA GA 30341

Blue Cross Blue Shield of Georgia Inc.
 P.O. Box 406750
 ATLANTA, GA 30384-6750

HRMC

Fold here

INVOICE # 0007511388

GROUP BILL SUMMARY

HRMC

PAYMENT COVERS					
PERIOD FROM			PERIOD THRU		
MO.	DAY	YEAR	MO.	DAY	YEAR
12	01	2009	12	31	2009

GROUP ID	GRP REPORT ID	BK #	PAGE #
1037677000		2	1

IS DUE ON 12/01/2009
 SUBJECT TO CANCELLATION
 IF NOT RECEIVED BY 01/01/2010

Please remit premium payments as billed. Return this group bill summary page with your payment. If you have membership changes not reflected on this invoice, please refer to the attached eligibility notification form.

PRIOR BALANCE ACTIVITY	\$.00
PRIOR BILL ACTIVITY	
OCTOBER INVOICE # 7293749	\$17,807.11
PAYMENT-CHECK #151594	\$17,807.11-

	\$.00
NOVEMBER INVOICE # 7345340	\$14,842.02
PAYMENT-CHECK #161561	\$14,842.02-

	\$.00
SYSTEM CREDIT	\$.00

SUB-TOTAL	\$.00
PAYMENTS IN PROCESS	\$23,848.46-
ATTACHED-DECEMBER INVOICE # 7511388	\$10,666.02

PLEASE PAY THIS AMOUNT	\$13,182.44-

Subject : Fwd:
Date : Tue, 30 Mar 2010 17:38:00 -0400
Linked to :
From : and
To :

2 of 2.

----- Forwarded Message -----

From:
To: and
Sent: Friday, March 26, 2010 12:07:47 AM GMT -05:00 US/Canada Eastern
Subject: RE:

I apologize for hanging up on you. It appeared my phone went dead.

Attached is an Excel spreadsheet with the contract your mother signed. I will track down the contract from Smart Services if you wish a copy of the original. The issue is not whether there was an offer of medical coverage for which a fee was collected. As you can see from this document it was a promise of employment. If your mother is incapable of employment that is a legitimate reason for termination of the contract. Such needs to be referred to Smart Services (new legal name for Peck & Peck, the contract holder.) I am certain if you notify them they will consider the issue of termination and even some back dating with return of payments. I am the plan administrator and as such am only telling you the issues as far as the benefit adjudication. For that I was simply telling you what the plan is permitted to pay under Distribution by Datagen, the employer your mother was provided the employment as a participant in the Gallagher Health Studies. That employment results in the benefits for which I can discuss the adjudication. Yes, I was also involved in trying to provide your mother a job that would have provided her access to comprehensive medical expenses which was offered under the contract attached. Because the paper work was not completed that job never commenced.

I know it is confusing but when your mother signed that contract she agreed to participate in the study as part of that agreement and paid Smart Services to make sure she would have access to a job with comprehensive medical coverage if she met the qualifications which she did. It is not a matter of trying to dodge paying a claim. It is a matter of what the benefit formulas are of the businesses your mother worked for or was offered to work for that determine what is paid. The monies paid under the enclosed contract are for placement services. All of this is done as part of a series of medical studies and seems to have worked for most until your situation. The problem is none of the parties I am involved with understand how to provide the medical coverage you have expected since each has met its obligation.

I hope this helps a little. Call me if you have more questions. 678-523-8137



Subject : Fwd:
Date : Tue, 30 Mar 2010 17:38:00 -0400
Linked to
From :
To :

Thanks for emailing me because I sent it to Carissa@elderadvocate.com. My bad. This is 1 of 2. Oh...Patty left me a message on my cell as you were talking to me. Tell her thanks. See below.

----- Forwarded Message -----

From:
To:
Sent: Monday, March 29, 2010 11:18:57 AM GMT -05:00 US/Canada Eastern
Subject:

I have done a considerable amount of investigation of this issue. Here is what I have found.

Sometime in early February a call came into the patient advocate indicating your mother-in-law needed surgery. It was verified as a valid medical issue and Smart Services was notified your mother-in-law met what is called class three status. I personally called several times, got what I believe was your mother-in-law on the phone, and every time I introduced myself she hung up. Eventually, I got hold of your sister-in-law told her about the employment requirement and told her paperwork had to be filled out. I informed her an individual named Judy *FLA Agt* Balter would call her to deal with the paperwork. Judy corresponded with and your husband, and sent several copies of the paperwork that needed to be completed. Because the paperwork was not completed employment with inspired by Coconut and medical coverage with United Healthcare never commenced.

It is my understanding that the claim is your mother-in-law is incapable of work. That being the case she is unemployable and the contract with Smart Services can be terminated. If someone wants to certify to such Smart Services has indicated they will terminate the contract in a proper time frame and return fees collected since that date. As such the date of the call to the patient advocate is the earliest date that can be utilized. Unless someone can demonstrate that your mother-in-law was incapable of work at an earlier date and show who represented themselves to the patient advocate as your mother-in-law then the date of that patient advocate phone call is the earliest date of such termination. More of an indication is that none of your mother-in-law's children seemed at all concerned with the monies being paid to Smart Services on a monthly basis until now. That would seem to indicate until the last month your mother-in-law was fully cognizant of her faculties and there was no reason for intervention. Having parents who have lost capacity myself I understand there is a need to intervene on behalf of the individual in financial issues. The fee your mother-in-law was paying to Smart Services would certainly have caught my attention as I suspect any individual in that circumstance would which indicates what has happened to your mother-in-law is acute in nature.

As the plan administrator to Distribution by Datagen I can say the claims filed with them cannot attach because

your mother-in-law did not have a comprehensive medical plan in place at the time of the major claims. That would have been possible if the paperwork with Inspired by Coconut was completed.

I realize that you may feel this is someone dodging a claim. It is not. Likely when this is resolved you will receive part of the maximum benefit permitted under the Distribution by Datagen medical plan which is \$5,000. That is the best I can do under the circumstances. I would feel less comfortable in saying this but your sister-in-law and your husband were both informed of the need for the paperwork and neither indicated your mother-in-law was incapable of work, just in pain and incapable at the time of coming to the phone.

As for your statement about not knowing your mother-in-law had serious medical issues that is quite surprising since the patient advocate was never informed of such issues nor is there any indication of serious claim costs until now. It is hard to help if you have no knowledge. I would be interested in what medical services were accessed over the last year and one half. With that I could possibly understand your accusations. The medical study is that a study. It cannot be direct medical care. Without information it is helpless to assist.

Finally, as for your statement that someone preyed upon your mother-in-law with such a program let it be known your mother-in-law signed that contract after a significant amount of phone conversation with one of the recruiters of the program. I feel comfortable in stating that she was well aware of what she was signing. As for the statement she is an old lady I personally take exception to that being within 3 years of her age.

I know this is not what you want to hear but it is as factual as I can make it.

Subject : Call to the Insurance Commissioner
Date : Wed, 31 Mar 2010 10:49:00 -0400
Linked to :
From : Carissa Campbell <carissa@elderadv.com>
To :

I spoke with a gentleman named Bob Alloca his phone number is 727-587-7283. His address is Florida Department of Financial Services; Division Consumer Services; 11351 Ulmerton Road, Suite 240, Largo, FL 33778. He is requesting you send him the following information to STOP PAYMENTS FROM BEING TAKEN.

--DPOA

--Full contact information for DPOA and Carole (he is aware she is in the hospital and not available) including, email address, phone numbers.

--Insurance Policy number (Copy of the contract; Copy of the Card)

--Amount of payment getting withdrawel, copy of bank statement as proof (I would black out her account number)

--Written request to cancel policy and stop all payments from being withdrawn for any future payment.

--He needs to know how many payments she has paid out and the amount total.

--Anything email communication from anyone with this case.

-- Also in a letter to Bob, write that the initial phone call came from your advocate for your mother (mother-in-law) and a request has not been filed. That he was waiting on all the paperwork especially the DPOA.

It is apparent that they already have a case pending on them, his hope is to send it in for you to the company and give them 30 days to STOP EVERYTHING. If it does not, then they will add it to the pending cases and hopefully get some money back for her. I explained at this point you would like to get the payments to stop and if money happens to come her way great, but the most important is to stop the payments.

It took a while on the phone, the actual insurance company that they are going after is Green Cross Manage Health System. (Yet another name for the company). All the letters you write to stop payments, include this name, Smart Services, Depawix Health Resources, Inc. (I have attached the appel ppwk that I found online with all the names.)

Once all the paperwork, letters have been gathered, he would also like for you to send a copy to the Georgia Consumer Offices, Consumer Services Division; 2 MLK Jr. Drive; West Tower Suite 716, Atlanta GA, 30334. If they are governed in the state of GA, then they also will tell them to stop taking the payments. Please send us a copy as well, so we can stay in the loop and help with it.

I hope this helps. Any questions, please call. Thanks.

Carissa Campbell
Benefit Filing Assistant
Elder Advocates, Inc.
Phone: 407-898-9080
Fax: 407-898.9098
www.elderadv.com

CONFIDENTIALITY NOTICE

The information in this correspondence is intended to be confidential and for the use of only the individual or entity named above. The information may be protected by state and/or federal law. If the reader of this message is not the intended recipient, you are notified that the retention, dissemination, distribution or copying of this correspondence is strictly prohibited. If you received this correspondence in error, please notify us immediately. Thank you.

Subject : FWD: RE: Response from Michael
Date : Thu, 1 Apr 2010 09:26:00 -0400
Linked to :
From : Carissa Campbell <carissa@elderadv.com>
To :

Here is the response I received from Michael. I wanted to forward it to you, so you can include it in the paperwork that needs to go to the Bob. Thank you. Carissa

----- Forwarded Message -----

FROM: "michael" <m.purr@comcast.net>
TO: "Carissa Campbell" <carissa@elderadv.com>
DATE: Thu, 1 Apr 2010 09:19:39 -0400

RE: RE:

Carissa:

Smart Services does not provide insurance coverage. What they do provide is placement with employers that provide medical coverage. This includes a program called Gallagher Health Studies that is studying access to healthcare. If participation in a study is of interest it can provide a cost effective means to get such access but it does require you to be offered and accept employment.

Michael

-----Original Message-----

From: Carissa Campbell [mailto:carissa@elderadv.com]
Sent: Wednesday, March 31, 2010 9:37 AM
To: m.purr@comcast.net
Subject:

I am looking for Smart Services / Peck & Peck; I was referred in hopes of finding out how to get insurance coverage. Could you please explain how this all works??

Carissa Campbell

CONFIDENTIALITY NOTICE

The information in this correspondence is intended to be confidential and for the use of only the individual or entity named above. The information may be protected by state and/or federal law. If the reader of this message is not the intended recipient, you are notified that the retention, dissemination, distribution or copying of this correspondence is strictly prohibited. If you received this correspondence in error, please notify us immediately. Thank you.

No virus found in this incoming message.

Subject : Stop Automatic Payment
Date : Wed, 7 Apr 2010 10:59:00 -0400
Linked to :
From : Carissa Campbell <carissa@elderadv.com>
To : <spost@greencrossmhs.com>
Cc :

Good Morning,

I am writing to you out of concern for our client. We have met with the Power of Attorney which is her son and daughter-in-law. They have hired us to help with providing care management for the employee of yours in question. [redacted] has attempted multiple times to speak with someone in regards to terminating the automatic payment. [redacted] is in the hospital in ICU and is not doing well. The family is needing all her money to pay for services that they thought were covered through your company and have found that they are not. I have attached the Power of Attorney and the the contract with the automatic authorization. Please be advised that the Insurance Commissioner has been brought into their case as well. We have found out that your company is not a licensed insurance company in Florida. We are requesting the automatic debit to STOP. This family is in hardship over the medical needs for their mother. Asking the family to deal with this is in insult on top of it.

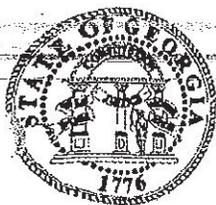
If this is not the right person or department, would you please forward to me, the appropriate person to contact.

Thank you.

Carissa Campbell
Elder Advocates, Inc.
Phone: 407-898-9080
Fax: 407-898.9098
www.elderadv.com

CONFIDENTIALITY NOTICE

The information in this correspondence is intended to be confidential and for the use of only the individual or entity named above. The information may be protected by state and/or federal law. If the reader of this message is not the intended recipient, you are notified that the retention, dissemination, distribution or copying of this correspondence is strictly prohibited. If you received this correspondence in error, please notify us immediately. Thank you.



2009 Corporation Annual Registration

OFFICE OF SECRETARY OF STATE
Annual Registration Filings
P.O. Box 23038
Columbus, Georgia 31902-3038

Karen C Handel
Secretary of State

Entity Control No. 0312628

Information on record as of: 1/28/2009

DISTRIBUTION BY DATAGEN, INC.
3939 LaVista Road
Suite E-173
Tucker GA, 30084

Amount due from this entity is indicated below. Annual fee is \$30. If amount is more than \$30, total reflects amount(s) due from previous year(s). **Renew by April 1, 2009**

Renew at www.georgiacorporations.org or by submitting bottom portion with check payable to "Secretary of State".

Officer, address and agent information currently of record is listed below. Please verify "county of registered office." If correct and complete, detach bottom portion, sign, and return with payment. Or, enter changes as needed and submit. Complete each line, even if the same individual serves as Chief Executive Officer, Chief Financial Officer and Secretary of the corporation. Please PRINT LEGIBLY.

Note: Agent address must be a street address in Georgia where the agent may be served personally. A mail drop or P.O. Box does not comply with Georgia law for registered office. P.O. Box may be used for principal office and officers.

Any person authorized by the entity to do so may sign and file registration (including online filing).

Please return ONLY the original form below and fee. Other filings and correspondence should be sent to our Atlanta address: Corporations Division, 315 West Tower, #2 Martin Luther King Jr. Drive, Atlanta, GA 30334.

Visit www.georgiacorporations.org to file online or for more information on annual registration. Or, call 404-656-2817.

Current information printed below. Review and update as needed. Detach original coupon and return with payment.

CORPORATION NAME	ADDRESS	CITY	STATE	ZIP
DISTRIBUTION BY DATAGEN, INC.	3939 LaVista Road	Tucker	GA	30084
CEO: Marlin Brett Dixon	3939 LaVista Road, Suite E-173	Tucker	GA	30084
CFO: Marlin Brett Dixon	3939 LaVista Road, Suite E-173	Tucker	GA	30084
SEC: Marlin Brett Dixon	3939 LaVista Road, Suite E-173	Tucker	GA	30084
AGT: Purr, Ann Marie	3939 LaVista Road	Tucker	GA	30084
IF ABOVE INFORMATION HAS CHANGED, TYPE OR PRINT CORRECTIONS BELOW:				
Corporation Addr:				
CEO:				
CFO:				
SEC:				
AGT:	P.O. BOX NOT ACCEPTABLE			GA
I CERTIFY THAT I AM AUTHORIZED TO SIGN THIS FORM AND THAT THE INFORMATION IS TRUE AND CORRECT.		COUNTY OF REGISTERED OFFICE:	COUNTY CHANGE OR CORRECTION:	
AUTHORIZED SIGNATURE: Ann Marie Purr		Dekalb		
TITLE: Filer		DATE: 1/28/2009		

BR203 2009 Corporation Annual Registration

Amount Due:

091 0312628%1 0030004 DISTRIBUTIONBYDATAGEN





2009 Corporation Annual Registration

OFFICE OF SECRETARY OF STATE
Annual Registration Filings
P.O. Box 23038
Columbus, Georgia 31902-3038

Karen C Handel
Secretary of State

Chauncey Newsome
Director

Information on record as of: 9/17/2009

Entity Control No. 0456551 Amount Due: \$55.00 Amount Due AFTER April 1, 2009: \$55.00

DEPAWIX HEALTH RESOURCES, INC.
3577 Chamblee Tucker Road
Suite A-121
Atlanta GA, 30341

Each business entity registered or filed with the Office of Secretary of State is required to file an annual registration. Amount due for this entity is indicated above and below on the remittance form. Annual fee is \$30. If amount is more than \$30, the total reflects amount(s) due from previous year(s) and any applicable late fee(s). Renew by April 1, 2009. Your Annual Registration must be postmarked by April 1, 2009. If your registration and payment are not postmarked by April 1, 2009, you will be assessed a \$25.00 late filing penalty fee.

For faster processing, we invite you to file your Annual Registration online with a credit card at www.georgiacorporations.org. The Corporations Division accepts Visa, MC, Discover, American Express and ATM/Debit Cards with the Visa or MC logo for online filings only. Annual Registrations not processed online require payment with a check, certified bank check or money order. We cannot accept cash for payment.

You may mail your registration in by submitting the bottom portion of this remittance with a check or money order payable to "Secretary of State". All checks must be pre-printed with a complete address in order to be accepted by our offices for your filing. Absolutely, no counter or starter checks will be accepted. Failure to adhere to these guidelines will delay or possibly reject your filing. Checks that are dishonored by your bank are subject to a \$30.00 NSF charge. Failure to honor your payment could result in a civil suit filed against you and/or your entity may be Administratively Dissolved by the Secretary of State. [See O.C.G.A. § 13-6-15 and Title 14, respectively.]

Officer, address and Agent information currently of record is listed below. Please verify "county of registered office." If correct and complete, detach bottom portion, sign, and return with payment. Or, enter changes as needed and submit. Complete each line, even if the same individual serves as Chief Executive Officer, Chief Financial Officer, and Secretary of the corporation.

Note: Registered Agent address must be a street address in Georgia where the agent may be served personally. A mail drop or P.O. Box does not comply with Georgia law for registered office. P.O. Boxes may be used for principal office and officers' addresses.

Any person authorized by the entity to do so may sign and file registration (including online filing). Additionally, a person who signs a document submits an electronic filing he or she knows is false in any material respect with the intent that the document be delivered to the Secretary of State for filing shall be guilty of a misdemeanor and, upon conviction thereof, shall be punished to the highest degree permissible by law. [O.C.G.A. § 14-2-129.]

Please return ONLY the original form below and applicable fee(s). For more information on Annual Registrations or to file online, visit www.georgiacorporations.org. Or, call 404-656-2817. PLEASE PRINT LEGIBLY.

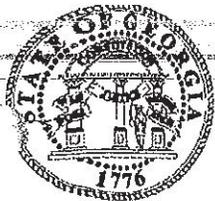
Current information printed below. Review and update as needed. Detach original coupon and return with payment.

CORPORATION NAME	ADDRESS	CITY	STATE	ZIP
DEPAWIX HEALTH RESOURCES, INC.	3577 Chamblee Tucker Road	Atlanta	GA	30341
CEO: Grant Lockhart	3577 Chamblee Tucker Road, Suite A-121	Atlanta	GA	30341
CFO: Grant Lockhart	3577 Chamblee Tucker Road, Suite A-121	Atlanta	GA	30341
SEC: Grant Lockhart	3577 Chamblee Tucker Road, Suite A-121	Atlanta	GA	30341
AGT: Purr, Ann Marie	3577 Chamblee Tucker Road	Atlanta	GA	30341
IF ABOVE INFORMATION HAS CHANGES, TYPE OR PRINT CORRECTIONS BELOW:				
CORPORATION ADDRESS:				
CEO:				
CFO:				
SEC:				
AGT:				
I CERTIFY THAT I AM AUTHORIZED TO SIGN THIS FORM AND THAT THE INFORMATION IS TRUE AND CORRECT.		P.O. BOX NOT ACCEPTABLE FOR REGISTERED AGENT'S ADDRESS		COUNTY OF REGISTERED OFFICE: DeKalb
AUTHORIZED SIGNATURE: Grant Lockhart			DATE: 9/17/2009	
TITLE: Filer		EMAIL:		Total Due: \$55.00

BR201 2009 Corporation Annual Registration

091 0456551X1 0030004 DEPAWIXHEALTHRESOURC 200904012 055004





2008 Corporation Annual Registration

OFFICE OF SECRETARY OF STATE

Annual Registration Filings

P.O. Box 23038

Columbus, Georgia 31902-3038

Karen C Handel
Secretary of State

Entity Control No. 0456551

Information on record as of: 4/28/2008

DEPAWIX HEALTH RESOURCES, INC.
3577 Chamblee Tucker Road
Suite A-121
Atlanta GA, 30341

Amount due from this entity is indicated below. Annual fee is \$30. If amount is more than \$30, total reflects amount(s) due from previous year(s). **Renew by April 1, 2008**

Renew at www.georgiacorporations.org or by submitting bottom portion with check payable to "Secretary of State".

Officer, address and agent information currently of record is listed below. Please verify "county of registered office." If correct and complete, detach bottom portion, sign, and return with payment. Or, enter changes as needed and submit. Complete each line, even if the same individual serves as Chief Executive Officer, Chief Financial Officer and Secretary of the corporation. Please PRINT LEGIBLY.

Note: Agent address must be a street address in Georgia where the agent may be served personally. A mail drop or P.O. Box does not comply with Georgia law for registered office. P.O. Box may be used for principal office and officers.

Any person authorized by the entity to do so may sign and file registration (including online filing).

Please return ONLY the original form below and fee. Other filings and correspondence should be sent to our Atlanta address: Corporations Division, 315 West Tower, #2 Martin Luther King Jr. Drive, Atlanta, GA 30334.

Visit www.georgiacorporations.org to file online or for more information on annual registration. Or, call 404-656-2817.

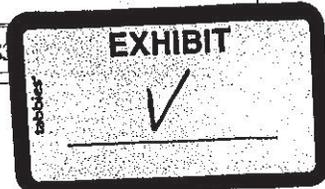
Current information printed below. Review and update as needed. Detach original coupon and return with payment.

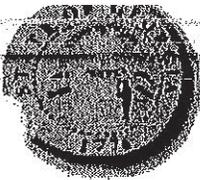
CORPORATION NAME	ADDRESS	CITY	STATE	ZIP
DEPAWIX HEALTH RESOURCES, INC.	3577 Chamblee Tucker Road Suite A-121	Atlanta	GA	30341
CEO: Ann Marie Purr	3577 Chamblee Tucker Road, Suite A-121	Atlanta	GA	30341
CFO: Ann Marie Purr	3577 Chamblee Tucker Road, Suite A-121	Atlanta	GA	30341
SEC: Ann Marie Purr	3577 Chamblee Tucker Road, Suite A-121	Atlanta	GA	30341
AGT: Purr, Ann Marie	3577 Chamblee Tucker Road	Atlanta	GA	30341
IF ABOVE INFORMATION HAS CHANGED, TYPE OR PRINT CORRECTIONS BELOW:				
Corporation Addr:				
CEO: Grant Lockhart	3577 Chamblee Tucker Road, Suite A-121	Atlanta	GA	30341
CFO: Grant Lockhart	3577 Chamblee Tucker Road, Suite A-121	Atlanta	GA	30341
SEC: Grant Lockhart	3577 Chamblee Tucker Road, Suite A-121	Atlanta	GA	30341
AGT:	P.O. BOX NOT ACCEPTABLE			GA
I CERTIFY THAT I AM AUTHORIZED TO SIGN THIS FORM AND THAT THE INFORMATION IS TRUE AND CORRECT.		COUNTY OF REGISTERED OFFICE:	COUNTY CHANGE OR CORRECTION:	
AUTHORIZED SIGNATURE: Ann Marie Purr		Dekalb		
DATE: 4/28/2008				
TITLE: Filer				

BR203 2008 Corporation Annual Registration

Amount Due: \$

082 045655121 0030004 DEPAWIXHEALTHRESOURCE





- Search
- ▶ [By Business Name](#)
- ▶ [By Control No](#)
- ▶ [By Officer](#)
- ▶ [By Registered Agent](#)
- Verify
- ▶ [Verify Certification](#)
- New Filing
- ▶ [Click here to file online for:](#)
- ▶ [New Limited Liability Company \(LLC\)](#)
- ▶ [New Business Corporation](#)
- ▶ [New Non-Profit Corporation](#)
- ▶ [New Professional Corporation \(PC\)](#)
- Annual Registration
- ▶ [Annual Registration](#)
- Name Reservation
- ▶ [File Name Reservation](#)
- Online
- Online Orders
- ▶ [Register for Online](#)
- Orders
- ▶ [Order Certificate of Existence](#)
- ▶ [Order Certified Documents](#)

Search Type: Starting With Search Criteria: smart services
 Search Date: 8/5/2010 Search Time: 09:57

No Records were found for the search criteria 'smart services' on
 8/5/2010 9:57:21 AM



SMARTSERVICES

3577 CHAMBLEE TUCKER ROAD, A-307, ATLANTA, GA 30341

PHONE: 678-608-4415 FAX: 770-220-1995

E-MAIL: AM.PURR@GREENCROSSMHS.COM

July 15, 2009

Dear Member:

We would like to inform you that within the next two months, Peck and Peck will be changing its name to SmartServices. Please note that this change will be apparent on your billing statements and your method of payment, be it by credit card or bank statement.

Since we strive towards excellence, we are making a more concerted effort to provide you with timely information, including monthly billing invoices. You will be receiving these via e-mail, since we wish to remain an environmentally conscious company. If you have any questions or you wish to receive your billing invoices via standard mail, please contact Shawn, either by e-mail at spost@greencrossmhs.com or by phone at 678-608-4415.

Thank you,

The Green Cross Program



Mike Hill

From: <info@depawix.com>
To: <info@depawix.com>
Sent: Monday, October 05, 2009 1:10 PM
Attach: Letter to members 2.docx, Letter to members 2.pdf, Letter to members 2.doc
Subject: Important update from Depawix Health Resources. PLEASE READ

October 4, 2009

Dear Member,

The State of Florida has made incorrect assumptions in regards to whom Depawix Health Resources is and what it actually does, primarily the State of Florida's assumption that Depawix Health Resources is an insurance company. In fact, Depawix Health Resources is a self funded employer with an ERISA Health Benefit Plan for the first \$ 10,000.

Should any employee of Depawix Health Resources require hospitalizations or any services that will utilize in excess of \$1,400 in a four week period, that employee will be offered additional work that they can receive the benefits of ongoing coverage under the fully insured plan of Depawix Health Resources.

Depawix Health Resources is no different than any other self funded employer existing today. Depawix has lost thousands of dollars defending itself from the wrongful actions of the State of Florida in defense of our company. Extensive pressure has been exerted on both the recruiter/agents of Depawix marketing this program as well as the people who chose to be hired as part-time employees to participate in the various studies being done by Depawix.

Depawix attorney's, last Friday, filed legal action against the State's claims and wrongful actions. Depawix is and will continue to vigorously defend its employees and its lawful rights to compensate and protect them. Depawix is confident in its belief that as a self funded employer with a single employer ERISA qualified health plan, neither Depawix nor its Employee Health Plan falls under the jurisdiction of the State of Florida, but rather under Federal Jurisdiction.

In the meantime, Depawix Health Resources is initiating phase two of its healthcare studies. During phase two Depawix Health Resources will be more directly involved in the care and health management process. Due to concerns of retaining confidentiality of the data it is collecting, it was felt that to act as both employer and manager of the studies would become a conflict. As a result, the decision has been made to disband the direct employment by Depawix Health Resources of employees involved in testing and transfer those employees to another company willing to manage the testing of proposed healthcare principles. All employees now in the part time program will be offered equivalent employment with Distribution by Datagen or approved employers effective October 1, 2009. This will include continuation of coverage under the existing plan design through the end of 2009 and then conversion to the two existing plans offered by Distribution by Datagen.

As part of the transition to the phase two program, the Genesis Agreement will be



10/20/2009

32

terminated and replaced by the now available Redstone Agreement. For most individuals who are both the sponsor and the sponsored employee under the Genesis Agreement, the Redstone Agreement and class one prepaid requirements are almost the same as what you currently have. Because phase two involves more focused care and health management the desire is to encourage continuous participation throughout the study. The Redstone Agreement has an option that permits you to remain with the program for the entirety of the study, until December 31, 2012. This option price is somewhat higher than the conversion price but will remain level until the end of 2012.

Over the next two weeks you will be contacted by your recruiter with the new Redstone Agreement. We encourage you to consider this offer. You have been a valuable part of the study process to date and we look forward to your involvement for another three years.

Sincerely,

Grant Lockhart
President

DBD

Distribution
By
Datagen

3939 LaVista Road, E-331, Tucker, GA 30084

April 2010

Received by the Office of
Office Insurance Regulation

Keith Nault, Market Conduct Investigations
Office of Insurance Regulation
200 East Gaines Street
Tallahassee, FL 32399-4210

JUN - 1 2010

Bureau of Market Investigations

Keith Nault,

Distribution by Datagen is a private corporation involved in the study of access to healthcare. In order to complete its mission Distribution by Datagen hires a significant number of part time employees. These part time employees are compensated at their option with either a specified cash amount monthly and reimbursement of up to \$10,000 of incurred medical expense for the employee and each dependent according to rules of reimbursement specified in the Distribution by Datagen part time employee medical plan or the employee can elect to receive all compensation in cash and forgo the reimbursement for medical expense. Such option is specified under the Distribution by Datagen part time employee Section 125 Plan Document. These benefits are intended to qualify under the Internal Revenue Code as amounts excluded from the employee's taxable income. It is intended that these benefits are qualified under the Employee Retirement Income Security Act as not subject to Insurance Law of any state.

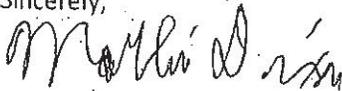
It is the understanding of the definition of insurance for the purpose of state insurance law that insurance is a transfer of risk in exchange for consideration. It is our understanding that employment is not defined as consideration for the purpose of determining if a program is insurance. This has permitted employers to provide many forms of contingent compensation to their employees. With no historical demonstration that the performance of a job qualifies as consideration in determining whether Distribution by Datagen in providing its employees some form of compensation in the form of reimbursement for medical expenses incurred is operating an insurance program. With the number of employers having similar programs that do not seem to be considered as insurance it would have to be the conclusion of Distribution by Datagen that there is no insurance being transacted and as such the questions you pose are not answerable by this company since your department does not have jurisdiction over the operation of Distribution by Datagen and how it compensates its employees. Be it known that Distribution by Datagen does not receive income from its employees to fund the cost of employment including the reimbursement of medical expenses.

As for your question about claims of a specific employee other than recognizing that Dorothy Levine is an employee of Distribution by Datagen we feel it would be a violation of one or more laws to divulge anything about the private transactions between that employee and Distribution by Datagen. Be it known that at no time has Distribution by Datagen not been in compliance with the federal laws regarding the prompt processing and payment of healthcare benefits.



Distribution by Datagen hopes that this provides you sufficient information regarding your investigation. If you can demonstrate that your department does have jurisdiction and demonstrate that other companies with similar forms of compensation to their employees are regulated by your department for the purpose of operating an employee medical plan then we will certainly consider the submission of the information you request at least to the extent such questions are applicable. Again Distribution by Datagen does not believe you have such authority specifically with state insurance law being excluded from authority over such programs and more appropriately with how many non qualified contingent compensation programs operate within the borders of your state and no indication that your department has any jurisdiction over those programs. That would lead Distribution by Datagen to conclude there is no jurisdiction.

Sincerely,



Marlin Dixon
President
Distribution By Datagen

Received by the Office of
Office Insurance Regulation

JUN - 1 2010

Bureau of Market Investigations

Bob Alloca
Florida Department of Financial Services
Division Consumer Services
11351 Ulmerton Road #240
Largo, FL 33778

RECEIVED
LARGO SERVICE OFFICE

APR 14 2010

April 7, 2010

DEPT OF FINANCIAL SERVICES

RE: / SmartServices

Dear Mr. Alloca,

I am the son of _____ and her Power of Attorney. My mother is in critical condition in Florida Hospital.

This is where the saga begins. My mother went into the hospital and had to have surgery; we all thought she was covered under insurance. When we called the number on the card we were told that it would not cover any of her medical expenses. My mother has limited funds, and does not work. She did get approached by a company (SmartServices, formerly known as Peck & Peck, Inc.) that if she would send in her medical records, that this could be her job thru a research company. I have enclosed all the information that I have been able to find.

My wife, _____ started researching this company and noticed that she was getting an automatic withdrawal from her bank account each month in the sum of \$555.34. She has been living off an annuity and alimony payments since her divorce. She does not have this type of money to spend on services that she is not getting anything back from. Up and to this point my mother was able to make decisions on her own and take care of her own life. However, that is not the case now. We have stepped in to look after my mother affairs and we cannot locate any information on how to cancel and terminate the automatic withdrawals.

My wife, did get a hold of someone by the name of Michael Purr and he was no help at all, he is aware that there are lawsuits against the company he works for. His reply is in an email attached.

We are asking for the AUTOMATIC WITHDRAWALS TO STOP FROM THIS POINT ON. NO FUTURE WITHDRAWALS.

We need this money to pay for her care.

I have included everything I was asked to send to you. I was given this information by Carissa Campbell, from Elder Advocates. We have hired the company to help with the medical management for my mother. Carissa spoke with you over the phone on March 31, 2010 in length about her case. You had stated that the request was not filed, that you were waiting on the documentation to come.

Thank you for your assistance in helping my mother.

Respectfully,



Information for Florida Department of Financial Services.

Client Name: _____

Address:

City: _____ **State:** FL **Zip:** _____

Phone: _____ **cell**

Email:

Social Security #

Date of Birth:

Power of Attorney:

Name:

Address:

City: _____ **State:** FL **Zip:** _____

Phone:

Email:

Amount of Money Spent: \$10121.12 in 19 payments from September 2008 to March 2010

Copies attached to Letter:

- Contract for Genesism Sponsorship Agreement
- Peck & Peck, Inc Auto Withdrawal Form
- Depawix Health Resources Letter with payment information
- Depawix Health Resources Employee Implementation Agreement
- Peck & Peck Sponsorship Fee Letter
- Depawix Job Description
- Schedule of Benefits
- Depawix Data Collection Sheet
- Peck & Peck Letter changing name to SmartServices
- Invoice from SmartServices
- Green Cross Information Requested from your Health Management Program
- Green Cross; Letter from Care Manager
- Copy of the Depawix Health Resources Card
- Depawix Health Resources, Inc EOB x 2
- Depawix Health Resources; Payment of Claims letter
- Emails, from _____ (Elder Advocates, Inc.)
- Copy of DPOA
- Bank Statements (March 2010-November 2009)

DEPAWIX

HEALTH RESOURCES

3877 Chamblee Tucker Road
Suite A-127
Atlanta, GA 30341
Phone: 678-608-4416
FAX: 770-220-1965

Date: September 1, 2008

To Interested Potential Employee:

We thank you for your inquiry of the Depawix Health Resources employment opportunities. It is our understanding your interest is in the Part Time Employee opportunity. To obtain such employment will require the execution of a Health Plan Partners HM contract with you as the sponsored employee. The cost of that sponsorship agreement is: **\$658.34** a month for the first year. Additionally, there is a \$125.00 initialization fee which covers the first health risk assessment. That contract may be purchased by any individual or business.

Depawix is proud of its participation in the Green Cross Managed Health System program. As a part time employee you will be directly involved in the testing of three specific principles of the Green Cross program. The single most important task you will be required to do is call the patient advocate as soon as you realize you need to access healthcare services for either you or one of your covered dependents. Note that your compensation is contingent upon you calling the patient advocate and getting approval of those medical services. If you do not make the call your benefits will be significantly reduced and you may jeopardize your job. This phone call is the basis for all other aspects of the Green Cross program. That patient advocate will assist you in determining the need for the proposed medical services and direct you to the most appropriate provider of the service.

You will be involved in defining a new network of providers willing to provide the proper communication with the Green Cross program. Traditional networks have been eliminated. You may elect to go to any provider you choose. The plan has a redefined reasonable and customary limit (120% of Medicare) you must understand how to navigate. We will provide you with the paperwork each time you approach a new medical provider. The paperwork indicates the allowable fee schedule for each medical service. That medical provider will either agree to accept this as payment in full if less than his billed amount or understand you will now be forced to decide if you are willing to pay the amount over this limit and remain with that provider or change provider. The schedule is very fair and will be accepted by most providers. That paperwork contains the ability for that provider to accept more patients on the same basis. That is how we will build the network.

As part of this network development project we will be working to obtain laboratory and diagnostic test agreements with certain providers. In almost all cases the cost of these services is considerably lower with such direct contracts. The result is that the facilities that provide these services are often only located in the more urban areas. Many of you will be required to travel to these centers to obtain the required services. The plan does pay for your travel and even a meal. If you are required to remain in that more urban area to immediately see a recommended specialist the plan will even pay for your overnight accommodations. Remember you always have a choice. You can always elect to pay the additional cost yourself and receive that care locally.

You will be required to assist in the building of an electronic medical record for you and each of your covered dependents. This will require obtaining the notes of your doctors, an annual health risk assessment with blood test and even a check of vitals. Those electronic medical records will be reviewed by medical providers and an evaluation of health condition will be provided. You will be asked to commit to a program of wellness and health management based on those recommendations and provide feedback on your impression of the program.

We welcome you to participate in this program as an employee. Attached is the agreed upon employment arrangement and the addendum of our medical program. Our job is to evaluate these three Green Cross principles. This effort does not deal with individuals with a significant need for medical services. If our modest medical plan benefits would not be significant for your needs, if you are reporting all medical services before you access any health care services we will be able to refer you back to Peck & Peck and they will find you another job with comprehensive medical coverage in time for you to have the coverage you need.

For your convenience we are also providing you with the HM contract and payment authorization to give to your proposed sponsor. Upon signature of that document Peck & Peck will validate the agreement and collect the first month's payment. At that time you will be contacted to complete your employment papers and get you started on your job.

Signature:

Date: August 28, 2008

EXHIBIT

BB

Employee Implementation Agreement:

Name: _____ Social Security #: _____

Address: _____

City: _____ State: Florida Zip: _____

Phone Number _____ or _____

Email Address: _____

The following are your employee initialization requirements as a part time employee:

1. You agree your salary is \$7.50 an hour for 15 hours a month.
2. You agree you have read the attached job description and understand you are required to fulfill those job requirements.
3. You agree that if you or one of your covered dependents incurs a true emergency medical situation you will be offered full time employment retroactive to the beginning of that month. You agree you accept that job if offered. You understand your salary will remain the same and your new hours will be 30 a week. You accept the available full time medical coverage and authorize the deduction of the required employee contribution. You authorize us to complete the presigned application for the full time medical coverage. You agree to perform the services of a full time employee. Further, you request the prepaid security coverage to meet the requirement of the full time medical plan and authorize us to deduct the contribution for this benefit from your pay. A true emergency is one where immediate medical attention is required because of a life or death situation and any delay is unacceptable. This offer does not include accidents or pregnancy.
4. You agree to accept coverage under the part time medical coverage and authorize us to deduct the required employee contribution. You agree that medical coverage will not commence if your application does not reflect your current medical condition and the current medical condition of your dependents to be covered by the plan.
5. You agree that you will report to a designated manager at a predetermined time each month to discuss issues related to your employment. This includes, but is not limited to, an update on any changes in status from the previous health risk assessments performed as part of your job.
6. You agree to submit to your employer or designated administrator, in a timely manner all billing, bills, invoices, EOB's, doctor's notes, etc. for each medical expense you or your dependents access.
7. You agree you will maintain an e-mail address or FAX number and periodically access that e-mail account or FAX number in order to provide a portal of communication with management.
8. You agree you are being hired to provide and receive health education and information to assist in developing the mechanics for the patient advocate and wellness management mechanisms under a specific sponsorship arrangement and agree that said employment is temporary in nature and contingent upon the continuation in full of that sponsorship. You agree that such sponsorship is on a month to month basis and that no work will be authorized until the payment of placement fees for a contract month is received from your sponsor. You agree that employment will terminate with the termination of your sponsorship or your failure to perform the required services of employment to a level satisfactory to your employer or your sponsor.

Signature: _____

Date: August 28, 2008

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF Leon

AFFIANT FIRST BEING DULY SWORN DEPOSES AND SAYS:

Name: _____ I AM A Male DOB _____ DL# _____

RESIDENCE ADDRESS:

My telephone number is: _____ Residence: _____

AFFIANT FIRST BEING DULY SWORN DEPOSES AND SAYS:

Since we bought the Depawix-Green Cross plan, not one claim has been paid.

I have a balance of more than \$1000 at my primary care doctor, Victoria Smith, MD. I first used the Depawix plan June 18, 2009 and paid my \$25 co-pay. As with all other services, I called my "patient advocate" and they were supposed to take care of the billing and payment with my doctor's office. The statement "explanation of benefits" dated 01/11/10 indicates \$66.76 would be paid, seven months after service, but never was. The Depawix-Green Cross plan has not paid a dime for medical expenses for me and my wife. A couple of weeks ago, I was denied service by Dr. Smith due to our unpaid bill. I am currently out of medication. In January of 2010 Depawix moved us to "Redstone" and told us to use the same card that was issued to us under Depawix! Nothing has ever been paid by either entity. We have finally applied for other coverage and are awaiting approval. We initially paid \$476.21 a month under Depawix and under Redstone, \$520.68, and still no bills have been paid. What these people are doing is criminal and I blame my agent too; Neil Casey kept telling me everything was taken care of, which is a lie. I authorize the department to contact my physician's office regarding my unpaid claims.

FURTHER AFFIANT SAITH NOT.

People who should always know how to contact me are:



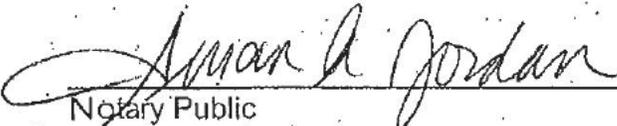
AFFIDAVIT

I have read the above statement consisting of 2 page(s) and declare that at this time the events as stated are clear in my mind and that the statements are true and correct to the best of my knowledge. This statement was given freely and without any threat or promise.

I am willing or not willing to appear as a witness in support of this statement at any hearing or administrative proceeding held.

(AFFIANT)

The foregoing instrument was acknowledged before me this 12th day of April, 2010, by who is known to me or has produced Florida driver license number _____ as identification and who did take an oath.



Notary Public
State of Florida at large

Distribution by Datagen

3939 Lavista Road, Suite E-173, Tucker, GA 30084
 Billing Phone: 678-608-4415 FAX: 770-220-1995

Date: October 8, 2009

Note: No insurance provided, sold or offered

Proposed effective date:

~~October 1, 2009~~
 January 2010

To Interested Potential Employee:

Healthcare is mostly voluntary in nature. If you want to see a doctor you can. The question is not always what happens when you receive healthcare. It is also what happens when you don't and you need to. Distribution by Datagen is part of a study to determine what happens when you make certain aspects of healthcare mandatory. If you elect to become part of the study as an employee of Distribution by Datagen you will be required to complete a health risk assessment at least once a year. That health risk assessment will be used to document what conditions you have and what studies you will be part of. The result will be a care management program which will dictate the treatment you need to manage your current medical conditions. It becomes your job to make sure your care management program is being followed. You will be required to keep a current diary and periodically speak with a patient advocate to report your progress on your care management program. You will remain employed provided you perform the care management as prescribed.

There are other job requirements you will be required to fulfill. Before you access healthcare you must call the patient advocate and report the medical services you need. The patient advocate may simply permit you to go where you elect or in other circumstances the patient advocate may stipulate where you need to go to get those medical services. Part of your job assists in the determination of whether a narrow provider network for certain services can reduce utilization and cost. Part of your job is to be inconvenienced by the study requirements. Often there are better provider solutions to a medical situation. If the patient advocate determines your situation dictates more consideration as to the right course of treatment you will be required to obtain a second opinion from a medical provider, choice dictated by the patient advocate. If there is a disagreement a third opinion may be required. The objective is to determine the best course of treatment for all medical situations. It may not be possible for certain medical conditions to be handled in the local community. It may be necessary to travel to get that care. Your job is to travel in these instances to where it is determined you will have a better chance of proper care. The job includes reporting on your impression of the medical providers you encounter. The study will evaluate the performance of those providers which will continuously improve the network.

Each employee is considered a spokesperson for the concepts Distribution by Datagen represents. We want you to communicate these ideas to the general public. Part of your job is to hand out pamphlets about the programs and studies and explain what your involvement in the programs is. You become the best ambassador of the concept. At the same time you will be distributing materials that will provide access to the public to businesses in the care management and wellness arenas.

The job does not pay a lot of money. We estimate it will require 10 hours of your time a month. At \$7.50 an hour your total pay amounts to only \$75 a month. For most of you the attraction is access to healthcare. We only offer modest coverage. For most of you that may be enough. To protect yourself we recommend you utilize the Redstone Placement Agreement offered by Smart Services. (The Redstone Agreement is a service that places you in employment of another employer if it is deemed you need more than \$1500 of medical services in a 4 week period.) That agreement meshes quite nicely with the medical benefits offered by Distribution by Datagen. For your convenience we have incorporated a copy of that contract along with the estimated monthly pricing of such a program for your consideration. Without comprehensive coverage Distribution by Datagen offers little protection for future medical care costs for anything but basic medical care.

Distribution by Datagen medical plan requires prepayment of the estimated cost of maintenance prescriptions. To participate in the program you must prepay these prescriptions prior to the beginning of the month. For your convenience Smart Services provides a prepayment agreement to those individuals who are sponsored under a Redstone Agreement. Distribution by Datagen recommends that you avail yourself of this service as part of your employment arrangements with Distribution by Datagen in order to avoid penalties for non compliance.

Distribution by Datagen offers two medical plan options. Both are estimated to cost approximately the same. Option one is a modest benefit plan with a \$5,000 deductible and no coinsurance. For those interested in a lower deductible and coinsurance, option two is a \$2,500 deductible with 20% coinsurance thereafter for another \$2,500 of out of pocket. Under option two the employee is required to prepay the cost of patient advocate services (the cost of patient advocate services for option one is paid by Distribution by Datagen.) The cost of those services is based on your medical condition and that of any dependents you elect to place under the plan. To be in compliance you will be required to prepay the cost of the patient advocate services. If you are sponsored into a Redstone Agreement it is recommended you avail yourself of the use of the prepayment option that Smart Services provides. If you do not prepay the patient advocate service in time any medical service you access while the patient advocate services are in effect will be considered non compliant.

The price of the Redstone Agreement is:	\$491.21	1 year guarantee	\$520.68	Option 1 Total:	\$491.21	3 year guarantee	\$520.68
Pharmacy prepayment requirement is:	\$0.00			Option 2 Total:	\$638.57		\$702.43
Option 2 prepayment requirement is:	\$147.36		\$181.75	fee waived	Additional \$25 implementation fee is required.		

We welcome you to participate in this program as an employee. Attached is the agreed upon employment arrangement and the addendum of our medical program. Your job with Distribution by Datagen is to access basic medical care. This effort does not deal with individuals with a significant need for medical services. If our modest medical plan benefits are adequate for your needs, if you are reporting all medical services before you access any health care services, and if you have contracted for the Redstone Agreement we will be able to refer you to Smart Services and they will find you another job with comprehensive medical coverage in time for you to have the coverage you need. Note without the Redstone Agreement your medical benefit under both option one and two will be severely limited.

Signature: _____

Date: _____

This is not an offer of employment. If you meet the qualifications an offer of employment will be made by Distribution by Datagen or another interested class one employer.

FAX to 770-220-1995 and forward original to 3577 Chamblee Tucker Road, Suite A-307, Atlanta, GA 30341

*Note: The medical benefits of Distribution by Datagen are offered through a self funded medical plan established to meet the qualifications and in order to be recognized as a qualified employer provided medical plan as defined by the Employee Retirement Income Security Act of 1974. By the specification of ERISA and according to the intentions of Distribution by Datagen there is no intention to represent this medical plan as insurance or in any way be subject to State insurance law except as to any purchase of stop loss insurance or reinsurance on the risk of this medical plan which is at the discretion of Distribution by Datagen.

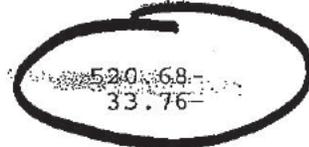
Distribution by Datagen reserves the right to assign you to another class one employer offering the same opportunity.



48 + FREE CHECKING

(Continued)

Date	Description	OTHER DEBITS	Amount
2/08			
2/08			
2/09			
2/12			
2/15			
2/15			
2/17	SMARTSERVICES	Smart ServcPPD	520.68
2/18			33.76



TPCA Tallahassee Primary Care Associates
 Centralized Billing
 P.O. Box 12427
 Tallahassee, Florida 32317

36296



RETURN SERVICE REQUESTED

PAYMENT DUE BY: 04/22/2010

FOR BILLING INQUIRIES, PLEASE CALL: 850-297-0114

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT
 CHECK CARD USING FOR PAYMENT

MASTERCARD DISCOVER VISA AMERICAN EXPRESS

CARD NUMBER _____ SIGNATURE CODE _____

SIGNATURE _____ EXP. DATE _____

STATEMENT DATE: 04/07/2010 PAY THIS AMOUNT: \$1059.00 ACCT.#: 239736

SHOW AMOUNT PAID HERE \$

PAGE: 1 of 3



TPCA
 CENTRALIZED BILLING
 P.O. BOX 12427
 TALLAHASSEE, FL 32317-2427

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	CPT	DESCRIPTION	FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
		1942680 Victoria Smith MD			Victoria Smith, MD		
06/18/2009	99213	Office/outpatient visit, est	94.00	1.00	94.00	69.00	25.00
06/18/2009	69210	Removal	77.00	1.00	77.00	77.00	0.00
06/18/2009		Payment from	0.00	.00	0.00	0.00	-25.00
06/19/2009		Payment from	0.00	.00	0.00	0.00	0.00
09/04/2009		Transfer from Insurance	0.00	.00	0.00	-146.00	146.00
		NO COVERAGE ON DATE OF SERVICE					
12/10/2009		Transfer from Patient	0.00	.00	0.00	146.00	-146.00
02/22/2010		FIRST HEALTH DISALLOWED Adjustment from THE MEGA LIFE & HEALTH	0.00	.00	0.00	-12.62	0.00
02/22/2010		Transfer from Insurance	0.00	.00	0.00	-64.38	64.38
		THIS AMOUNT APPLIES TO YOUR DEDUCTIBLE AS PER YOUR INSURANCE COMPANY.					
02/24/2010		FIRST HEALTH DISALLOWED Adjustment from THE MEGA LIFE & HEALTH	0.00	.00	0.00	12.62	0.00
02/24/2010		Transfer from Insurance	0.00	.00	0.00	-81.62	81.62
		THESE EXPENSES WERE INCURRED AFTER YOUR TERMINATION DATE PER YOUR INSURANCE CARRIER. PLEASE INFORM US OF YOUR NEW MEDICAL COVERAGE OR REMIT PAYMENT IN FULL. THANK YOU.					
		2055941 Victoria Smith MD			Victoria Smith, MD	0.00	146.00
12/10/2009	99214	Office/outpatient visit est	141.00	1.00	141.00	116.00	25.00
12/10/2009		Payment from	0.00	.00	0.00	0.00	-25.00
CURRENT	31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	ACCOUNT BALANCE	INSURANCE BALANCE	
\$.00	\$ 146.00	\$ 913.00	\$.00	\$.00	\$ 1059.00	\$.00	

Reflects transactions posted through 04/07/2010

DUE FROM PATIENT
 CONTINUED

FOR BILLING INQUIRIES, PLEASE CALL 850-297-0114



CHECK CARD USING FOR PAYMENT EXPRESS FILL OUT

MASTERCARD DISCOVER VISA AMERICAN

CARD NUMBER SIGNATURE CODE

SIGNATURE EXP. DATE

STATEMENT DATE PAY THIS AMOUNT ACCT.#

04/07/2010 \$1059.00 239736

SHOW AMOUNT PAID HERE \$

36296



RETURN SERVICE REQUESTED

PAYMENT DUE BY: 04/22/2010

FOR BILLING INQUIRIES, PLEASE CALL: 850-297-0114

PAGE: 2 of 3



TPCA
 CENTRALIZED BILLING
 P.O. BOX 12427
 TALLAHASSEE, FL 32317-2427

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PA

DATE	CPT	DESCRIPTION	FEE	UNITS	FEE TOTAL	INSURANCE	PATI
12/10/2009		Payment from !	0.00	.00	0.00	0.00	
01/12/2010		Transfer from Insurance	0.00	.00	0.00	-116.00	11
		PER YOUR INSURANCE CARRIER, YOU WERE NOT ELIGIBLE ON THE DATE OF SERVICE. PLEASE REMIT PAYMENT OR INFORM US OF YOUR CURRENT INSURANCE INFORMATION.					
		2067261 Haroon Sarwar MD				0.00	11
12/30/2009	99244	Office consultation	270.00	1.00	270.00	245.00	2
12/30/2009		Payment from	0.00	.00	0.00	0.00	-2
12/30/2009		Payment from	0.00	.00	0.00	0.00	
02/01/2010		Transfer from Insurance	0.00	.00	0.00	-245.00	24
		PER INS CARRIER-POLICY NO LONGER IN FORCE					
		2067379 Melissa R McMillan				0.00	24
12/30/2009	73110		60.00	1.00	60.00	35.00	2
12/30/2009	73110		60.00	1.00	60.00	60.00	
12/30/2009	73130		60.00	1.00	60.00	60.00	
12/30/2009	73130		60.00	1.00	60.00	60.00	
12/30/2009		Payment from	0.00	.00	0.00	0.00	-2
12/31/2009		Payment from	0.00	.00	0.00	0.00	
02/01/2010		Transfer from Insurance	0.00	.00	0.00	-215.00	21
		PER INS CARRIER-POLICY NO LONGER IN FORCE					
		2069783 Haroon Sarwar MD				0.00	21
12/30/2009	84550		20.00	1.00	20.00	20.00	1
		TPCA Laboratory					
CURRENT		31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	ACCOUNT BALANCE	INSURANCE BALANCE
\$.00		\$146.00	\$913.00	\$.00	\$.00	\$1059.00	\$.00

Reflects transactions posted through 04/07/2010

DUE FROM PATIENT
 CONTINU

FOR BILLING INQUIRIES, PLEASE CALL 850-297-0114

As a courtesy, TPCA files all insurance. If TPCA does not have a contractual agreement with your insurance, after 45 days the

TPCA Tallahassee Primary Care Associates
 Centralized Billing
 P.O. Box 12427
 Tallahassee, Florida 32317

36296



RETURN SERVICE REQUESTED

PAYMENT DUE BY: 04/22/2010

FOR BILLING INQUIRIES, PLEASE CALL: 850-297-0114

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW
 CHECK CARD USING FOR PAYMENT

MASTERCARD DISCOVER VISA AMERICAN EX

CARD NUMBER _____ SIGNATURE CODE _____
 SIGNATURE _____ EXP. DATE _____

STATEMENT DATE: 04/07/2010 PAY THIS AMOUNT: \$1059.00 ACCT. #: 239736

SHOW AMOUNT PAID HERE \$

PAGE: 3 of 3



TPCA
 CENTRALIZED BILLING
 P.O. BOX 12427
 TALLAHASSEE, FL 32317-2427

STATEMENT PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAY

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

DATE	CPT	DESCRIPTION	FEE	UNITS	FEE TOTAL	INSURANCE	PATIE
12/30/2009	86038		54.00	1.00	54.00	54.00	
12/30/2009	83516		51.00	2.00	102.00	102.00	
12/30/2009	86140		23.00	1.00	23.00	23.00	
12/30/2009	85651		16.00	1.00	16.00	16.00	
12/30/2009	86431		25.00	1.00	25.00	25.00	
12/30/2009	86431		47.00	1.00	47.00	47.00	
12/30/2009	80053		35.00	1.00	35.00	35.00	
12/30/2009	85025		15.00	1.00	15.00	15.00	
12/30/2009	36415						
02/01/2010		Transfer from Insurance PER INS CARRIER-POLICY NO LONGER IN FORCE	0.00	.00	0.00	-337.00	3
						0.00	3
CURRENT		31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	ACCOUNT BALANCE	INSURANCE BALANCE
\$.00		\$146.00	\$913.00	\$.00	\$.00	\$1059.00	\$.00

Reflects transactions posted through 04/07/2010

DUE FROM PATIENT
 ▶ ▶ ▶ ▶ \$105

3577 CHAMBLEE TUCKER ROAD SUITE E-331
SUITE A-121

303414422 GA

LAS VEGAS, NV 89160-0027
(866) 460-0603 (702) 974-7807

01/11/10

EXPLANATION OF BENEFITS

Employee:
ID Nbr.
Group DEPAWIX HEALTH RESOURCES
Patient
Date Paid 01/11/2010
Group # DEP001
Division #
Plan # DEPWX
PPO
Provider TALLHASSEE PRIMARY CARE
Patient #:

DATES OF SERVICE	CPT CODE	TOTAL SUBMITTED CHARGES	less INELIGIBLE AMOUNT	PROVIDER DISCOUNT	less PARTICIPANT					TOTAL BENEFIT PMT.
					DEDUCT	COPAY	PENALTIES	CO-INS %		
1 OFFICE VISIT PHYSICIAN 08/18 08/18/09	99213	94.00	0.00 1F	2.24	0.00	25.00	0.00	0.00		66.76
2 OFFICE 08/18 08/18/09	69210	77.00	0.00 1F	12.62	64.38	0.00	0.00	0.00		0.00
		171.00	0.00	14.86	64.38	25.00	0.00	0.00		66.76

1F 1ST HEALTH PPO REPRICING

PLAN PAYMENT			CLAIM SUMMARY		PATIENT SUMMARY	
PAYEE	CHECK	AMOUNT	Total Submitted Charges	171.00	2009 Remaining Annual Deductible	
TALLHASSEE PRIM	51258	66.76	Charges that should not be billed:		DED-NO PT ADY NOTIFICATION	10,000.00
			Ineligible	0.00	DEDUCTIBLE IN NETWORK	4,935.62
			Provider Discount	14.86		
			Other Ins Prov Discount	0.00	You are responsible for:	
			Less Other Insurance	0.00	Ineligibles	0.00
			Total Due Provider	156.14	Other Deductibles	0.00
			Less Total Benefit Payments	66.76	Copay	25.00
Claim Number	47462580102XXX0001				Annual Deductible	64.38
Policy Number			YOUR RESPONSIBILITY	89.38	Co-Insurance	0.00
Processed By	RICK				YOUR RESPONSIBILITY	89.38

Pay to:
Tallahassee Primary Care
 P O Box 12427
 Tallahassee, FL 32317
 (850) 297-0114

Patient Receipt
 Tuesday, February 09, 2010

Amount Due	Amount Paid
\$192.00	\$192.00

Employer ID 593374015
 Provider ID

Date	Description	Check #	Fee	Units	Insurance	Patient
	/Haroon Sarwar MD/2067406					
01/20/2010	Office/outpatient visit, est (99215)		\$192.00	1.0	\$0.00	\$192.00
01/20/2010	Payment from	1104			\$0.00	(\$192.00)
	Balance:				\$0.00	\$0.00

TPCA Tallahassee Primary Care Associates
 Centralized Billing
 P.O. Box 12427
 Tallahassee, Florida 32317

36296

RETURN SERVICE REQUESTED

PAYMENT DUE BY: 02/16/2010

FOR BILLING INQUIRIES, PLEASE CALL: 850-297-0114

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

MASTERCARD DISCOVER VISA AMERICAN EXPRESS

CARD NUMBER _____ SIGNATURE CODE _____

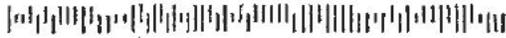
SIGNATURE _____ EXP. DATE _____

STATEMENT DATE: 02/01/2010 PAY THIS AMOUNT: \$913.00 ACCT. #: 239736

SHOW AMOUNT PAID HERE \$ _____

PAGE: 1 of 2

600005A



TPCA
 CENTRALIZED BILLING
 P.O. BOX 12427
 TALLAHASSEE, FL 32317-2427

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

DATE	CPT	DESCRIPTION	FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
		2055941 Victoria Smith MD					
12/10/2009	99214	Office/outpatient visit est	141.00	1.00	141.00	116.00	25.00
12/10/2009		Payment from	0.00	.00	0.00	0.00	-25.00
12/10/2009		Payment from	0.00	.00	0.00	0.00	0.00
01/12/2010		Transfer from Insurance	0.00	.00	0.00	-116.00	116.00
		PER YOUR INSURANCE CARRIER, YOU WERE NOT ELIGIBLE ON THE DATE OF SERVICE. PLEASE REMIT PAYMENT OR INFORM US OF YOUR CURRENT INSURANCE INFORMATION.				0.00	116.00
		2067261 Haroon Sarwar MD					
12/30/2009	99244	Office consultation	270.00	1.00	270.00	245.00	25.00
12/30/2009		Payment from	0.00	.00	0.00	0.00	-25.00
12/30/2009		Payment from	0.00	.00	0.00	0.00	0.00
02/01/2010		Transfer from Insurance	0.00	.00	0.00	-245.00	245.00
		PER INS CARRIER-POLICY NO LONGER IN FORCE				0.00	245.00
		2067379 Melissa R McMillan					
12/30/2009	73110		60.00	1.00	60.00	35.00	25.00
12/30/2009	73110		60.00	1.00	60.00	60.00	0.00
12/30/2009	73130		60.00	1.00	60.00	60.00	0.00
12/30/2009	73130		60.00	1.00	60.00	60.00	0.00
12/30/2009		Payment from	0.00	.00	0.00	0.00	-25.00
12/31/2009		Payment from	0.00	.00	0.00	0.00	0.00
02/01/2010		Transfer from Insurance	0.00	.00	0.00	-215.00	215.00
		PER INS CARRIER-POLICY NO LONGER IN FORCE					
CURRENT	31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	ACCOUNT BALANCE	INSURANCE BALANCE	
\$913.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1059.00	\$146.00	

Reflects transactions posted through 02/01/2010

DUE FROM PATIENT
 CONTINUED

TPCA Tallahassee Primary Care Associates
 Centralized Billing
 P.O. Box 12427
 Tallahassee, Florida 32317

36296

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

MASTERCARD DISCOVER VISA AMERICAN EXPRESS

CARD NUMBER _____ SIGNATURE CODE _____

SIGNATURE _____ EXP. DATE _____

STATEMENT DATE: 02/01/2010 PAY THIS AMOUNT: \$913.00 ACCT. #: 239736



0102

RETURN SERVICE REQUESTED .
 PAYMENT DUE BY: 02/16/2010
 FOR BILLING INQUIRIES, PLEASE CALL: 850-297-0114

SHOW AMOUNT PAID HERE \$ _____

PAGE: 2 of 2



TPCA
 CENTRALIZED BILLING
 P.O. BOX 12427
 TALLAHASSEE, FL 32317-2427

36296*UU0YOLKK000072

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

DATE	CPT	DESCRIPTION	FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
		2069783 Haroon Sarwar MD				0.00	215.00
12/30/2009	84550		20.00	1.00	20.00	20.00	0.00
12/30/2009	86038		54.00	1.00	54.00	54.00	0.00
12/30/2009	83516	for analyte other than qualitative or	51.00	2.00	102.00	102.00	0.00
12/30/2009	86140		23.00	1.00	23.00	23.00	0.00
12/30/2009	85651		16.00	1.00	16.00	16.00	0.00
12/30/2009	86431		25.00	1.00	25.00	25.00	0.00
12/30/2009	80053		47.00	1.00	47.00	47.00	0.00
12/30/2009	85025		35.00	1.00	35.00	35.00	0.00
12/30/2009	36415	finger/heel/ear	15.00	1.00	15.00	15.00	0.00
02/01/2010		Transfer from Insurance	0.00	0.00	0.00	-337.00	337.00
		PER INS CARRIER-POLICY NO LONGER IN FORCE				0.00	337.00

CURRENT	31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	ACCOUNT BALANCE	INSURANCE BALANCE
\$913.00	\$.00	\$.00	\$.00	\$.00	\$1059.00	\$146.00

Reflects transactions posted through 02/01/2010

DUE FROM PATIENT
 ▶▶▶▶ \$913.00

FOR BILLING INQUIRIES, PLEASE CALL 850-297-0114



Tallahassee Primary Care Associates
Centralized Billing
P.O. Box 12427
Tallahassee, Florida 32317

36296

RETURN SERVICE REQUESTED

PAYMENT DUE BY: 12/16/2009

FOR BILLING INQUIRIES, PLEASE CALL: 850-297-0114

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

MASTERCARD DISCOVER VISA AMERICAN EXPRESS

CARD NUMBER SIGNATURE CODE

SIGNATURE EXP. DATE

STATEMENT DATE PAY THIS AMOUNT ACCT. #
12/01/2009 \$146.00 239736

SHOW AMOUNT PAID HERE. \$

PAGE: 1 of 1

50005A



TPCA
CENTRALIZED BILLING
P.O. BOX 12427
TALLAHASSEE, FL 32317-2427

36296*TT306W4MK000072

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

DATE	CPT	DESCRIPTION	FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
		1942680 Victoria Smith MD					
06/18/2009	99213	Office/outpatient visit, est	94.00	1.00	94.00	69.00	25.00
06/18/2009	69210		77.00	1.00	77.00	77.00	0.00
06/18/2009		Payment from	0.00	.00	0.00	0.00	-25.00
06/19/2009		Payment from	0.00	.00	0.00	0.00	0.00
09/04/2009		Transfer from Insurance	0.00	.00	0.00	-146.00	146.00
		NO COVERAGE ON DATE OF SERVICE				0.00	146.00
CURRENT		31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	ACCOUNT BALANCE	INSURANCE BALANCE
\$.00		\$.00	\$ 146.00	\$.00	\$.00	\$ 146.00	\$.00

Reflects transactions posted through 12/01/2009

DUE FROM PATIENT
▶▶▶▶ \$146.00

FOR BILLING INQUIRIES, PLEASE CALL 850-297-0114

STATEMENT

Radiology Assoc Tallahassee PA
 PO Box 12249
 Tallahassee FL 32317-2249

CHECK CREDIT CARD USING FOR PAYMENT AND FILL OUT BELOW.

<input type="checkbox"/> M/C	<input type="checkbox"/> VISA
CARD NUMBER	AMOUNT
NAME ON CARD (PLEASE PRINT)	EXP. DATE
SIGNATURE	
STATEMENT DATE 01/26/2009	ACCOUNT # 460661961
PAY THIS AMOUNT \$526.80	

Office Hours: 8:00am - 5:00pm
 Phone: 850/878-4102 Fax: 850/942-4155

Patient:
 Primary Ins.: MEGA LIFE AND
 Payment due on: 2/10/2009

AMOUNT PAID



1680 1 AT 0.346 *6 01680

MAKE CHECK PAYABLE & REMIT TO:

Radiology Assoc Tallahassee PA
 PO Box 12249
 Tallahassee FL 32317-2249

TALLAHASSEE-0179475-0001680-1240568-001-000253-#002936
 PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK.

DETACH HERE AND RETURN THIS TOP PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

DATE	*POS	DESCRIPTION OF SERVICES	DIAGNOSIS	AMOUNT
09/30/08	5	77057	V76.12	\$170.00
09/30/08	5	77052	V76.12	\$40.00
10/31/08	5	77055	610.0	\$155.00
10/31/08	5	76645	610.0	\$161.80
01/23/09	5	R123	PMT-INSURANCE CANNOT IDENTIFY	\$0.00

PAYMENT DUE ON: 02/10/2009

BALANCE DUE: \$526.80

Patient:	Account Number:	Statement Date: 01/26/2009
Location of Service	Referring Physician	Performing Physician
WICP RAD ASSOC OF TALLAHASSEE	VICTORIA SMITH	KURT C LUHMANN MD

Radiology Assoc Tallahassee PA

NAME: I AM A White Male, DOB:

DRIVER'S LICENSE #:

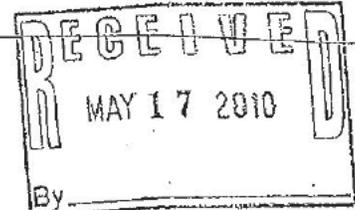
RESIDENCE ADDRESS: Apartment Florida,

BUSINESS ADDRESS: None

OCCUPATION Real Estate Investor

RESIDENCE PHONE (CELL PHONE:

PAGE 1 OF 2



In a statement to Staff, states as follows:

I received a letter from Steve Ricke stating my coverage with Depawix Health Resources/Green Cross was changing to Redstone Distribution by Datagen. The letter was not dated. I filled out the Redstone application and mailed it back. I do not recall the address for Redstone or who I mailed the application to. I did not keep a copy of my Redstone application. I signed an employee form with Redstone. I do not believe the Redstone employee form was much different than the original one I signed with Depawix Health Resources/Green Cross. I do not know if I am getting paid the same as I did with Depawix Health Resources/Green Cross. The checks do not come on a regular basis. I did get a W-2 Form at the end of last year, but I do not recall how much I was paid. My premium increased a small amount at the time my coverage was changed to Redstone. I recall signing a new set of employee forms for Redstone, but I did not keep a copy of the forms. I have paid my monthly premium by my credit card. My premium is One Thousand Sixty-Two Dollars and Thirteen Cents (\$1,062.13). I received an invoice for the Redstone premium from Smart Services, 3577 Chamblee Tucker Road, A307, Atlanta, Georgia 30341. The invoice indicates the Redstone premium for is Eight Hundred Seventy Dollars and Twenty-Three Cents (\$870.23) per month. The prescription drug coverage is One Hundred Ninety-One Dollars and Ninety Cents (\$191.90) for a total of One Thousand Sixty-Two Dollars and Thirteen Cents (\$1,062.13) per month. The invoice states the payment will be withdrawn on the 15th of the month. I have diabetes and I had a Melanoma removed about Five (5) years ago. I do not recall ever receiving a creditable coverage document from my old carrier Aetna. I

[Handwritten signature]



36 ~~have not had any real contact from Steve Ricke in a long time, except~~
37 for receiving the new application for Redstone from him in the mail,
38 along with his undated letter. The last time I called Steve Ricke he
39 did not call me back. I do not believe I have any outstanding medical
40 bills with Redstone.

41
42 People who should always know how to contact me if my address or phone number should change
43

44 Son Business,
45

46 I, _____, HAVE READ THE ABOVE STATEMENT CONSISTING OF 2 PAGE(S) AND
47 DECLARES AT THIS TIME THE EVENTS AS STATED ARE CLEAR IN MY MIND AND THAT THE
48 STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM
49 WILLING TO APPEAR AT A HEARING.
50

51 THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 13th DAY OF May, 2010
52 BY _____ WHO PRODUCED A Florida Driver License # _____ FOR
53 IDENTIFICATION PURPOSES AND WHO DID TAKE AN OATH.
54

55
56 _____
57 (JRE)

58 Subscribed and sworn to before
59 me this 13th day of May 2010
60

61 *Linda Davis Johnston*
62 Notary Public, State of Florida at Large

63 My Commission expires:
64

65 Certificate #:



Smart Services
 678-608-4415
 3577 Chamblee Tucker Rd, A-307
 Atlanta, GA 30341
 shawnpost@comcast.net

Date	Invoice #
4/13/2010	02668

Bill To

Item	Description	Amount
Rx	Redstone Agreement fee for Prescription prepayment for	870.23 191.90
Payments will be withdrawn on the 15th of the month.		Total \$1,062.13



In regards to your employment with Green Cross:

Green Cross has changed their name to Redstone, (Distribution by Datagen), please fill out and send back the accompanying paperwork, your employment will continue with Redstone.

Please call me with any questions or concerns,

Thanks,

Steve Ricke

(386)597-1957



State of Florida



OFFICE OF INSURANCE REGULATION Tallahassee, Florida

I, the undersigned, Commissioner of the Office of Insurance Regulation of the State of Florida, do hereby certify that

Dated this 14th Day of June, 2010

After conducting a diligent search of the official records of the FLORIDA OFFICE OF INSURANCE REGULATION, no record exists which discloses that the following Company or individual currently holds, or has ever held, a CERTIFICATE OF AUTHORITY from the office authorizing the company or individual to transact insurance as an insurer in any capacity, including that of a Third Party Administrator:

Distribution by Datagen, Inc

IN TESTIMONY WHEREOF, I hereto
subscribe my name, and affix the Seal of
my Office, at Tallahassee, the day and year
first above written.

A handwritten signature in black ink, appearing to read "K. M. [unclear]".

Commissioner, Office of Insurance Regulation



EXHIBIT

JJ

State of Florida



OFFICE OF INSURANCE REGULATION Tallahassee, Florida

I, the undersigned, Commissioner of the Office of Insurance Regulation of the State of Florida, do hereby certify that

Dated this 14th Day of June, 2010

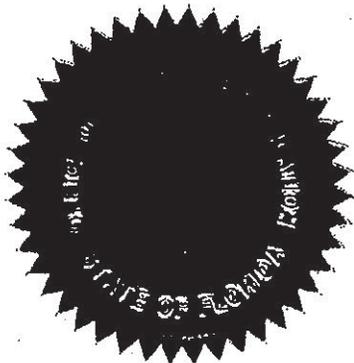
After conducting a diligent search of the official records of the FLORIDA OFFICE OF INSURANCE REGULATION, no record exists which discloses that the following Company or individual currently holds, or has ever held, a CERTIFICATE OF AUTHORITY from the office authorizing the company or individual to transact insurance as an insurer in any capacity, including that of a Third Party Administrator:

Redstone Health Plan

IN TESTIMONY WHEREOF, I hereto
subscribe my name, and affix the Seal of
my Office, at Tallahassee, the day and year
first above written.

A handwritten signature in black ink, appearing to read "K. M. [unclear]".

Commissioner, Office of Insurance Regulation



State of Florida



OFFICE OF INSURANCE REGULATION Tallahassee, Florida

I, the undersigned, Commissioner of the Office of Insurance Regulation of the State of Florida, do hereby certify that

Dated this 14th Day of June, 2010

After conducting a diligent search of the official records of the FLORIDA OFFICE OF INSURANCE REGULATION, no record exists which discloses that the following Company or individual currently holds, or has ever held, a CERTIFICATE OF AUTHORITY from the office authorizing the company or individual to transact insurance as an insurer in any capacity, including that of a Third Party Administrator:

Ares Health Plan

IN TESTIMONY WHEREOF, I hereto
subscribe my name, and affix the Seal of
my Office, at Tallahassee, the day and year
first above written.

A handwritten signature in black ink, appearing to read "K. M. ...".

Commissioner, Office of Insurance Regulation



State of Florida



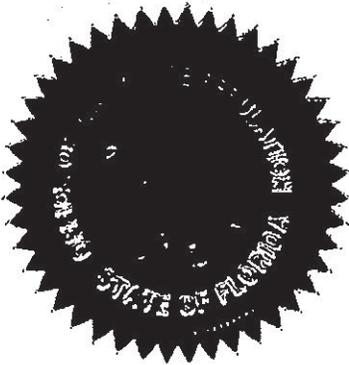
OFFICE OF INSURANCE REGULATION Tallahassee, Florida

I, the undersigned, Commissioner of the Office of Insurance Regulation of the State of Florida, do hereby certify that

Dated this 14th Day of June, 2010

After conducting a diligent search of the official records of the FLORIDA OFFICE OF INSURANCE REGULATION, no record exists which discloses that the following Company or individual currently holds, or has ever held, a CERTIFICATE OF AUTHORITY from the office authorizing the company or individual to transact insurance as an insurer in any capacity, including that of a Third Party Administrator:

Titan Health Plan



IN TESTIMONY WHEREOF, I hereto
subscribe my name, and affix the Seal of
my Office, at Tallahassee, the day and year
first above written.

A handwritten signature in black ink.

Commissioner, Office of Insurance Regulation

State of Florida



OFFICE OF INSURANCE REGULATION Tallahassee, Florida

I, the undersigned, Commissioner of the Office of Insurance Regulation of the State of Florida, do hereby certify that

Dated this 14th Day of June, 2010

After conducting a diligent search of the official records of the FLORIDA OFFICE OF INSURANCE REGULATION, no record exists which discloses that the following Company or individual currently holds, or has ever held, a CERTIFICATE OF AUTHORITY from the office authorizing the company or individual to transact insurance as an insurer in any capacity, including that of a Third Party Administrator:

Smart Services, Inc

IN TESTIMONY WHEREOF, I hereto
subscribe my name, and affix the Seal of
my Office, at Tallahassee, the day and year
first above written.

A handwritten signature in black ink, appearing to read "K. M. ...".

Commissioner, Office of Insurance Regulation



State of Florida



OFFICE OF INSURANCE REGULATION Tallahassee, Florida

I, the undersigned, Commissioner of the Office of Insurance Regulation of the State of Florida, do hereby certify that

Dated this 14th Day of June, 2010

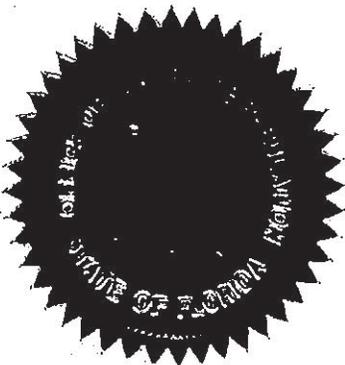
After conducting a diligent search of the official records of the FLORIDA OFFICE OF INSURANCE REGULATION, no record exists which discloses that the following Company or individual currently holds, or has ever held, a CERTIFICATE OF AUTHORITY from the office authorizing the company or individual to transact insurance as an insurer in any capacity, including that of a Third Party Administrator:

Gallagher Health Studies

IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee, the day and year first above written.

A handwritten signature in black ink, appearing to read "K. M. ...".

Commissioner, Office of Insurance Regulation



State of Florida



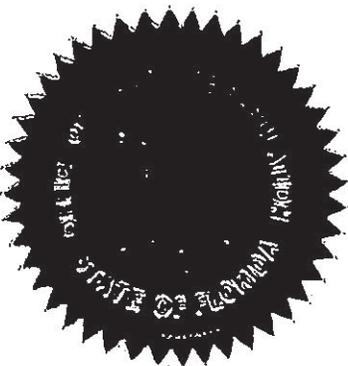
OFFICE OF INSURANCE REGULATION Tallahassee, Florida

I, the undersigned, Commissioner of the Office of Insurance Regulation of the State of Florida, do hereby certify that

Dated this 14th Day of June, 2010

After conducting a diligent search of the official records of the FLORIDA OFFICE OF INSURANCE REGULATION, no record exists which discloses that the following Company or individual currently holds, or has ever held, a CERTIFICATE OF AUTHORITY from the office authorizing the company or individual to transact insurance as an insurer in any capacity, including that of a Third Party Administrator:

New American Health Planning, Inc



IN TESTIMONY WHEREOF, I hereto
subscribe my name, and affix the Seal of
my Office, at Tallahassee, the day and year
first above written.

A handwritten signature in black ink, appearing to read "K. M. ...".

Commissioner, Office of Insurance Regulation

State of Florida



OFFICE OF INSURANCE REGULATION Tallahassee, Florida

I, the undersigned, Commissioner of the Office of Insurance Regulation of the State of Florida, do hereby certify that

Dated this 14th Day of June, 2010

After conducting a diligent search of the official records of the FLORIDA OFFICE OF INSURANCE REGULATION, no record exists which discloses that the following Company or individual currently holds, or has ever held, a CERTIFICATE OF AUTHORITY from the office authorizing the company or individual to transact insurance as an insurer in any capacity, including that of a Third Party Administrator:

Inspired by Coconut, Inc



IN TESTIMONY WHEREOF, I hereto
subscribe my name, and affix the Seal of
my Office, at Tallahassee, the day and year
first above written.

A handwritten signature in black ink, appearing to read "K. M. ...".

Commissioner, Office of Insurance Regulation

CREDIT/DEBIT CARD OR AUTOMATIC WITHDRAWAL PAYMENT AUTHORIZATION FORM

A. Sponsor Information

Sponsor's Name: _____
Phone Number: _____

B. Credit/ Debit Card Authorization

Please fill out if you wish to make payments by Credit/Debit card

Name as it appears on Debit/Credit Card: _____

Billing Address: _____

City: _____ State: Fla Zip: _____

Credit Card Number: _____

Card expiration date: _____

Verification Number: _____

A three or four digit number after your card number

I authorize Peck and Peck, Inc. or its authorized transaction agent to instruct my financial institution to debit the applicable monthly consideration. The consideration will be debited from the designated account above on the 20th or the prior month. This authorization shall remain in effect for the term of the placement agreement.

Signature: _____

Date: 08-28-08

C. Automatic Cash Handling (ACH) Authorization

Please complete the following if you have chosen the ACH Option

Sponsor's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Financial Institution Information

Institution Name: Seacoast National Bank Branch Location: Orlando, Florida

Mailing Address: _____

City: _____ State: _____ Zip: _____

Transit Number: _____

Account Number: _____

Please provide a copy of a voided check

I authorize Peck and Peck, Inc. or its authorized transaction agent to instruct my financial institution to debit the applicable monthly consideration. The consideration will be debited from the designated account above on the 20th or the prior month. This authorization shall remain in effect for the term of the placement agreement.

Signature: _____

Date: August 28, 2008



PECK AND PECK, INC.

3577 CHAMBLEE TUCKER ROAD, SUITE A-260

ATLANTA, GA 30341

PHONE: 678-552-2779 FAX: 770-220-1995 E-MAIL: INFO@HPPHM.COM

December 2008

Green Cross Program Sponsorship Fee

For

Sponsorship fee for January 2009

Amount \$555.34

January payments will be withdrawn or charged on December 20th.

Job Description

You are part of a program to validate the Green Cross Aggressive Care Management principles. Your job is as follows:

- 1) Once a year, as directed, you will complete a Green Cross health risk assessment.
- 2) Upon completion of the analysis of the health risk assessment you will work with the patient advocate to establish a program of health management.
- 3) Throughout the year you will fulfill the health management processes of the established program.
- 4) Monthly, you will check in with the patient advocate to measure the level of success in fulfilling the established goals. At the same time you will report any changes in medical status.
- 5) You will call the patient advocate and get approval of all medical services you need prior to receiving those services. You need only report at time a prescription is prescribed, initially or upon re-prescription.
- 6) You will report all medical service interactions promptly, providing copies of all bills, explanations of benefits, doctor's notes and evaluations of providers.
- 7) You will promote the concept of the Green Cross principles to the general public. For this purpose we will periodically provide you with communication materials to hand out.
- 8) You will follow the same procedure for each dependent that is part of the part time employee benefit program.

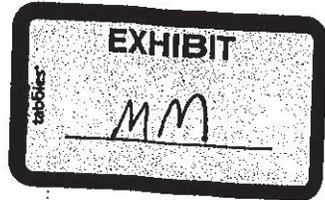
Signature:

Date:

August 28, 2008



	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
SUBSIDY PROGRAM	Program will subsidize up to \$3,000,000 of eligible medical expense over the lifetime of an eligible participant subject to cost sharing contributions on behalf of the participant. Eligible Medical Expense will be reduced by 60% and be considered out of network if patient advocate does not approve the medical services prior to the delivery of those services (except in the case of an emergency this means at least 24 hours prior to receipt of services.) Maximum annual expenses considered for subsidy (based on billed charges) considered for non-emergency \$10,000 per participant. Maximum annual accident benefit \$5,000 per participant.	
Usual, Reasonable and Customary will be 120% of Medicare or if less fees based on negotiated services. Negotiated services will be by category of service and such agreements will be identified and made a part of this plan document.		
ELIGIBLE MEDICAL EXPENSES NOT SUBSIDIZED: Program does not cover the first dollars of eligible medical expense as follows.		
Per Participant	\$5,000	\$10,000
Until Family Pays	\$15,000	\$20,000
ELIGIBLE MEDICAL EXPENSES PARTIALLY SUBSIDIZED: The following eligible medical expenses are subsidized 100% after participant pays the following amount (also see pharmacy.)		
Physician office visits	\$25*	n/a
Emergency room subsidized 100% if the patient is admitted to the Hospital on an emergency basis.		
COVERED MEDICAL SERVICES: The following is the percentage of eligible medical expenses partially subsidized by the program determined using eligible medical expenses in excess of amounts not subsidized.		
Hospital Services		
Room and Board	0%	40%
Intensive Care Unit	0%	40%
Skilled Nursing Facility	0%	40%
Eligible only if immediately following hospital stay and only up to 60 days per Year		
Physician Services		
Inpatient visits	0%	40%
Office visits (office charge only)	See above	40%
Lab Charges	0%	40%
Surgery	0%	40%
Allergy testing	0%	40%
Allergy serum and injections	\$30*	40%
Home Health Care	0%	40%
Up to 60 visits per Year		
Outpatient Private Duty Nursing	0%	40%
Hospice Care	0%	40%
Up to 360 days lifetime		
Ambulance Service	0%	20%
Wig After Chemotherapy	0% lifetime subsidy of \$250	40% lifetime subsidy of \$250
Occupational Therapy	0%	40%
Up to 20 visits per Year		
Speech Therapy	0%	40%
Up to \$500 per Year subsidy		
Physical Therapy	0%	40%
Up to 20 visits per Year for each of physical, pulmonary rehabilitation, and cardiac rehabilitation therapy		
Durable Medical Equipment	0%	40%
Prosthetics	0%	40%
Orthotics	0%	40%
Spinal Manipulation Chiropractic	40%*	40%*
Up to 24 visits per Year		
Mental Disorders		
Inpatient	20%*	40%*
Up to 20 days per Year		
Partial Hospitalization	20%*	40%*
2 Partial Hospitalization days equals 1 inpatient day and is subject to the inpatient limit.		
Outpatient	40%*	40%*
Up to 20 days per Year		
Substance Abuse		
Inpatient	20%*	40%*
Up to 20 days per Year		
Outpatient	40%*	40%*
Up to 20 days per Year		
Pharmacy		
Generic	\$15 per script*	N/A
Name Formulary	\$30 per script*	N/A
Name Other	\$50 per script*	N/A



Preventive Care

Routine Well Adult Care	Treat as an office visit Up to \$500 per Year subsidy	40% Up to \$500 per Year subsidy
Includes: office visits, pap smear, mammogram, prostate screening, gynecological exam, routine physical examination, hearing tests, vision tests and immunizations/vlu shots.		
Frequency limits for mammogram Ages 40 and over annually		
Routine Well Newborn Care	0%	40%
Routine Well Child Care	Treat as an office visit Up to \$500 per Year subsidy	40% Up to \$500 per Year subsidy
Includes: office visits, routine physical examination, hearing tests, vision tests and immunizations through age 5.		
Organ Transplants	0%	45%
Pregnancy	0%	40%
Dependent daughters not covered.		

DEPAWIX
HEALTH RESOURCES



First Health
Network

Member:

Member Number: DEP01093

Effective Date: 9/01/2008

Group Name: DEPWX Coverage: EE

Network Physician Office Visit Co-Pay: \$25

For Pharmacy Benefits: 1-800-546-5677

PBM: NPS Group: NPSPWX Bin#:004758

**PLEASE SEE REVERSE FOR IMPORTANT
BENEFIT INFORMATION**

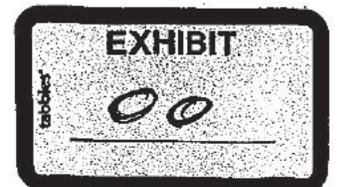
**Prior to receiving any medical services your
Patient Advocate (USCM 1-866-884-8873)
MUST be notified and the service reported.**

Send Medical Claims/statements to:
Sentinel Administrators, Inc.
P.O. Box 60027 Las Vegas, NV 89160
Secure E-Fax: 702-974-7807

Elig./Ben.: Sentinel Administrators 1-866-460-0603

Provider services 24/7: 1-888-685-7774

Members: www.myfirsthealth.com



DEPAWIX

Health Resources

To All Former Depawix Employees

PAYMENT OF CLAIMS

Dear former employee:

As each of you know, the Dept. of Financial Services of the State of Florida has chosen to attack the ERISA based employee benefit plan offered to part time employees of **DEPAWIX** and to attack **DEPAWIX's** right to provide the insurance of its choice to its full time employees. This attack, while baseless, has been done in a clearly illegal manner designed by the State to deprive both Depawix and you of your legal rights. The management of **DEPAWIX** continues to fight this employee rights violation by the State but the ultimate impact of the State's actions is that Depawix is essentially out of business.

The carefully orchestrated attacks and public dissemination of untrue allegations has placed Depawix in a position where it cannot continue to operate, cannot hire new employees and has been forced to offer to place each of you in jobs with other employers whose companies can pay you and offer you the essential health coverage benefits you require.

FIRST, let us assure you that none of Depawix's problems are linked to any of your new employers and the pay and benefits they have offered you are valid and your pay and benefits will be timely paid by them. They have assured us that your benefits, including any properly present health coverage claims, will be properly reviewed and paid pursuant to the employment agreements you have signed with them.

SECOND, we also want to assure you, our former employees, that Depawix will continue to fight these baseless charges.

THIRD, Depawix has been forced out of business by the State and its income essentially shut down. This means that Depawix is experiencing extreme difficulties in paying the last of the claims some of you have had from medical services. Depawix fully intends to continue to find the resources to pay these claims. However, unlike in the past, Depawix will not be able to make these claim payments in a timely fashion.

We sincerely apologize that your government has placed you and us in this position. We ask your patience while these claims are processed. We will continue to work with your providers to process these claims in a manner that minimizes any adverse effect upon you.

EXHIBIT

PP

tabbles

Many of you have written us with supporting thoughts and we appreciate this. For example one of you wrote us that "The state agents came to see me yesterday. I was truthful with them because I have nothing to hide from them. I hope you do not have any trouble from any of this and the fact that it is destroying Depawix/Greencross' credibility makes me angry. I am not surprised however. What the government can't control scares them."

When the State of Florida issued its illegal Cease and Desist Order to us it was quite obvious from the Order and other materials presented by the State of Florida that it has no care at all for the citizens of this State. Not only did the State act in a manner designed to prevent us from responding but they clearly cared not at all about what happen to each of you, the citizens they were claiming to be protecting. The State offered no protection for you from losing your hard earned job benefits. To them, your health issues were unimportant.

While these illegal acts done by the State of Florida has hurt Depawix it has hurt you more. You lost the job pay and benefits that each of you so dearly needed. Now, the State, by its supposed agents of the Department of Financial Services [the agency the State claims is there solely to protect you] and their twisted perception of their own power and authority has deemed it necessary to harm and attack at least 24 of our former agents by publicly issuing their names on the public registry and commencing an investigation implying that they have done something wrong, still without any chance to rebut what are still the false accusations of the State of Florida.

If you are as outraged as we are by the Department of Financial Services actions as we are, you can complain. Here are the places and people you can contact and file your complaints with, remembering that the Department of Financial Services [number 2 below] is the agency that caused all of these problems and they will likely ignore any complaint you send them.

1. The State requires each agency to have essentially an ombudsman to review complaints. Here is the name and address of the person for this agency:

Florida Department of Financial Services
Office of the Inspector General
Robert E. Cliff
200 E. Gaines Street
Tallahassee, FL 32399-0312
850-413-3112
www.myFloridacfa.com/oig/

All Former Depawix Employees

Date January 26, 2010

Page Three

2. The administrative head of the agency and the investigator assigned to this case can be contacted as follows:

Alex Sink
Chief Financial Officer
State of Florida
Florida Department of Financial Services
200 East Gaines Street
Number 412.18
Tallahassee, Florida 32399-0333
Telephone: 850-413-5655
Fax: 850-488-5951

or

Susan A. Jordan
Special Investigator

3. You can also complain to our attorney general:

Bill McCollum
Attorney General
State of Florida
The Capitol PL-01
Tallahassee, Florida 32399-1050
Main Number: 850-414-3300
Citizens Services: 850-414-3990
Toll Free 1-866-966-7226

You can file a complaint on his website at myfloridalegal.com.

Your team at Depawix appreciates your loyalty and again, we deeply regret any inconvenience these circumstances have caused you.

Sincerely

Michael Purr
Plan Administrator

February, 16, 2011

Dear Employee,

This letter is to clarify your understanding of the claims processing for the Distribution By Datagen medical plan you participate in as an employee.

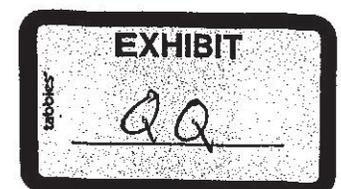
Explanation of non-payment of claims

In November, all employees were sent notification regarding the changes to the program including the determination to hold claims processing until a review had been completed. Distribution By Datagen's review was to document whether employees had completed their job responsibilities as they agreed to in their job description. The original intent was to complete the review by the end of January 2011, but the completion of the claims review and subsequent payment has been held up for two main reasons.

The first issue is the collection of the claims data and notification information from Sentinel, the former claims administrator. Distribution By Datagen continues to pursue the collection of this data. If you wish any claims to be considered for immediate review and you have not already submitted the claims to Distribution By Datagen, please send a copy of the data to the address listed above. This data includes, but is not limited to any outstanding claims, Patient Advocate notifications, Explanations of Benefits (EOBs), and notes on doctor's visits.

The second issue at hand is providing you a better understanding of how claims are processed. Up until November 30, 2010 each employee in the part-time employee medical plan was a participant in the Gallagher Health Studies program as identified in the employment agreement each of you signed. Benefit payment under the part-time employee medical plan was based on your performance of all your employment services associated with the job as they related to the medical expenses for which the claim was submitted. Below are some important points considered when processing your claims.

- ***How does Distribution By Datagen define a compliant medical expense?*** Addendum B, the schedule of benefits for the Distribution By Datagen's part-time employee benefit plan, identifies the benefits for compliant and non-compliant expenses. The definition of a compliant expense was documented in the plan document as an expense that fulfills all job requirements related to that medical expense. Addendum B and the plan document were provided to you during your enrollment process.
- ***Why was claims processing halted at the end of 2010?*** Distribution By Datagen felt it was necessary to review the claims for compliance with the job and plan requirements. The preliminary investigation indicates that all of the job requirements were not completed. This means that many claims might not qualify for reimbursement or qualify for only a reduced benefit.



- **What job responsibilities does Distribution By Datagen believe employees did not complete?** A preliminary investigation indicates that most employees did not submit doctor's notes or complete personal evaluations of doctors and other providers accessed. This led to a glut of data required for the Gallagher Health Study and contributed to the termination of the contract with Gallagher Health Studies.

What Next

Distribution By Datagen has declared all medical expenses incurred prior to December 1, 2010 to be non-compliant and will be adjudicating accordingly. If you believe that you did appropriately complete your entire job please submit proof that you fulfilled your job responsibilities previously and in a timely fashion. We believe that if you completed your job then you deserve the proper compensation and will happily process the claim accordingly.

Your election to continue as an employee of Distribution By Datagen after December 1, 2010 and your previous job description has been abolished or changed, any outstanding medical expenses will be considered for eligibility under the medical plan for your new job and treated as a medical expense under the new medical plan. Any claims prior to December 1, 2010 will be paid under the new plan as if incurred in December of 2010. If your new job is for donation facilitator, all benefits are accrued in six equal monthly installments, each month that you are an active employee and you completed your job responsibilities.

It is our goal with your new job description to have less confusion for you as the employee. We hope to provide you with a pleasant job and want to make sure that your benefits are compensatory for the work you do for Distribution By Datagen.

Sincerely,

Distribution By Datagen

The answer that she got back from them.

She is to be elig on Blue Cross and Blue Shield of Florida effective 2-1-2011.
The new employer group that they have listed under is
Business Benefits Services Counseling, Inc. She thinks that Michael Purr or John Head
is the owners of that company. She is no longer working for Inspired By Coconut.

She is so frustrated and confused and is not getting answers to her claims from
United that were denied and then about claims while she was in between coverage with them.
Even though they were still withdrawing money from her account.

Just thought I would pass this on to you as well.

Roxanne

From:
Sent: Tuesday, February 22, 2011 2:13 PM
To: roxjohnson@cox.net
Subject: Fw: Outstanding claims

AHWD, ABR, CIPS, CRS, GRI, PNM, TRC
RE/MAX Beach and Beyond

www.GetaFloridaLife.com
cellular
office
fax

"When life gives you lemons...throw them back and demand chocolate!"

From: notification@distributionbydatagen.com
Sent: Wednesday, February 16, 2011 11:32 PM
To:
Cc: Purr, Michael
Subject: Re: Outstanding claims

Ms.
I will admitt that you are one of the few people who have faithfully attempted to follow the prescribed
procedures of your job description. You are in a unique situation from all our other employees being that you
also have a class 3 placement with SmartServices. The situation with UHC and the December claims is being
reviewed in conjunction with your coverage under the DBD medical benefit plan. It is our hope to have a better
understanding and provide you an explanation as to how your concerns will be handled later next week.

On February 16, 2011 at 8:41 PM

wrote:

Good evening.

This information has arrived from you after hours so that I am unable to call and attempt to get some clarification over the phone.

My basic question is 'how does this effect me'? I have been on Class 3 status since April 2010 and have faithfully called in each time I was to see a physician, have a procedure, or get a prescription filled. I have also filled out all the forms sent by Judy Balter and submitted them with details in a timely manner. I have signed everything sent to me to continue 'employment' and have always planned to continue my insurance coverage through the program.

I am certain that this attached material makes sense to you but it is just words on paper to me. I have followed the instructions I was given from day one and I would sincerely appreciate a no-jargon, clear and concise explanation of how I am to continue to properly submit my 'claims' for your review and when I can expect the December 2010 claims, already filed with and paid for by United Health Care, to be honored. I am informed by my oncologist that UHC has notified them of a discrepancy in the coverage date and I am frantic to be assured that my full claim file for December will be covered. All medical care I received that month was reported to the the usual notification number and my paperwork was filed as required. I was informed that our coverage was terminating with UHC as of January 1, 2011 and received a Certificate of Creditable Coverage to that effect. Then in late January I received a 2nd CCC from UHC showing the the coverage terminated effective 12/1/2010. Please help me to understand if that December premium to UHC was paid or not and if not, why not. Why would UHC stop coverage early?

Today I received medical treatment under the new BCBS plan. I phoned the notification number and left the required message regarding place, time, physician, etc. Please advise as to what forms you are now requiring from me, along with where and how they are to be submitted.

Bottom line is that I need to stay insured and have met all requirements that I am aware of. I have never failed to sign and return an requested documents and have tried to remain compliant on all occasions.

I look forward to your response. Thank you.

AHWD, ABR, CIPS, CRS, GRI, PNM, TRC
RE/MAX Beach and Beyond

www.GetaFloridaLife.com

cellular
office
fax

"When life gives you lemons...throw them back and demand chocolate!"

From: notification@distributionbydatagen.com

Sent: Wednesday, February 16, 2011 7:28 PM

Subject: Outstanding claims

Dear employee, please read attached letter for answers regarding claims adjudication.

February, 16, 2011

Dear Employee,

This letter is to clarify your understanding of the claims processing for the Distribution By Datagen medical plan you participate in as an employee.

Explanation of non-payment of claims

In November, all employees were sent notification regarding the changes to the program including the determination to hold claims processing until a review had been completed. Distribution By Datagen's review was to document whether employees had completed their job responsibilities as they agreed to in their job description. The original intent was to complete the review by the end of January 2011, but the completion of the claims review and subsequent payment has been held up for two main reasons.

The first issue is the collection of the claims data and notification information from Sentinel, the former claims administrator. Distribution By Datagen continues to pursue the collection of this data. If you wish any claims to be considered for immediate review and you have not already submitted the claims to Distribution By Datagen, please send a copy of the data to the address listed above. This data includes, but is not limited to any outstanding claims, Patient Advocate notifications, Explanations of Benefits (EOBs), and notes on doctor's visits.

The second issue at hand is providing you a better understanding of how claims are processed. Up until November 30, 2010 each employee in the part-time employee medical plan was a participant in the Gallagher Health Studies program as identified in the employment agreement each of you signed. Benefit payment under the part-time employee medical plan was based on your performance of all your employment services associated with the job as they related to the medical expenses for which the claim was submitted. Below are some important points considered when processing your claims.

- ***How does Distribution By Datagen define a compliant medical expense?*** Addendum B, the schedule of benefits for the Distribution By Datagen's part-time employee benefit plan, identifies the benefits for compliant and non-compliant expenses. The definition of a compliant expense was documented in the plan document as an expense that fulfills all job requirements related to that medical expense. Addendum B and the plan document were provided to you during your enrollment process.
- ***Why was claims processing halted at the end of 2010?*** Distribution By Datagen felt it was necessary to review the claims for compliance with the job and plan requirements. The preliminary investigation indicates that all of the job requirements were not completed. This means that many claims might not qualify for reimbursement or qualify for only a reduced benefit.

- **What job responsibilities does Distribution By Datagen believe employees did not complete?** A preliminary investigation indicates that most employees did not submit doctor's notes or complete personal evaluations of doctors and other providers accessed. This led to a glut of data required for the Gallagher Health Study and contributed to the termination of the contract with Gallagher Health Studies.

What Next

Distribution By Datagen has declared all medical expenses incurred prior to December 1, 2010 to be non-compliant and will be adjudicating accordingly. If you believe that you did appropriately complete your entire job please submit proof that you fulfilled your job responsibilities previously and in a timely fashion. We believe that if you completed your job than you deserve the proper compensation and will happily process the claim accordingly.

Your election to continue as an employee of Distribution By Datagen after December 1, 2010 and your previous job description has been abolished or changed, any outstanding medical expenses will be considered for eligibility under the medical plan for your new job and treated as a medical expense under the new medical plan. Any claims prior to December 1, 2010 will be paid under the new plan as if incurred in December of 2010. If your new job is for donation facilitator, all benefits are accrued in six equal monthly installments, each month that you are an active employee and you completed your job responsibilities.

It is our goal with your new job description to have less confusion for you as the employee. We hope to provide you with a pleasant job and want to make sure that your benefits are compensatory for the work you do for Distribution By Datagen.

Sincerely,

Distribution By Datagen



Control No. 0456551
 Date Filed: 09/17/2009 12:04 PM
 Karen C Handel
 Secretary of State

STATE OF GEORGIA
 2009 Corporation Annual Registration

Karen C Handel
 Secretary of State

OFFICE OF SECRETARY OF STATE
 Annual Registration Filings
 P.O. Box 23038
 Columbus, Georgia 31902-3038

Chauncey Newsome
 Director

Information on record as of: 9/17/2009

Entity Control No. 0456551 Amount Due: \$55.00 Amount Due AFTER April 1, 2009: \$55.00

DEPAWIX HEALTH RESOURCES, INC.
 3577 Chamblee Tucker Road
 Suite A-121
 Atlanta GA, 30341

Each business entity registered or filed with the Office of Secretary of State is required to file an annual registration. Amount due for this entity is indicated above and below on the remittance form. Annual fee is \$30. If amount is more than \$30, the total reflects amount(s) due from previous year(s) and any applicable late fee(s). Renew by April 1, 2009. Your Annual Registration must be postmarked by April 1, 2009. If your registration and payment are not postmarked by April 1, 2009, you will be assessed a \$25.00 late filing penalty fee.

For faster processing, we invite you to file your Annual Registration online with a credit card at www.georgiacorporations.org. The Corporations Division accepts Visa, MC, Discover, American Express and ATM/Debit Cards with the Visa or MC logo for online filings only. Annual Registrations not processed online require payment with a check, certified bank check or money order. We cannot accept cash for payment.

You may mail your registration in by submitting the bottom portion of this remittance with a check or money order payable to "Secretary of State". All checks must be pre-printed with a complete address in order to be accepted by our offices for your filing. Absolutely, no counter or starter checks will be accepted. Failure to adhere to these guidelines will delay or possibly reject your filing. Checks that are dishonored by your bank are subject to a \$30.00 NSF charge. Failure to honor your payment could result in a civil suit filed against you and/or your entity may be Administratively Dissolved by the Secretary of State. [See O.C.G.A. § 13-6-15 and Title 14, respectively.]

Officer, address and Agent information currently of record is listed below. Please verify "county of registered office." If correct and complete, detach bottom portion, sign, and return with payment. Or, enter changes as needed and submit. Complete each line, even if the same individual serves as Chief Executive Officer, Chief Financial Officer, and Secretary of the corporation.

Note: Registered Agent address must be a street address in Georgia where the agent may be served personally. A mail drop or P.O. Box does not comply with Georgia law for registered office. P.O. Boxes may be used for principal office and officers' addresses.

Any person authorized by the entity to do so may sign and file registration (including online filing). Additionally, a person who signs a document submits an electronic filing he or she knows is false in any material respect with the intent that the document be delivered to the Secretary of State for filing shall be guilty of a misdemeanor and, upon conviction thereof, shall be punished to the highest degree permissible by law. [O.C.G.A. § 14-2-129.]

Please return ONLY the original form below and applicable fee(s). For more information on Annual Registrations or to file online, visit www.georgiacorporations.org. Or, call 404-656-2817. PLEASE PRINT LEGIBLY.

Current information printed below. Review and update as needed. Detach original coupon and return with payment.

CORPORATION NAME	ADDRESS	CITY	STATE	ZIP
DEPAWIX HEALTH RESOURCES, INC.	3577 Chamblee Tucker Road	Atlanta	GA	30341
CEO: Grant Lockhart	3577 Chamblee Tucker Road, Suite A-121	Atlanta	GA	30341
CFO: Grant Lockhart	3577 Chamblee Tucker Road, Suite A-121	Atlanta	GA	30341
SEC: Grant Lockhart	3577 Chamblee Tucker Road, Suite A-121	Atlanta	GA	30341
AGT: Purr, Ann Marie	3577 Chamblee Tucker Road	Atlanta	GA	30341
IF ABOVE INFORMATION HAS CHANGES, TYPE OR PRINT CORRECTIONS BELOW:				
CORPORATION ADDRESS:				
CEO:				
CFO:				
SEC:				
AGT:			GA	
I CERTIFY THAT I AM AUTHORIZED TO SIGN THIS FORM AND THAT THE INFORMATION IS TRUE AND CORRECT.	P.O. BOX NOT ACCEPTABLE FOR REGISTERED AGENT'S ADDRESS	COUNTY OF REGISTERED OFFICE: DeKalb	COUNTY CHANGE OR CORRECTION:	
AUTHORIZED SIGNATURE: Grant Lockhart		DATE: 9/17/2009	Total Due: \$55.00	
TITLE: Filer	EMAIL:			

BR201 2009 Corporation Annual Registration

091 045655121 0030004 DEPAWIXHEALTHRESOURCO 200904012 055004



**Electronic Articles of Incorporation
For**

P10000002636
FILED
January 08, 2010
Sec. Of State
jshivers

GALLAGHER HEALTH STUDIES, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

GALLAGHER HEALTH STUDIES, INC.

Article II

The principal place of business address:

3030 HARTLEY ROAD
310
JACKSONVILLE, FL. 32257

The mailing address of the corporation is:

3030 HARTLEY ROAD
310
JACKSONVILLE, FL. 32257

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

1000

Article V

The name and Florida street address of the registered agent is:

GRANT E LOCKHART
3030 HARTLEY ROAD
310
JACKSONVILLE, FL. 32257



I certify that I am familiar with and accept the responsibilities of registered agent.

P1000002636
FILED
January 08, 2010
Sec. Of State
jshivers

Registered Agent Signature: GRANT E. LOCKHART

Article VI

The name and address of the incorporator is:

JOHN VERNON HEAD
13011 BELLERIVE LANE

ORLANDO, FL 32828

Incorporator Signature: JOHN VERNON HEAD

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
GRANT E LOCKHART
3030 HARTLEY ROAD, SUITE 310
JACKSONVILLE, FL. 32828

Article VIII

The effective date for this corporation shall be:

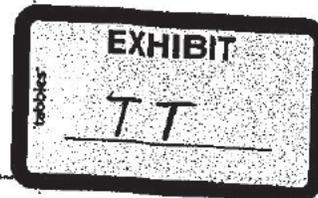
01/10/2010

1 STATE OF FLORIDA AFFIDAVIT COUNTY OF SEMINOLE
2 NAME: I AM A Female DOB:
3 RESIDENCE ADDRESS:
4 BUSINESS ADDRESS:
5 EMPLOYER'S NAME:
6 OCCUPATION: Development Coordinator
7 RESIDENCE PHONE: BUSINESS PHONE:
8

9
10 PAGE 1 of 2
11

12 RE: JOHN ORLANDO MICALIZIO CS17734/CA28674

13 started looking for health insurance in June 2008 and could not find a legitimate
14 company because of her pre-existing conditions. was on COBRA and it ended May 31, 2008.
15 We found out in February 2010 that had insurance with Depawix. We found out
16 that she had to be an employee of their company to get their insurance. She became a member of
17 Depawix on August 28, 2008. When was hospitalized in February 2010, is when we started
18 questioning her insurance carrier. The plan required to pay a sponsorship fee of \$555.34 per
19 month. received a total of \$135.00 in wages in 2009 as an employee with Depawix. The plan
20 with Depawix required to switch to another insurance plan within their company if she was
21 admitted to the hospital. The plan would have been with United Healthcare according to a March 29,
22 2010, email from Mark Purr. If she would have switched plans she would be have been entitled to
23 100% health coverage. The new plan required a new job description as she was their employee.
24 told us that the job would require her to make bracelets and bookmarks for a company called Inspired
25 by Coconut. When was admitted to the hospital she provided a copy of her insurance
26 identification card to the hospital and was admitted. After had surgery is when the hospital
27 found out that plan was terminated. After we contacted Depawix we started getting emails
28 from Michael Purr, the Plan Administrator with Depawix explaining that since she was incapable of
29 employment is why they terminated her insurance coverage and no claims would be paid. Since
30 was incapable of filling out and returning her paperwork she was completely incapacitated and
31 ineligible for employment. medical claims for the month of March 2010 were not paid by
32 Depawix. April 1, 2010, became eligible for Medicare. We received assistance from Elder



33 Advocate to assist us in helping with medical bills. passed away June 2, 2010.
34 Medicare started paying medical bills effective April 1, 2010. In an email from Michael Purr he states
35 that was employed by Distribution by Datagen as a participant in Gallagher Health Studies.
36 However, W-2 2009 listed her employer as Depawix Health Resources. It appears that agent
37 John Micalizio attempted to place coverage with Golden Rule insurance company for in July
38 2008, prior to placing her coverage with Depawix.

39 I am including the following documents as part of my affidavit:

- 40 Medical bills
- 41 Insurance identification card
- 42 Emails from Michael Purr
- 43 Golden Rule Insurance Company application
- 44 Signed Depawix enrollment forms
- 45 Bank statements
- 46 Explanation of Benefits
- 47 Temporary medical cards from Department of Children and Family Services for Medicare

48 People who should always know how to contact me if my address or phone number should change:

- 49
- 50 1. (husband),
- 51
- 52

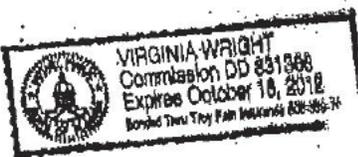
53 AFFIANT HAS READ THE ABOVE STATEMENT CONSISTING OF 2 PAGES AND DECLARES
54 AT THIS TIME THE EVENTS AS STATED ARE CLEAR IN HER MIND AND THAT THE
55 STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF HER KNOWLEDGE AND
56 BELIEF. AFFIANT IS WILLING TO APPEAR AT A HEARING.
57

58
59
60 (AFFIANT'S SIGNATURE)
61

62
63 THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 5TH DAY OF
64 AUGUST, 2010 BY WHO PRODUCED FLORIDA DRIVERS
65 LICENSE NUMBER FOR IDENTIFICATION PURPOSES AND WHO DID
66 TAKE AN OATH.
67

68 Subscribed and sworn to before me
69 This 5TH day of August, 2010.

70
71 *Virginia Wright*
72 _____
73 Notary Public, State of Florida at Large
74 My Commission expires: October 16, 2012



1 STATE OF FLORIDA AFFIDAVIT COUNTY OF SEMINOLE
2 NAME: I AM A Female DOB:
3 RESIDENCE ADDRESS:
4 BUSINESS ADDRESS:
5 EMPLOYER'S NAME:
6 OCCUPATION: Development Coordinator
7 RESIDENCE PHONE: BUSINESS PHONE:
8

9
10 PAGE 1 of 1
11

12 RE: JOHN ORLANDO MICALIZIO CS17734/CA28674

13 This affidavit is a supplement to my affidavit of August 5, 2010, concerning I am
14 daughter-in-law. I am married to son The approximate total of
15 unpaid medical bills that Depawix have not paid is \$152,384.37. I have no idea as to the percentage
16 Medicaid had paid on any of the bills since April 1, 2010. The primary care doctor kept postponing the
17 surgery because he was not sure about the insurance coverage with Depawix. Depawix had not ever
18 paid him on prior claims for any other patients.

19 People who should always know how to contact me if my address or phone number should change:

20
21 1. (husband),
22
23

24 AFFIANT HAS READ THE ABOVE STATEMENT CONSISTING OF 1 PAGE AND DECLARES
25 AT THIS TIME THE EVENTS AS STATED ARE CLEAR IN HER MIND AND THAT THE
26 STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF HER KNOWLEDGE AND
27 BELIEF. AFFIANT IS WILLING TO APPEAR AT A HEARING.
28
29

30
31 (AFFIANT'S SIGNATURE)
32
33

34 THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 6TH DAY OF
35 AUGUST, 2010 BY WHO PRODUCED FLORIDA DRIVERS
36 LICENSE NUMBER FOR IDENTIFICATION PURPOSES AND WHO DID
37 TAKE AN OATH.
38

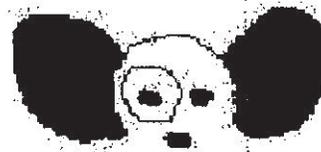
39 Subscribed and sworn to before me
40 This 6TH day of August, 2010.

41 *Virginia Wright*
42
43 Notary Public, State of Florida at Large
44 My Commission expires: October 16, 2012
45



92

Inspired by Cocor



You have entered the world of home-made and personalized dog products by Coconut...

Our Products

- [Bandanas](#)
- [Bellybands](#)
- [Memory/Memorial Pillows](#)

Our Story

In May of 2006, I adopted a 9 month old Papillon who I named Coconut. Little did I know for the better! Coconut is one of the best things that ever happened to me. Our relationship became better because Coconut used to love to mark his territory all over my apartment which was extremely frustrating. I had almost reached my wit's end about this lady who made bellybands, which are in fact like diapers for dogs. The bellybands for male dogs in that they weren't shaped like diapers and didn't cover the backside. I ordered some and when they arrived they were adorable and stylish and best of all, they helped with Coconut's problem. The best part of my bellyband works is that you add a feminine napkin, pantiliner or incontinence pad to the back and wrap it around the dog's loins. It works because instead of peeing on your walls or furniture, it goes on the pad. I can tell you honestly, bellybands saved our relationship. No more stressing out over the puddles never made it that far.



Copyright 2009-2011. Inspired by Coconut. All rights reserved.



Podcast by Go Daddy

Inspired by Cocor



What is a Bellyband?

A Bellyband is a small rectangular piece of denim and flannel that will save your sanity! Flannel is for softness and stylishness. It is used on male dogs that for one reason or another shouldn't. A Bellyband can be used to control "territory marking" behavior, excitable urination that occurs indoors.

Why use a Bellyband?

Use a Bellyband to save your sofas, chairs, beds, pillows, rugs and other household items. It is much easier to use a Bellyband on your pet than it is to clean or replace the expensive items in your home.

How to use the Bellyband:

Bellybands should always be used with a pantliner, feminine napkin or incontinence pad through if the dog pees. Use a self-adhesive pad and attach it to the middle of the band. (Cut the pad in half before attaching it.) Secure the bellyband around the dog's waist just in front of his penis. The Velcro should be secured on top of the dog's back so that it can be removed.

How to Measure for a Bellyband:

Use a tape measure or a piece of string to measure your dog around his loins, the narrowest part of his body between his front and hind legs. Do not pull the tape measure or string too tight, measure loosely to ensure a comfortable fit. Use adjustable Velcro and elastic to account for thicker winter coats and slight weight gains over the year.

Bellyband Sizes Available:

Sizes	Fits Waists	Price
XX-Small	9-11 inches	\$15.00
X-Small	11-13 inches	\$15.00
Small	13-15 inches	\$15.00
Medium	15-17 inches	\$15.00
Large	17-19 inches	\$17.00
X-Large	19-21 inches	\$17.00
XX-Large	21-23 inches	\$17.00

Care of the Bellyband:

SECURE VELCRO. MACHINE WASH COLD, GENTLE CYCLE, LINE DRY. Or wash bellyband in laundry bag which is a small mesh bag with a zipper closure. The bag will prevent the Velcro from snagging other clothing items. You could also use an old pillow case folded over and secure the same thing.

Copyright 2009-2011. Inspired by Coconut. All rights reserved.



Podcast by [Go Daddy](#)

Inspired by Cocor



We offer Bandanas for your furry friends in a whole range of colors and themes. They can be used for all major Holidays but can also accommodate special occasions like birthdays. You can choose your themes. Here is the link to our Bandana photo section so that you can see more options.

Bandanas

The first step is to choose a theme from below. The second step is to decide whether you want a bandana or a fun phrase. Some fun phrase options are also below.

Bandanas are \$15.00 each or 5 for \$75.00

Available Bandana Themes:

Holidays

1. New Years Day
2. Valentine's Day
3. St. Patrick's Day
4. Easter
5. Earth Day
6. Independence Day

7. Halloween
8. Thanksgiving
9. Hanukkah
10. Christmas

Seasons

1. Winter
2. Spring
3. Summer
4. Fall

Special Occasions

1. Birthdays
2. Weddings
3. Sporting Events
4. Bridal/Baby Showers

Name an occasion, we can make you a bandana for it!

Fun Phrases:

1. Sweetie
2. Love and Kisses
3. Go Green!
4. Naturist
5. Bad Boy
6. Rebel
7. Pumpkin
8. Free Cuddles
9. Free Kisses
10. Pal
11. Buddy
12. Angel
13. Devil
14. Rascal
15. Woof!
16. Squirrel Patrol
17. Professional Food Taster
18. Trouble
19. It was the cat...

Feel free to make up your own, the only limit you have is the size of

Care Instructions for Bandanas:

Hand wash cold, mild detergent. Line Dry. Warm Iron if needed.

Copyright 2009-2011. Inspired by Coconut. All rights reserved.



Podcast by [Go Daddy](#)

Inspired by Cocor



M

Memory Pillows

A Memory pillow is a special pillow made especially for cuddling, that is meant to bring b
There are times in life when you can no longer keep your pet due to allergies or change in
pillow is special memento meant to affirm that even though a pet is gone from your home
We embroider the pet's name right on the pillow and also sew on a pocket for you to put y
Please click on the link below to see samples:

[Memory Pillows](#)

Memory Pillows are \$35.00 each.

Memorial Pillows

A Memorial Pillow is meant as a tribute for those pets that have passed on. The Rainbow
pillow. Each pillow has the pet's name embroidered on it and includes a pocket for you to
provide a copy of the Rainbow Bridge poem with each pillow. The pillows are heart-shape
world that will write its name upon your heart the way that a pet can. Please click on the l

[Memorial Pillows](#)

Memorial Pillows are \$35.00 each.

Care of Memory/Memorial pillows

Spot clean only.

Copyright 2009-2011. Inspired by Coconut. All rights reserved.



Podcast by Go Daddy

Plan . ZZZZZ DISTRIBUTION BY DATAGEN

Beginning Date 09/01/10 Ending Date 12/31/10

Check Number	Check Date	Payee Name	Provider ID	Employee Name	Amount	
** Incurred	Date	SS#	FamID	Diagnosis Seq	Patient Name	Amount
85836	09/24/10				BEAUREGARD, RALPH	41.00
	09/07/10					41.00
85837	09/24/10				BEAUREGARD, RALPH	45.00
	08/25/10					45.00
85838	09/24/10				DAVIS, JOHN	29.00
	08/11/10					29.00
85839	09/24/10				DAVIS JOHN	238.20
	09/01/10					238.20
85840	09/24/10				GODFREY BILLY	197.90
	09/01/10					197.90
85841	09/24/10				VOID	69.75
	08/12/10					69.75
85842	09/24/10				KOVINOW, FREDERICK	29.99
	09/11/10					29.99
85843	09/24/10				LOTTIG, JIM	136.60
	08/06/10					136.60
85844	09/24/10				MILLER, JULIA	105.20
	06/24/10					105.20
85845	09/24/10				NELSON, DEBBY	80.00
	09/15/10					80.00
85846	09/24/10				NYE, WILLIAM	64.18
	08/24/10					64.18
85847	09/24/10				NYE, WILLIAM	49.75
	08/18/10					49.75
85848	09/24/10				NYE, WILLIAM	62.50
	08/30/10					62.50
85849	09/24/10				NYE, WILLIAM	62.50
	08/30/10					62.50
85850	09/24/10				SALDUTTI, ELLYN	1,000.00
	04/01/10					1,000.00
85851	09/24/10				SOCCHIARELLI, MICHAEL	24.00
	07/13/10					24.00
85852	09/24/10		57-1139372 000		VOID	179.80
	08/11/10					179.80
85853	09/24/10		59-3111572 000		ADEN, SUSAN	
	07/26/10					



Plan 22222

DISTRIBUTION BY DATAGEN

Beginning Date 09/01/10 Ending Date 12/31/10

Check Number	Check Date	Payee Name	Provider ID	Employee Name	Amount	
** Incurred	Date	SS#	FamID	Diagnosis Seq	Patient Name	Amount
85854	09/24/10		59-3111572	000	ADEN, SUSAN	126.88
	09/02/1					126.88
85855	09/24/10		65-0802280	000	VOID	50.00
	08/03/10					50.00
85856	09/24/10		72-1439481	000	BAKER, KIRK	87.36
	07/05/10					87.36
85857	09/24/10		26-3778079	000	VOID	161.61
	08/05/10					161.61
85858	09/24/10		72-1439481	000	BAKER, KIRK	122.36
	07/05/10					122.36
85859	09/24/10		72-1439481	000	BAKER, KIRK BAKER, PORTER	98.79
	08/26/10					98.79
85860	09/24/10		72-1169047	000	BAKER, KIRK	49.75
	09/07/10					49.75
85861	09/24/10		72-1439481	000	BAKER, KIRK	79.75
	09/09/10					79.75
85862	09/24/10		65-0135672	000	VOID	21.66
	07/20/10					21.66
85863	09/24/10		47-0917793	000	VOID	59.75
	08/16/10					59.75
85864	09/24/10		59-0855412	000	VOID	254.29
	08/19/10					254.29
85865	09/24/10		59-1212948	000	VOID	115.71
	08/19/10					115.71
85866	09/24/10		47-0917793	000	VOID	190.30
	09/20/10					190.30
85867	09/24/10		47-0917793	000	VOID	113.74
	09/20/10					113.74
85868	09/24/10		59-3423198	000	BENIUK, NINA	87.36
	06/09/10					87.36
85869	09/24/10		59-2031789	000	VOID	107.36
	09/16/10					107.36
85870	09/24/10		27-1709529	000	BOLDUC, JOYCE	87.36
	07/27/10					87.36
85871	09/24/10		27-1709529	000	BOLDUC, JOYCE	175.00
	08/26/10					175.00

Plan ZZZZZ

DISTRIBUTION BY DATAGEN

Beginning Date 09/01/10 Ending Date 12/31/10

Check Number	Check Date	Payee Name	Provider ID	Employee Name	Amount
** Incurred Date SS#		FamID Diagnosis Seq	Patient Name	Amount	
85872	09/24/10 09/01/10		59-2180685 000	BOLDUC, JOYCE	97.36
85873	09/24/10 07/19/10		72-1468673 000	BORGSTEDT, CRAIG	66.75
85874	09/24/10 08/19/10		72-1444426 000	VOID	87.36
85875	09/24/10 08/30/10		43-4047097 000	VOID	85.00
85876	09/24/10 09/09/10		43-4047097 000	VOID	45.00
85877	09/24/10 03/21/10		37-1520288.000	BROOKS, GERALDINE	144.72
85878	09/24/10 03/22/10		74-1688740.000	BROOKS, GERALDINE	33.60
85879	09/24/10 08/09/10		74-1195579 000	VOID	188.79
85880	09/24/10 07/16/10		76-0469306 000	VOID	102.11
85881	09/24/10 07/17/10		76-0469306 000	VOID	385.40
85882	09/24/10 07/29/10		76-0249310 000	VOID	49.75
85883	09/24/10 05/04/10		04-3732450 000	VOID	119.50
85884	09/24/10 08/02/10		72-1498557 000	VOID	49.75
85885	09/24/10 08/19/10		72-1498557 000	VOID	59.75
85886	09/24/10 08/21/10		58-1085890 000	CAMPBELL, JIM	88.45
85887	09/24/10 08/25/10		58-1085890 000	CAMPBELL, JIM	59.75
85888	09/24/10 09/02/10		58-1085890 000	CAMPBELL, JIM	107.36
85889	09/24/10 09/15/10		58-1085890 000	CAMPBELL, JIM	43.00

Plan . 222ZZ

DISTRIBUTION BY DATAGEN

Beginning Date 09/01/10 . Ending Date 12/31/10

Check Number	Check Date	Payee Name	Provider ID	Employee Name	Amount	
** Incurred Date	SS#	FamID	Diagnosis	Seq	Patient Name	Amount
85890	09/24/10 09/13/10			000	VOID	69.75
85891	09/24/10 09/08/10		69-3004644	000	VOID	87.36
85892	09/24/10 09/01/10		26-0609255	000	VOID	79.80
85893	09/24/10 07/27/10		32-0017907	001	CERVINO, CHRISTIAN	182.83
85894	09/24/10 08/12/10		59-3214635	000	CERVINO, CHRISTIAN	271.13
85895	09/24/10 09/16/10		72-1453410	000	VOID	60.00
85896	09/24/10 09/20/10		72-0837739	000	VOID	40.00
85897	09/24/10 06/10/10		59-0660025	001	VOID	908.00
85898	09/24/10 07/19/10				VOID	140.15
85899	09/24/10 08/04/10		72-0276883	000	VOID	97.36
85900	09/24/10 08/15/10		20-3802765	000	VOID	97.36
85901	09/24/10 08/09/10		72-0471452	000	VOID	59.75
85902	09/24/10 09/10/10		72-0700123	000	VOID	88.79
85903	09/24/10 07/13/10		59-3522082	000	VOID	200.67
85904	09/24/10 07/13/10		59-3164234	000	VOID	139.75
85905	09/24/10 08/10/10		72-0973149	000	VOID	69.75
85906	09/24/10 08/24/10		05-0515496	000	DAVIS, JOHN	60.00
85907	09/24/10 09/08/10		05-0515496	000	DAVIS, JOHN	44.00

Plan ZZZZ

DISTRIBUTION BY DATAGEN

Beginning Date 09/01/10 Ending Date 12/31/10

Check Number	Check Date	Payee Name	Provider ID	Employee Name	Amount	
** Incurred	Date	SS#	FamID	Diagnosis Seq	Patient Name	Amount
85908	09/24/10 08/30/10		35-0515496	000	DAVIS, JOHN	120.00 120.00
85909	09/24/10 08/03/10		59-2555870	001	VOID	84.03 84.03
85910	09/24/10 08/03/10		59-2555870	001	VOID	141.03 141.03
85911	09/24/10 08/17/10		72-1111762	000	DISPINZA, JOHN	88.79 88.79
85912	09/24/10 09/09/1		20-0909772	000	VOID	49.75 49.75
85913	09/24/10 08/09/10		76-0520222	000	VOID	152.36 152.36
85914	09/24/10 06/07/10		59-3214635	000	DURNING, ANNE	97.36 97.36
85915	09/24/10 07/27/10		59-3456023	000	VOID	333.73 333.73
85916	09/24/10 09/15/10		59-1931548	000	VOID	87.36 87.36
85917	09/24/10 06/02/10		38-2084239	006	VOID	125.69 125.69
85918	09/24/10 07/01/10		38-2084239	006	VOID	58.50 58.50
85919	09/24/10 09/13/10		34-1855775	000	DYE, KIM	87.36 87.36
85920	09/24/10 08/25/10		59-1805986	001	VOID	187.83 187.83
85921	09/24/10 08/02/10		20-5250639	000	VOID	132.00 132.00
85922	09/24/10 06/18/10		20-1410754	000	VOID	87.36 87.36
85923	09/24/10 08/30/10		59-1308619	000	VOID	79.75 79.75
85924	09/24/10 09/16/10		59-3672891	000	VOID	107.36 107.36
85925	09/24/10 08/25/1		65-1139585	000	GALLAGHER, HEALTH	815.00 815.00

Plan 22222

DISTRIBUTION BY DATAGEN

Beginning Date 09/01/10 Ending Date 12/31/10

Check Number	Check Date	Payee Name	Provider ID	Employee Name	Amount	
** Incurred	Date	SS#	FamID	Diagnosis	Seq Patient Name	Amount
85926	09/24/10 07/16/10		15-100051 R 000	GAMAUF, JOHN	45.00	45.00
85927	09/24/10 09/10/10		59-3122517 000	VOID	79.75	79.75
85928	09/24/10 07/30/10		45-0527284 000	VOID	98.79	98.79
85929	09/24/10 08/11/10		03-0400709 000	VOID	87.36	87.36
85930	09/24/10 08/23/10		59-1486941 000	VOID	69.75	69.75
85931	09/24/10 09/03/10		59-1486941 000	VOID	298.76	298.76
85932	09/24/10 08/31/10		72-1111417 000	VOID	98.79	98.79
85933	09/24/10 09/13/10		34-1448753 000	GREGOR, DAVID	85.00	85.00
85934	09/24/10 07/26/10		9-3516850 000	VOID	56.75	56.75
85935	09/24/10 07/26/10		9-3516850 000	VOID	85.00	85.00
85936	09/24/10 07/20/10		5-0678424 000	VOID	85.00	85.00
85937	09/24/10 07/15/10		2-1294996 000	HEYDARI, SIAVASH	21.00	21.00
85938	09/24/10 07/22/10		2-1288853 000	HEYDARI, SIAVASH	97.36	97.36
85939	09/24/10 08/25/10		10-5807139 000	HEYDARI, SIAVASH	234.72	234.72
85940	09/24/10 06/02/10		14-1790929 000	VOID	69.10	69.10
85941	09/24/10 06/02/10		14-0714755 000	VOID	187.46	187.46
85942	09/24/10 06/16/10		84-0611484 001	VOID	59.96	59.96
85943	09/24/10 06/25/10		84-0611484 001	VOID	58.20	58.20

Plan - ZZZZZ

DISTRIBUTION BY DATAGEN

Beginning Date 09/01/10 Ending Date 12/31/10

Check Number	Check Date	Payee Name	Provider ID	Employee Name	Amount	
** Incurred	Date	SS#	FamID	Diagnosis Seq	Patient Name	Amount
85944	09/24/10 08/09/10		0-0965468	000	VOID	30.00 30.00
85945	09/24/10 08/09/10		19-1363225	000	VOID	87.36 87.36
85946	09/24/10 09/03/10		10-5232038	001	VOID	40.00 40.00
85947	09/24/10 08/04/10		10-1762675	000	VOID	30.00 30.00
85948	09/24/10 05/25/10		13-3757370	002	VOID	60.07 60.07
85949	09/24/10 08/13/10		72-1249058	000	VOID	87.36 87.36
85950	09/24/10 05/14/11		8-4543028	000	VOID	98.79 98.79
85951	09/24/10 10/20/		6-4182956	000	JACOBY, BARRY	232.52 232.52
85952	09/24/10 12/23/09		19-2086792	000	VOID	209.81 209.81
85953	09/24/10 07/29/1		10-3469037	000	VOID	30.85 30.85
85954	09/24/10 08/16		20-3469037	000	VOID	37.89 37.89
85955	09/24/10 04/01		59-3613673	000	JOLLEY, GAYLE	85.00 85.00
85956	09/24/10 09/09/10		20-3469037	000	VOID	16.57 16.57
85957	09/24/10 09/09/		20-3469037	000	VOID	37.89 37.89
85958	09/24/10 09/20/		20-3469037	000	VOID	30.85 30.85
85959	09/24/10 08/19/		01-0634214	000	VOID	19.76 19.76
85960	09/24/10 08/25/		01-0634214	000	VOID	87.36 87.36
85961	09/24/10 09/14/1		20-5250639	000	VOID	46.75 46.75

Plan ZZZZZ

DISTRIBUTION BY DATAGEN

Beginning Date 09/01/10 Ending Date 12/31/10

Check Number	Check Date	Payee Name	Provider ID	Employee Name	Amount	
** Incurred	Date	SS#	FamID	Diagnosis Seq	Patient Name	Amount
85962	09/24/10 07/21/10				KELLY, DEBBY	147.36
85963	09/24/10 06/07/10		38-2084239	006	VOID	87.60
85964	09/24/10 09/15/10		59-3464291	000	VOID	118.79
85965	09/24/10 09/15/10		20-0233620	001	VOID	117.36
85966	09/24/10 08/12/10		34-1884221	000	KESSLERING, JUDY	56.75
85967	09/24/10 07/22/10		59-2099639	000	VOID	192.58
85968	09/24/10 08/17/10		9-3443182	000	VOID	151.00
85969	09/24/10 08/20/10		6-0386391	001	VOID	122.75
85970	09/24/10 08/31/10		76-0256890	000	VOID	142.00
85971	09/24/10 09/15/10		76-0386391	001	VOID	352.13
85972	09/24/10 08/02/10		27-0296911	000	VOID	164.35
85973	09/24/10 07/20/10		20-5100672	000	LISS, BECKY	107.36
85974	09/24/10 08/11/10		27-0296911	000	VOID	48.18
85975	09/24/10 08/13/10		27-0296911	000	VOID	53.13
85976	09/24/10 06/28/10		20-5100672	000	LISS, BECKY	135.70
85977	09/24/10 08/19/10		27-0296911	000	VOID	61.70
85978	09/24/10 07/12/10		62-3172389	000	LONGNECKER, JONATHAN	2,806.28
85979	09/24/10 07/29/10		9-1448429	000	VOID	188.16

Plan . 22222

DISTRIBUTION BY DATAGEN

Beginning Date 09/01/10 Ending Date 12/31/10

Check Number	Check Date	Payee Name	Provider ID	Employee Name	Amount	
** Incurred	Date	SS#	FamID	Diagnosis Seq	Patient Name	Amount
85980	09/24/10 08/30/10		59-1448429	000	VOID	48.00
85981	09/24/10 08/25/10		59-1797799	000	VOID	31.66
85982	09/24/10 06/30/10		84-0611484	001	VOID	38.25
85983	09/24/10 08/16/10		76-0563939	000	VOID	187.36
85984	09/24/10 09/15/		59-3214635	000	MARSDEN, IRENE	87.36
85985	09/24/10 09/03/		59-1561574	000	VOID	117.36
85986	09/24/10 08/02/1		59-2358293	000	MAYER, JUSTIN	49.75
85987	09/24/10 08/23/1		76-0423386	000	VOID	79.75
85988	09/24/10 08/17/10		76-0423386	000	VOID	154.98
85989	09/24/10 08/17/10		74-2554159	000	MCCOURT, MARK	34.96
85990	09/24/10 08/24/10		59-0724459	003	VOID	115.00
85991	09/24/10 09/15/10		59-3209688	002	VOID	168.79
85992	09/24/10 06/22/10		20-3010872	000	VOID	97.36
85993	09/24/10 05/29/11		21-308491	000	VOID	561.12
85994	09/24/10 08/09/10		99-9999999	000	VOID	258.78
85995	09/24/10 06/21/10		65-1001161	000	VOID	258.76
85996	09/24/10 08/27/1		62-1596506	000	VOID	59.75
85997	09/24/10 08/27/		62-1596506	000	VOID	116.00

Plan . 22222

DISTRIBUTION BY DATAGEN

Beginning Date 09/01/10 Ending Date 12/31/10

Check Number	Check Date	Payee Name	Provider ID	Employee Name	Amount		
** Incurred Date	Date	SS#	FamID	Diagnosis	Seq	Patient Name	Amount
85998	09/24/10		33-1131169	000	VOID		72.38
	08/27/10						72.38
85999	09/24/10		72-0423889	000	VOID		156.40
	09/15/10						156.40
86000	09/24/10		2-1596506	000	VOID		155.22
	09/15/10						155.22
86001	09/24/10		20-8565058	000	VOID		59.75
	09/09/10						59.75
86002	09/24/10		65-1306990	000	VOID		85.00
	08/26/10						85.00
86003	09/24/10		65-1306990	000	VOID		105.00
	09/08/10						105.00
86004	09/24/10		65-1306990	000	VOID		49.75
	09/17/10						49.75
86005	09/24/10		26-0609255	000	VOID		135.00
	08/09/10						135.00
86006	09/24/10		84-0611484	001	VOID		32.50
	08/09/10						32.50
86007	09/24/10		61-1484146	000	VOID		69.75
	09/03/10						69.75
86008	09/24/10		59-3130957	000	VOID		43.61
	07/30/10						43.61
86009	09/24/10		13-4287417	000	VOID		126.88
	08/17/10						126.88
86010	09/24/10		55-0841436	000	VOID		248.30
	08/21/10						248.30
86011	09/24/10		76-0603543	000	PHAM, TAN		50.00
	08/03/10						50.00
86012	09/24/10		22-2405059	000	PRILL, TERRY		95.00
	02/11/10						95.00
86013	09/24/10		58-2058691	000	VOID		198.76
	09/01/10						198.76
86014	09/24/10		34-6004382	001	VOID		171.75
	06/03/10						171.75
86015	09/24/10		38-2084239	006	VOID		58.50
	04/27/10						58.50

Plan . ZZZZZ

DISTRIBUTION BY DATAGEN

Beginning Date 09/01/10 Ending Date 12/31/10

Check Number	Check Date	Payee Name	Provider ID	Employee Name	Amount
** Incurred	Date SS#	FamID	Diagnosis Seg	Patient Name	Amount
86016	09/24/10 08/12/10		20-2122905 000	VOID	148.30
86017	09/24/10 09/15/1		72-1320948 000	RICHARD, RUSSELL	45.00
86018	09/24/10 09/15/10		72-1320948 000	RICHARD, RUSSELL	45.00
86019	09/24/10 08/10/1		20-8897263 000	VOID	49.75
86020	09/24/10 08/16/10		88-0107297 00B	VOID	98.79
86021	09/24/10 08/20/10		88-0351343 001	RITCHIE, VALERIE	379.00
86022	09/24/10 08/01/10		88-0351343 001	RITCHIE, VALERIE	500.00
86023	09/24/10 06/08/10		72-0652905 000	VOID	122.35
86024	09/24/10 06/08/10		72-0649230 000	VOID	46.19
86025	09/24/10 04/26/10		59-1226176 001	VOID	75.50
86026	09/24/10 08/18/10		75-3050953 000	VOID	87.36
86027	09/24/10 08/18/10		72-1065855 000	VOID	220.67
86028	09/24/10 07/27/10		72-1267928 000	VOID	87.36
86029	09/24/10 08/11/10		65-0640914 000	VOID	71.66
86030	09/24/10 07/08/10		34-1279573 000	VOID	126.40
86031	09/24/10 07/08/1		22-3137283 000	VOID	52.06
86032	09/24/10 07/12/10		34-0733166 001	VOID	157.35
86033	09/24/10 07/12/10		34-1097125 000	VOID	51.19

Plan ZZZZZ

DISTRIBUTION BY DATAGEN

Beginning Date 09/01/10 Ending Date 12/31/10

Check Number	Check Date	Payee Name	Provider ID	Employee Name	Amount	
** Incurred	Date	SS#	FamID	Diagnosis Seq	Patient Name	Amount
86034	09/24/10 07/19/10		<u>34-1656321</u>	000	SHERWOOD, LAURA	75.00 75.00
86035	09/24/10 10/20/10		14-1928645	000	SHERWOOD, LAURA	87.36 87.36
86036	09/24/10 08/10/10		58-1928247	000	VOID	2,682.69 2,682.69
86037	09/24/10 09/09/10		26-3792403	000	VOID	33.54 33.54
86038	09/24/10 07/26/10		20-4881619	000	VOID	85.51 85.51
86039	09/24/10 08/20/10		20-4881619	000	VOID	51.61 51.61
86040	09/24/10 08/03/10		20-4881619	000	VOID	51.61 51.61
86041	09/24/10 09/03/10		20-4881619	000	VOID	51.61 51.61
86042	09/24/10 09/02/10		20-2511300	000	VOID	125.06 125.06
86043	09/24/10 08/26/10		59-3244268	000	VOID	69.75 69.75
86044	09/24/10 09/04/10		65-0669173	000	VOID	123.75 123.75
86045	09/24/10 09/04/10		65-0075127	000	VOID	507.20 507.20
86046	09/24/10 09/04/10		35-1611050	000	VOID	1,920.69 1,920.69
86047	09/24/10 02/17/10		38-2084239	000	VOID	31.75 31.75
86048	09/24/10 09/16/10		26-3888045	000	VOID	56.75 56.75
86049	09/24/10 04/06/10		36-3399794	000	VOID	118.62 118.62
86050	09/24/10 08/09/10		59-2581743	001	VOID	127.83 127.83
86051	09/24/10 08/02/10		<u>20-5733575</u>	000	VOID	41.66 41.66

Plan ZZZZZ

DISTRIBUTION BY DATAGEN

Beginning Date 09/01/10 Ending Date 12/31/10

Check Number	Check Date	Payee Name	Provider ID	Employee Name	Amount	
** Incurred	Date	SS#	FamID	Diagnosis Seq	Patient Name	Amount
86052	09/24/10		19-2581743	001	VOID	69.75
	08/30/10					69.75
86053	09/24/10		18-2084239	006	VOID	10.85
	08/09/10					10.85
86054	09/24/10		18-2084239	006	VOID	10.08
	08/30/10					10.08
86055	09/24/10		31-0790511	001	VOID	107.36
	09/05/10					107.36
86056	09/24/10		20-8990120	000	VOID	656.23
	07/30/10					656.23
86057	09/24/10		20-8990120	000	VOID	1,457.78
	08/02/10					1,457.78
86058	09/24/10		34-1783241	000	VOID	63.00
	09/14/10					63.00
86059	09/24/10		34-1768928	000	VOID	193.30
	09/14/10					193.30
86060	09/24/10		52-2077276	000	TANGUAY, JANET	30.00
	06/28/10					30.00
86061	09/24/10		52-2000021	000	VOID	94.00
	05/19/10					94.00
86062	09/24/10		26-2157500	000	VOID	80.71
	07/07/10					80.71
86063	09/24/10		38-2084239	008	VOID	43.25
	03/12/10					43.25
86064	09/24/10		58-1953977	000	THAXTON, BRYAN	192.58
	07/20/10					192.58
86065	09/24/10		58-1953977	000	THAXTON, BRYAN	199.24
	08/10/10					199.24
86066	09/24/10		72-6012041	000	VOID	49.75
	05/19/10					49.75
86067	09/24/10		<u>03-0400709</u>	000	VOID	56.75
	08/23/10					56.75
86068	09/24/10		<u>20-1723835</u>	000	VOID	87.36
	07/01/10					87.36
86069	09/24/10		34-1369492	000	VOID	88.79
	08/26/10					88.79

Plan . ZZZZZ

DISTRIBUTION BY DATAGEN

Beginning Date 09/01/10 Ending Date 12/31/10

Check Number	Check Date	Payee Name	Provider ID	Employee Name	Amount
** Incurred	Date	SS#	FamID Diagnosis Seq	Patient Name	Amount
86070	09/24/10 09/24/10		34-1783789 000	VOID	59.75
86071	09/24/10 08/05/10		<u>73-1702056</u> 000	VOID	170.88
86072	09/24/10 12/15/09		72-0817460 000	VOID	127.88
86073	09/24/10 05/14/10		72-0817460 000	VOID	143.12
86074	09/24/10 03/04/10		72-1470744 000	VOID	272.60
86075	09/24/10 08/20/10		72-0817460 000	VOID	117.88
86076	09/24/10 08/25/10		26-1531455 000	VOID	69.75
86077	09/24/10 06/02/10		59-3351304 000	VOID	69.75
86078	09/24/10 06/22/10		59-3224058 000	WAGNER, BARRY	92.60
86079	09/24/10 06/03/10		59-2856213 000	VOID	69.75
86080	09/24/10 08/25/10		59-3351304 000	VOID	137.36
86081	09/24/10 08/20/10		59-3351304 000	VOID	188.30
86082	09/24/10 06/25/10		<u>59-2988646</u> 000	WALK, MARK	104.53
86083	09/24/10 01/13/10		01-0643852 000	VOID	66.32
86084	09/24/10 07/27/10		59-3549147 000	VOID	118.79
86085	09/24/10 01/13/10		<u>01-0643852</u> 000	VOID	43.42
86086	09/24/10 05/05/10		<u>01-0643852</u> 000	VOID	33.14
86087	09/24/10 05/27/10		59-2988646 000	WALK, MARK	240.64

Plan . ZZZZZ

DISTRIBUTION BY DATAGEN

Beginning Date 09/01/10 Ending Date 12/31/10

Check Check

Number Date Payee Name Provider ID Employee Name Amount

** Incurred Date SS# FamID Diagnosis Seq Patient Name Amount

86088	09/24/10 01/13/10		01-0643852	000	VOID		33.14	33.14
86089	09/24/10 05/05/10		01-0643852	000	VOID		47.42	47.42
86090	09/24/10 07/27/10		59-3549147	000	VOID		128.79	128.79
86091	09/24/10 07/01/10		59-2591108	000	VOID		88.79	88.79
86092	09/24/10 07/28/10		<u>20-1325238</u>	000	WALK, MARK		87.36	87.36
86093	09/24/10 08/09/10		<u>59-3490927</u>	001	VOID		152.11	152.11
86094	09/24/10 08/09/10		59-3490927	001	VOID		92.11	92.11
86095	09/24/10 08/21/10		<u>20-1325238</u>	000	WALK, MARK		87.36	87.36
86096	09/24/10 09/10/10		59-3228573	000	WALK, MARK		148.30	148.30
86097	09/24/10 09/14/10		38-2084239	000	VOID		33.50	33.50
86098	09/24/10 09/14/10		59-3399780	000	VOID		181.40	181.40
86099	09/24/10 06/11/10		59-3087150	000	VOID		119.50	119.50
86100	09/24/10 07/13/10		59-3214635	000	VOID		169.99	169.99
86101	09/24/10 08/10/10		59-3214635	000	WATSON, WILLIAM		69.75	69.75
86102	09/24/10 09/07/10		<u>59-3214635</u>	000	WATSON, WILLIAM		69.75	69.75
86103	09/24/10 05/20/10		38-2084239	000	VOID		43.99	43.99
86104	09/24/10 07/20/10		59-3672891	000	VOID		94.50	94.50
86105	09/24/10 08/05/10		59-3549147	000	VOID		40.23	40.23

Plan . ZZZZZ

DISTRIBUTION BY DATAGEN

Beginning Date 09/01/10 Ending Date 12/31/10

Check Number	Check Date	Payee Name	Provider ID	Employee Name	Amount		
** Incurred	Date	SS#	FamID	Diagnosis	Seq	Patient Name	Amount
86106	09/24/10 08/16/1		59-3549147	000	VOID		108.79
							108.79
86107	09/24/10 09/15/		51-0448127	000	ZACHAR, THOMAS		97.36
							97.36
86108	09/24/ 09/12/		20-1726203	000	VOID		1,689.66
							1,689.66
86109	09/24/10 08/25/10		59-3605756	000	VOID		49.75
							49.75
86110	09/24/10 08/30/		59-3605756	000	VOID		87.36
							87.36
86111	09/24/10 09/17/		34-1682240	000	VOID		59.75
							59.75
Check Count and Amount Total For Check Run						276	42,303.29