

**IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT  
IN AND FOR SARASOTA COUNTY, FLORIDA  
CIVIL DIVISION**

In re:

CONSOLIDATED HEALTHCARE SERVICES, LLC

Case # 2023 CA 005681 NC

Assignor,

to

LARRY S. HYMAN,

Assignee.

\_\_\_\_\_ /

**PROOF OF CLAIM**

TO RECEIVE ANY DIVIDEND IN THIS PROCEEDING, YOU MUST COMPLETE AND SUBMIT  
THIS FORM VIA U.S. MAIL OR EMAIL, ALONG WITH SUPPORTING DOCUMENTATION, SO  
THAT THE ASSIGNEE RECEIVES IT NO LATER THAN

**NOVEMBER 16, 2023**

Larry S. Hyman, Assignee

PO Box 18625

Tampa, FL 33679

Claims@LarryHymanCPA.com

1. **NAME OF CREDITOR:** \_\_\_\_\_

**ADDRESS OF CREDITOR:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NUMBER OF CREDITOR:** \_\_\_\_\_

\_\_\_\_\_

**EMAIL ADDRESS OF CREDITOR:** \_\_\_\_\_

\_\_\_\_\_

*If you have a change of address, it is your responsibility  
to notify the Assignee in writing of your new address.*

2. **BASIS FOR CLAIM:**

Goods Sold

Wages, Salaries and Compensation

Services Performed

Taxes

Money Loaned

Other: \_\_\_\_\_

3. **DATE DEBT WAS INCURRED:** \_\_\_\_\_

\_\_\_\_\_

4. **AMOUNT OF CLAIM:**

\$ \_\_\_\_\_

5. **SUPPORTING DOCUMENTS:** ATTACH COPIES OF SUPPORTING DOCUMENTS, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

6. **SIGNATURE:** Sign and print name and title, if any, of the creditor or other person authorized to file this claim:

**DATED:** \_\_\_\_\_

By: \_\_\_\_\_

Signature of Claimant or Representative

\_\_\_\_\_  
Print Name and Title here